



2027 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 quarterly 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 All previous versions are no longer in effect.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, 2027

2027 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 plan is administered by the Wisconsin Department of Employee Trust Funds whose drug benefit is administered by Navitus or Wisconsin 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 (covered drug list) 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. Medical benefit drugs are not covered under your Quartz prescription drug benefits and generally cannot be filled at the pharmacy. 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, alternative 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	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 shares for preferred diabetes drugs and preferred diabetes supplies (included in the LCG, Tier 1, or Tier 2 formulary tiers). 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 prescriber 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 prescriber 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): 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 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.

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 conditions like high blood pressure, high blood sugar (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 (\$0 HDHP): Drugs with a \$0 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 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)	• To prevent preeclampsia (very high blood pressure) during pregnancy • Covered at \$0 cost-share for persons aged 54 years and younger
• Folic acid 400 and 800 mcg (OTC) • Prenatal vitamins with 400–800 mcg of folic acid (Various – OTC)	To prevent birth defects during pregnancy
• 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 Gavilyte-N) • Sodium/potassium/mag oral soln	• 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, Soln	- 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
- Nicotine gum (OTC) - Nicotine lozenges (OTC) - Nicotine patches (OTC) - Bupropion 150 mg sustained release tab - 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 claims for these drugs with the normal plan cost-share.

Drug name	Covered population
- 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 a first diagnosis of 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
• Anastrozole • Exemestane • Letrozole • Raloxifene • Tamoxifen	• 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
• Atorvastatin 10 mg and 20 mg • Fluvastatin – all strengths • Lovastatin – all strengths • Pitavastatin – 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 Wide-Seal
Combination birth control pills		Natazia
	Afirmelle, Aubra, Aviane, Delyla, Falmina, Lessina,	Alesse

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
	Levorgestrel/ethinyl estradiol, Luteru, Sronyx, Vienva	
		Tyblume
	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, Kelnor 1/35, Valtia 1/35, Zovia 1/35	Demulen 1/35
	Ethinyl estradiol/ethynodiol 1/50, Kelnor 1/50, Valtia 1/50	Demulen 1/50
	Apri, Cyred, 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, , Luizza 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, Luizza 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

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
	Amethyst, Dolishale, Levonorgestrel/ethinyl estradiol 90-20 mcg	Lybrel
	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
Combination birth control pills (continued)		Averi
	Altavera, Ayuna, Chateal, Kurvelo, Levonorgestrel/ ethinyl estradiol, Levora-28, Marlissa, Portia-28	Nordette-28
	Estartylla, Mili, Mono-Linyah, Norgestimate/ethinyl estradiol, Sprintec-28, Vylibra	Ortho-Cyclen
	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35	Ortho-Novum 1/35
	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7	Ortho-Novum 7/7/7
	Norgestimate/ethinyl estradiol, Tri-Estartylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra	Ortho Tri-Cyclen
	Norgestimate/ethinyl estradiol, Tri Lo-Estartylla, Tri Lo-Marzia, Tri Lo-Mili, Tri-Vylibra Lo	Ortho Tri-Cyclen Lo
	Balziva, Briellyn, Philith, Vyfemla	Ovcon-35
	Levonorgestrel/ethinyl estradiol, Rivelsa, Riosyrah	Quartette
	Drospirenone/ethinyl estradiol, Tydemy	Safyral
	Icelevia, Introvale, Jolessa, levonorgestrel/ethinyl estradiol, Setlakin	Seasonale
	Ashlyna, Camrese, Daysee, Jaimiess, levonorgestrel/ethinyl estradiol, Simpresse	Seasonique
	Gemmily, Merzee, norethindrone/ethinyl estradiol, Taysofy	Taytulla
	Aranelle, Leena	Tri-Norinyl
	Enpresse-28, Levonest, levonorgestrel/ethinyl estradiol, Trivora-28	Triphasil
	Drospirenon/ethinyl estradiol, Ocella, Syeda, Zumandimine	Yasmin 28
	Drospirenone/ethinyl estradiol, Jasmie, Lo-Zumandimine, Loryna, Nikki, Vestura	Yaz
		Nextstellis

*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, SheWise, Take Action (OTC)	Plan B
Contraceptive films		VCF vaginal (OTC)
Contraceptive gels		Gynol II, VCF vaginal (OTC)
Contraceptive suppository		Encare (OTC)
Condoms		Aimsco, Color Condoms, Durex, Fantasy, Kameleon, Kimono, MAXX, Reality, Trojan, Trustex, FC2 Female (OTC)
Sponges		Today (OTC)
Intrauterine devices (IUDs) and implants		Kyleena
		Liletta
		Mirena
		Nexplanon
		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, mNEXSPIKE, Nuvaxovid, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	- FluMist is covered for persons aged 2-49 years - Fluad and Fluzone HD are covered for persons aged 65 years and older
Haemophilus influenzae B (ActHIB, Hiberix, Pedvax 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)	Covered for persons age 17 years and younger
Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus, mRESVIA)	- 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 100 mg/ml is covered for persons aged 24 months and younger - Enflonsia
Rotavirus (Rotarix, Rotateq)	Covered for persons aged 8 months and younger

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OTC = available over-the-counter

Disease (vaccine name)	Coverage limits (if applicable)
Smallpox Mpox (Jynneos)	Covered for persons aged 18 years and older
Tetanus, diptheria/Td (TDVAX, Tenivac)	
Tetanus, diptheria, pertussis/Tdap (Adacel, Boostrix, Daptacel)	
Tetanus, diptheria, pertussis, polio (Kinrix, Quadracel)	
Tetanus, diptheria, pertussis, hepatitis B, polio (Pediarix)	
Tetanus, diptheria, pertussis, polio, haemophilus influenzae B (Pentacel)	
Tetanus, diptheria, 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.

2027 Quartz Large Group Premium Non-IL Formulary

Table of Contents

Analgesics - Drugs for Pain	3
Analgesics - Drugs for Pain and Inflammation	8
Anesthetics	10
Anti-Addiction / Substance Abuse Treatment Agents	11
Antibacterials	12
Anticoagulants	19
Anticonvulsants - Drugs for Seizures	20
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia	23
Antidepressants	23
Antiemetics - Drugs for Nausea and Vomiting	25
Antifungals	27
Antigout Agents	29
Antimigraine Agents	29
Antimyasthenic Agents	30
Antimycobacterials	30
Antineoplastics - Drugs for Cancer	31
Antiparasitics	40
Antiparkinson Agents	41
Antiplatelets	42
Antipsychotics - Drugs for Mood Disorders	43
Antivirals	45
Anxiolytics - Drugs for Anxiety	49
Bipolar Agents - Drugs for Mood Disorders	50
Blood Products and Modifiers - Drugs for Blood Disorders	50
Cardiovascular Agents - Drugs for Heart and Circulation Conditions	52
Central Nervous System Agents	62
Central Nervous System Agents - Drugs for Attention Deficit Disorder	62
Central Nervous System Agents - Drugs for Multiple Sclerosis	64
Central Nervous System Agents - Miscellaneous	65
Dental and Oral Agents - Drugs for Mouth and Throat Conditions	66
Dermatological Agents - Drugs for Skin Conditions	67
Diabetes - Antidiabetic Agents	72
Diabetes - Glucose Monitoring	74
Diabetes - Glycemic Agents	78
Diabetes - Insulins	78
Electrolytes / Minerals / Metals / Vitamins	82
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer	87
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions	87
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment	90
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions	91
Genitourinary Agents - Drugs for Prostate Conditions	92
Hormonal Agents - Adrenal	93
Hormonal Agents - Men's Health	95
Hormonal Agents - Pituitary	95
Hormonal Agents - Prostaglandins	97
Hormonal Agents - Selective Estrogen Receptor Modifying Agents	97
Hormonal Agents - Sex Hormones and Birth Control	97
Hormonal Agents - Thyroid	104
Immunological Agents - Drugs for Immune System Stimulation or Suppression	104
Inflammatory Bowel Disease Agents	111

Metabolic Bone Disease Agents.....	112
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	112
Metabolic Bone Disease Agents - Other.....	113
Miscellaneous Therapeutic Agents.....	113
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	125
Ophthalmic Agents - Drugs for Glaucoma.....	126
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	127
Otic Agents - Drugs for Ear Conditions.....	128
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	129
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	129
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	132
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	133
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	134
Sleep Disorder Agents.....	134

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	
DISKETS	T3	
DURAMORPH	T3	
<i>endocet oral tablet 10-325 mg</i>	T1	QL (3 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>endocet oral tablet 2.5-325 mg</i>	T1	QL (12 EA per 1 day)
<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)
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	T1	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	T3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 5-0.9 MCG/ML-%	T3	
FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 10-0.9 MCG/ML-% INTRAVENOUS	T3	
FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 550-0.9 MCG/55ML-% 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</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)

Drug Name	Drug Tier	Notes
<i>hydromorphone hcl er</i>	T1	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 4 mg/ml</i>	T1	
<i>hydromorphone hcl oral liquid 1 mg/ml</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	
<i>hydromorphone hcl solution 2 mg/ml injection</i>	T1	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%	T3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 2-0.9 MG/ML-%, 55-0.9 MG/55ML-%	T3	
HYDROMORPHONE HCL-NACL SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 30-0.9 MG/30ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 6-0.9 MG/30ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 6-0.9 MG/30ML-% INTRAVENOUS	T3	
INFUMORPH 200	T3	
INFUMORPH 500	T3	
JOURNAVX	T3	QL (2.5 EA per 1 day)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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	
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</i>	T1	PA; QL (3 EA per 1 day)
<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 injection solution 2 mg/ml, 4 mg/ml</i>	T1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 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	
<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 SOLUTION 1 MG/ML INJECTION	T3	
MORPHINE SULFATE SOLUTION 1 MG/ML INTRAVENOUS	T3	

Drug Name	Drug Tier	Notes
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	T3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 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)
<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)
<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)

Drug Name	Drug Tier	Notes
PROLATE ORAL TABLET 7.5-300 MG	T3	PA; QL (4 EA per 1 day)
<i>remifentanyl hcl</i>	T1	
<i>tapentadol hcl oral tablet 100 mg, 75 mg</i>	T1	QL (1 EA per 1 day)
<i>tapentadol hcl oral tablet 50 mg</i>	T1	QL (2 EA per 1 day)
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)
<i>xyvona oral tablet 2 mg</i>	T1	PA; QL (2 EA per 1 day)
<i>xyvona oral tablet 3 mg</i>	T1	PA; QL (1 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
CALDOLOR	T3	
<i>celecoxib oral</i>	T1	QL (2 EA per 1 day)
COMBOGESIC INTRAVENOUS	T3	
<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
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral</i>	T1	PA
<i>fenopron</i>	T1	PA
<i>flurbiprofen oral</i>	T1	
<i>ibuprofen lysine</i>	T1	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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</i>	T1	PA
<i>ketorolac tromethamine +rfid</i>	T1	
<i>ketorolac tromethamine injection</i>	T1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 EA per 1 fill)
LODINE	T3	
LOFENA	T3	ST
LURBIRO	T3	PA
<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	PA; AL
<i>meloxicam oral tablet</i>	LCG	
<i>nabumetone oral</i>	T1	
<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	
<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	
TOLECTIN DS	T3	PA

Drug Name	Drug Tier	Notes
<i>tolmetin sodium oral capsule</i>	T1	PA
<i>tolmetin sodium oral tablet 200 mg</i>	T1	
<i>tolmetin sodium oral tablet 600 mg</i>	T1	PA
ZYNRELEF	T3	
Anesthetics		
ARTICADENT DENTAL	T3	
<i>bupivacaine hcl (pf)</i>	T1	
<i>bupivacaine hcl (pf)</i>	T1	
<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	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	
<i>lidocaine hcl (cardiac) pf</i>	T1	
<i>lidocaine hcl (pf)</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl injection solution 0.5 %</i>	T1	
<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 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	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	T1	
<i>lidocaine-epinephrine (pf)</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000</i>	T1	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	T1	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDOCAINE-SODIUM BICARBONATE	T3	
LIDOSPRA	T3	
MARCAINE	T3	
MARCAINE PRESERVATIVE FREE	T3	
MARCAINE/EPINEPHRINE	T3	
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	
NUMYRA	T3	
ORABLOC	T3	
PLIAGLIS	T3	PA
POLOCAINE	T3	
POLOCAINE-MPF	T3	
<i>ropivacaine hcl injection</i>	T1	
ROPIVACAINE HCL-NACL SOLUTION 0.2-0.9 % INJECTION	T3	
SENSORCAINE	T3	
SENSORCAINE/EPINEPHRINE	T3	
SENSORCAINE-MPF	T3	
SENSORCAINE-MPF/EPINEPHRINE	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	

Drug Name	Drug Tier	Notes
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	
<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	PA; 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 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	
ZUBSOLV	T2	
Antibacterials		
<i>amikacin sulfate injection</i>	T1	
<i>amoxicillin</i>	LCG	
<i>amoxicillin trihydrate oral</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	

Drug Name	Drug Tier	Notes
ARIKAYCE	T4	PA
AUGMENTIN	T3	
AUGMENTIN ES-600	T3	
AVIDOXY	T3	ST
AVYCAZ	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	
BLUJEPA	T3	ST; QL (20 EA per 28 days)
<i>cefaclor</i>	T1	
<i>cefaclor er</i>	T1	
<i>cefadroxil</i>	T1	
CEFAZOLIN IN SODIUM CHLORIDE SOLUTION 2-0.9 GM/100ML-% INTRAVENOUS	T3	
<i>cefazolin sodium injection</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	
<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	

Drug Name	Drug Tier	Notes
<i>cefixime oral capsule</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
CEFIXIME ORAL TABLET	T3	PA
CEFOTAXIME SODIUM	T3	
<i>cefotetan disodium</i>	T1	
<i>cefoxitin sodium</i>	T1	
CEFOXITIN SODIUM-DEXTROSE	T3	
<i>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>ceftaroline fosamil</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	

Drug Name	Drug Tier	Notes
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T3	
<i>colistimethate sodium (cba)</i>	T1	
COLY-MYCIN M	T3	
CONTEPO	T3	
<i>dalbavancin hcl</i>	T1	
DALVANCE	T3	PA
<i>daptomycin</i>	T1	
DAPTOMYCIN-SODIUM CHLORIDE	T3	
<i>demeclocycline hcl</i>	T1	
<i>dicloxacillin sodium</i>	LCG	
DIFICID ORAL SUSPENSION RECONSTITUTED	T3	
<i>doxy 100</i>	T1	
<i>doxycycline hyclate intravenous</i>	T1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline hyclate oral capsule 75 mg</i>	T1	PA
<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</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	
FETROJA	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>fidaxomicin</i>	T1	
FIRVANQ	T3	
<i>fosfomycin tromethamine</i>	T1	
<i>gentamicin in saline</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate injection</i>	T1	
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 (65 ML per 1 day)
<i>linezolid oral tablet</i>	T1	QL (2 EA per 1 day)
LUGOLS STRONG IODINE	T3	
MACROBID	T3	PA
<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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</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	
PIPERACILLIN-TAZOBACTAM-NACL INTRAVENOUS SOLUTION RECONSTITUTED 4-0.5 GM/100ML	T3	
PIVYA	T3	ST; QL (21 EA per 28 days)
<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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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	
<i>tinidazole oral</i>	T1	
<i>tobramycin sulfate injection</i>	T1	
<i>trimethoprim oral</i>	LCG	
TYGACIL	T3	
TYZAVAN	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	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	T1	
VANCOMYCIN HCL IN NACL SOLUTION 1.75-0.9 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NACL 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	
XEPI	T3	
XERAVA	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
XIFAXAN ORAL TABLET 550 MG	T3	PA
ZEMDRI	T3	
ZEVERTA	T3	
ZITHROMAX	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZOSYN	T3	
ZYVOX	T3	
Anticoagulants		
ACD FORMULA A	T3	
ACD-A NOCLOT-50	T3	
ANTICOAGULANT SODIUM CITRATE	T3	
ARIXTRA	T3	PA
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	T1	
<i>dabigatran etexilate mesylate</i>	T1	QL (2 EA per 1 day)
DEFENCATH	T3	
ELIQUIS (1.5 MG PACK)	T2	QL (12 EA per 1 day)
ELIQUIS (2 MG PACK)	T2	QL (16 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	T2	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET	T2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	T2	QL (4 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 NACL INTRAVENOUS SOLUTION 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 2500-0.9 UT/500ML-% INTRAVENOUS	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 5000-0.9 UT/500ML-% INTRAVENOUS	T3	
<i>heparin sod (porcine) in d5w</i>	T1	
<i>heparin sodium (porcine)</i>	T1	
<i>heparin sodium (porcine) +rfid</i>	T1	
<i>heparin sodium (porcine) pf</i>	T1	
LOVENOX INJECTION SOLUTION	T3	

Drug Name	Drug Tier	Notes
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T3	PA
PRADAXA ORAL CAPSULE	T2	PA; 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	
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
<i>brivaracetam</i>	T1	
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral suspension</i>	T1	
<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

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T1	
<i>gabapentin oral capsule 200 mg</i>	T1	PA
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
KEPPRA INTRAVENOUS	T3	
<i>lacosamide intravenous</i>	T1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	T1	
<i>lacosamide oral tablet</i>	T1	
LAMICTAL XR ORAL KIT	T3	
<i>lamotrigine er</i>	T1	
<i>lamotrigine odt</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 oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>phenobarbital sodium injection</i>	T1	
<i>phenytek</i>	T1	
<i>phenytoin infatabs</i>	T1	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>phenytoin sodium injection</i>	T1	
<i>primidone oral tablet 125 mg</i>	T1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	LCG	
RELGAABI	T3	PA
<i>roweepra</i>	T1	
<i>rufinamide</i>	T1	PA
SEZABY	T3	
<i>subvenite oral tablet</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 capsule sprinkle</i>	T1	
<i>topiramate oral solution 25 mg/ml</i>	T1	
<i>topiramate oral tablet</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	
<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	

Drug Name	Drug Tier	Notes
<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</i>	T1	
<i>memantine hcl er</i>	T1	QL (1 EA per 1 day)
<i>memantine hcl-donepezil hcl er</i>	T1	QL (1 EA per 1 day)
<i>rivastigmine</i>	T1	PA
<i>rivastigmine tartrate</i>	T1	
Antidepressants		
<i>amitriptyline hcl oral</i>	LCG	
<i>amoxapine</i>	T1	
ANAFRANIL	T3	PA
AUVELITY	T3	ST; QL (2 EA per 1 day)
AUVELITY TITRATION PACK	T3	ST; QL (2 EA per 250 days)
<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>chlorthalidone-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral capsule</i>	T1	PA
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet</i>	LCG	
<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)

Drug Name	Drug Tier	Notes
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 120 mg, 80 mg, 90 mg</i>	T1	QL (1 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</i>	T1	
<i>escitalopram oxalate oral tablet</i>	T1	
FETZIMA	T3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION	T3	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl (pmdd)</i>	T1	PA
<i>fluoxetine hcl oral capsule</i>	LCG	
<i>fluoxetine hcl oral capsule delayed release</i>	T1	QL (0.15 EA per 1 day)
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg</i>	LCG	
<i>fluoxetine hcl oral tablet 20 mg</i>	T1	PA
<i>fluoxetine hcl oral tablet 60 mg</i>	T1	
<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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	LCG	
<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	
<i>sertraline hcl oral capsule</i>	T1	PA
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
SPRAVATO (56 MG DOSE)	T4	PA
SPRAVATO (84 MG DOSE)	T4	PA
<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	
<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	T3	QL (0.07 EA per 1 day)
AKYNZEO (READY-TO-USE)	T3	
AKYNZEO (TO-BE-DILUTED)	T3	
APONVIE	T3	
<i>aprepitant oral capsule 125 mg</i>	T1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (1 EA per 30 days)

Drug Name	Drug Tier	Notes
<i>aprepitant oral capsule 80 mg</i>	T1	QL (4 EA per 30 days)
<i>aprepitant oral capsule therapy pack</i>	T1	QL (6 EA per 30 days)
BARHEMSYS	T3	
BONJESTA	T3	PA; QL (2 EA per 1 day)
CINVANTI	T3	
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 oral capsule</i>	T1	PA; QL (2 EA per 1 day)
DRONABINOL ORAL SOLUTION	T3	PA; QL (4 ML 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 (0.2 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)
GRANISOL	T3	PA
MARINOL	T3	PA; QL (2 EA per 1 day)
<i>meclizine hcl oral tablet 50 mg</i>	T1	
<i>meclizine hcl oral tablet chewable</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 +rfid</i>	T1	
<i>metoclopramide hcl injection</i>	T1	
<i>metoclopramide hcl oral</i>	LCG	
NEREUS	T3	PA; QL (2 EA per 1 day)
<i>ondansetron hcl +rfid</i>	T1	
<i>ondansetron hcl injection</i>	T1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	T1	QL (8 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 oral tablet dispersible 16 mg</i>	T1	PA
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	T1	

Drug Name	Drug Tier	Notes
<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 solution</i>	LCG	
<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	
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	
TRANSDERM SCOP	T3	
<i>trimethobenzamide hcl intramuscular</i>	T1	
<i>trimethobenzamide hcl oral</i>	T1	
VARUBI (180 MG DOSE)	T3	QL (0.15 EA per 1 day)
Antifungals		
AMBISOME	T3	
<i>amphotericin b intravenous</i>	T1	
<i>amphotericin b liposome</i>	T1	
ANCOBON	T3	
<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

Effective 01/01/2027

Drug Name	Drug Tier	Notes
DIFLUCAN	T3	
<i>econazole nitrate external cream</i>	T1	
ECOZA	T3	PA
ERAXIS	T3	
ERTACZO	T3	PA
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>miconazole sodium</i>	T1	
MICAFUNGIN SODIUM-NACL	T3	
MICONATATE	T3	
<i>miconazole 3 vaginal suppository</i>	T1	
MICONAZOLE-ZINC OXIDE-PETROLAT	T3	PA
<i>naftifine hcl</i>	T1	PA
NAFTIN	T3	PA
NOXAFIL	T3	PA
<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	

Drug Name	Drug Tier	Notes
<i>nystop</i>	T1	
ORAVIG	T3	PA
<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 solution reconstituted</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)
CAFERGOT	T3	PA; QL (1.43 EA per 1 day)
<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)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (0.11 ML per 1 day)
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-cafeine</i>	T1	PA; QL (1.43 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 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)
<i>zolmitriptan</i>	T1	QL (0.4 EA per 1 day)
ZOMIG NASAL	T3	ST; QL (0.4 EA per 1 day)
Antimyasthenic Agents		
MESTINON	T3	PA
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	
<i>pyridostigmine bromide oral</i>	T1	
REGONOL	T3	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
<i>rifapentine</i>	T1	
SIRTURO	T3	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate</i>	T4	PA; SP-QTZ
<i>abirtega</i>	T4	PA; SP-QTZ
ABRAXANE	T4	
ADCETRIS	T4	PA
<i>adriamycin</i>	T4	
ALECENSA	T4	PA; SP-QTZ
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	
ASPARLAS	T4	
AUGTYRO	T4	PA
AVMAPKI FAKZYNJA CO-PACK	T4	PA
AVOPEF	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
BESPONSA	T4	PA
BESREMI	T4	PA

Drug Name	Drug Tier	Notes
BESREMI PEN	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
<i>bosutinib</i>	T4	PA; SP-QTZ
BRAFTOVI	T4	PA
BRUKINSA	T4	PA; SP-QTZ
<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
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</i>	T4	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	T4	
<i>cladribine</i>	T4	
<i>clofarabine</i>	T4	
COLUMVI	T4	PA
COMETRIQ	T4	PA
COPIKTRA	T4	PA; QL (2 EA per 1 day)
COTELLIC	T4	PA; SP-QTZ
<i>cyclophosphamide injection</i>	T4	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	T4	

Drug Name	Drug Tier	Notes
<i>cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml</i>	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
<i>dasatinib</i>	T4	PA; SP-QTZ
<i>daunorubicin hcl</i>	T4	
DAURISMO	T4	PA
<i>decitabine</i>	T4	
<i>dexrazoxane hcl</i>	T4	
<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	
EMPLICITI	T4	PA
ENSACOVE	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)
ETHYOL	T3	
ETOPOPHOS	T4	
<i>etoposide intravenous</i>	T4	
<i>etoposide oral</i>	T4	
EULEXIN	T3	
EVDI	T4	PA

Drug Name	Drug Tier	Notes
<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
FAVLYXA	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
<i>fulvestrant</i>	T4	
FYARRO	T4	PA
GAVRETO	T4	PA
GAZYVA	T4	PA
<i>gefitinib</i>	T4	PA; SP-QTZ
<i>gemcitabine hcl</i>	T4	
GILOTRIF	T4	PA; SP-QTZ; QL (1 EA per 1 day)
GLEOSTINE	T4	PA
GOMEKLI	T4	PA
HALAVEN	T4	PA
HERNEXEOS	T4	PA; SP-QTZ
HYCANTIN INTRAVENOUS	T4	
HYCANTIN ORAL	T4	SP-QTZ
HYDREA	T3	PA
<i>hydroxyurea oral</i>	T1	
HYRNUO	T4	PA
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)

Drug Name	Drug Tier	Notes
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
IMJUDO	T4	PA
IMKELDI	T4	PA
INLURIYO	T4	PA
INLYTA	T4	PA; SP-QTZ
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; QL (1 EA per 1 day)
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
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG	T4	PA; SP-QTZ
JAYPIRCA ORAL TABLET 100 MG	T4	PA
JAYPIRCA ORAL TABLET 50 MG	T4	PA; QL (1 EA per 1 day)
JEMPERLI	T4	PA
JEVTANA	T4	PA
KADCYLA	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
KOMZIFTI	T4	PA; SP-QTZ
KOSELUGO	T4	PA; SP-QTZ
KRAZATI	T4	PA
KYPROLIS	T4	PA

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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>lederle leucovorin</i>	T1	
<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
<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
LIFYORLI (125 MG DOSE)	T4	PA
LIFYORLI (150 MG DOSE)	T4	PA
<i>lomustine</i>	T4	
LONSURF	T4	PA; SP-QTZ
LOQTORZI	T4	PA
LORBRENA	T4	PA
LUMAKRAS	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	
<i>mitoxantrone hcl</i>	T4	PA

Effective 01/01/2027

Drug Name	Drug Tier	Notes
MODEYSO	T4	PA
MONJUVI	T4	PA
MUTAMYCIN	T4	
MYLERAN	T2	
MYLOTARG	T4	PA
<i>nelarabine</i>	T4	
NERLYNX	T4	PA; QL (6 EA per 1 day)
NEXAVAR	T4	PA; SP-QTZ
<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
OGSIVEO	T4	PA
OJEMDA	T4	PA
ONCASPAR	T4	
ONIVYDE	T4	
ONUREG	T4	PA; SP-QTZ
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	
<i>pazopanib hcl oral tablet 200 mg</i>	T4	PA; SP-QTZ; QL (3 EA per 1 day)
<i>pazopanib hcl oral tablet 400 mg</i>	T4	PA; SP-QTZ
PEMETREXED	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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
PIQRAY ORAL TABLET THERAPY PACK 200 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
POLIVY	T4	PA
<i>pomalidomide oral capsule 1 mg, 2 mg</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
<i>pomalidomide oral capsule 3 mg, 4 mg</i>	T4	PA; SP-QTZ
POTELIGEO	T4	PA
<i>pralatrexate</i>	T4	PA
PROLEUKIN	T4	
PURIXAN	T4	PA
QINLOCK	T4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	T4	PA; SP-QTZ
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)
REVUFORJ	T4	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	T4	PA
<i>romidepsin intravenous solution reconstituted</i>	T4	PA
ROMVIMZA	T4	PA
ROZLYTREK	T4	PA; SP-QTZ
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
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TARGRETIN EXTERNAL	T4	PA; SP-QTZ

Effective 01/01/2027

Drug Name	Drug Tier	Notes
TEMODAR	T4	
<i>temozolomide</i>	T4	PA
TEPMETKO	T4	PA
TEVIMBRA INTRAVENOUS SOLUTION 150 MG/15ML	T4	PA
THALOMID	T4	PA; SP-QTZ
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)
<i>tretinoin oral</i>	T4	
TRISENOX	T4	
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
VANFLYTA	T4	PA
VECTIBIX	T4	
VELCADE	T4	PA
VENCLEXTA	T4	PA; SP-QTZ
VENCLEXTA STARTING PACK	T4	PA; SP-QTZ
VEPPANU ORAL TABLET 100 MG	T4	PA; QL (1 EA per 1 day)
VEPPANU ORAL TABLET 200 MG	T4	PA
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
VONJO	T4	PA; SP-QTZ

Effective 01/01/2027

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	
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	T4	PA
VYXEOS	T4	PA
WELIREG	T4	PA
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	
<i>yulithira</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
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
ZOLINZA	T4	PA; SP-QTZ
ZYDELIG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
ZYKADIA	T4	PA; SP-QTZ
Antiparasitics		
<i>albendazole oral</i>	T1	PA; QL (120 EA per 180 days)
ARAKODA	T3	
ARTESUNATE	T3	
<i>atovaquone</i>	T1	
<i>atovaquone-proguanil hcl</i>	T1	
BENZNIDAZOLE	T3	

Drug Name	Drug Tier	Notes
BILTRICIDE	T2	QL (105 EA per 180 days)
<i>chloroquine phosphate oral</i>	T1	
COARTEM	T3	
CROTAN	T3	PA
DARAPRIM	T4	PA
EGATEN	T3	
EMVERM	T2	QL (6 EA per 180 days)
EURAX	T3	PA
<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	QL (18 EA per 180 days)
<i>ivermectin oral tablet 6 mg</i>	T1	PA; QL (9 EA per 180 days)
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	QL (105 EA per 180 days)
<i>primaquine phosphate</i>	T1	
<i>pyrimethamine oral</i>	T4	PA
<i>quinine sulfate</i>	T1	PA
<i>spinosad</i>	T1	
STROMECTOL	T3	QL (18 EA per 180 days)
<i>sulfurated lime</i>	T1	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	T1	
APOKYN	T4	PA; QL (3 ML per 1 day)
<i>apomorphine hcl subcutaneous</i>	T4	PA; QL (3 ML per 1 day)
AZILECT	T3	PA

Drug Name	Drug Tier	Notes
<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 oral tablet extended release</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
<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	
<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
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	

Drug Name	Drug Tier	Notes
EFFIENT	T3	PA
<i>eptifibatide</i>	T1	
KENGREAL	T3	
<i>prasugrel hcl</i>	T1	
<i>ticagrelor</i>	T1	
<i>tirofiban hcl in nacl</i>	T1	
ZONTIVITY	T3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	T3	
ABILIFY MAINTENA	T3	
<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)
BYSANTI	T3	QL (2 EA per 1 day)
BYSANTI TITRATION PACK A	T3	QL (16 EA per 365 days)
BYSANTI TITRATION PACK B	T3	QL (24 EA per 365 days)
BYSANTI TITRATION PACK C	T3	QL (16 EA per 365 days)
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)
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)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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)
LYBALVI	T3	ST; QL (1 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	
<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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>risperidone oral solution 1 mg/ml</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	
ZYPREXA ZYDIS	T3	PA; QL (1 EA per 1 day)
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 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	
<i>adefovir dipivoxil</i>	T1	
APRETUDE	T2	\$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
BIXLENVO	T3	

Drug Name	Drug Tier	Notes
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (0.15 ML per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	QL (0.22 ML per 1 day)
<i>cidofovir intravenous</i>	T1	
CIMDUO	T2	SP-QTZ
COMPLERA	T3	PA; 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	T2	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 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)
EPIVIR	T3	SP-QTZ
<i>etravirine</i>	T1	SP-QTZ
EVOTAZ	T2	SP-QTZ
<i>famciclovir oral</i>	T1	
<i>fosamprenavir calcium</i>	T1	SP-QTZ
<i>foscarnet sodium</i>	T1	
FOSCAVIR	T3	
<i>ganciclovir sodium</i>	T1	
GENVOYA	T3	SP-QTZ
HEPCLUDEX	T4	PA; QL (1 EA per 1 day)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
IDVYNZO	T2	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</i>	T1	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)
<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	T2	SP-QTZ
PREVYMIS	T4	
PREZCOBIX	T2	SP-QTZ
PREZISTA ORAL SUSPENSION	T2	SP-QTZ

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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 oral</i>	T4	
<i>rilpivirine hcl</i>	T1	SP-QTZ
<i>rimantadine hcl</i>	T1	
<i>ritonavir</i>	T1	SP-QTZ; \$0 copay for HIV PX for MN plans
RUKOBIA	T2	SP-QTZ
SELZENTRY	T3	PA; SP-QTZ
STRIBILD	T3	SP-QTZ
SUNLENCA ORAL TABLET	T3	PA; SP-QTZ; QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK	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	
<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

Drug Name	Drug Tier	Notes
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
XOCOVA	T3	QL (7 EA per 30 days)
XOFLUZA (40 MG DOSE)	T3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE)	T3	QL (2 EA per 365 days)
ZIAGEN	T3	SP-QTZ
zidovudine	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)
<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	
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	LCG	
<i>buspirone hcl oral tablet 12.5 mg, 2.5 mg</i>	T1	PA
<i>buspirone 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)

Drug Name	Drug Tier	Notes
<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)
HYDROXYZINE HCL INTRAMUSCULAR	T3	
<i>hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml</i>	LCG	
<i>hydroxyzine hcl oral tablet</i>	LCG	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	LCG	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	LCG	
<i>lorazepam injection solution</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		
AGRYLIN	T3	PA
ALHEMO	T4	PA
ALVAIZ	T4	PA; SP-QTZ

Drug Name	Drug Tier	Notes
<i>aminocaproic acid intravenous</i>	T1	
<i>aminocaproic acid oral</i>	T1	
<i>anagrelide hcl</i>	T1	
APHEXDA	T4	
AQVESME	T4	PA; QL (2 EA per 1 day)
ARANESP (ALBUMIN FREE)	T4	PA
ARMLUPEG	T4	PA
BKEMV	T4	PA
CYKLOKAPRON	T3	
DOPTELET	T4	PA
DOPTELET SPRINKLE	T4	PA; QL (2 EA per 1 day)
<i>eltrombopag olamine oral tablet</i>	T4	PA; SP-QTZ
EMPAVELI	T4	PA
ENJAYMO	T4	PA
EPYSQLI	T4	PA
FABHALTA	T4	PA; QL (2 EA per 1 day)
FILKRI	T4	PA
HEMLIBRA	T4	PA; SP-QTZ
<i>hetastarch-nacl</i>	T1	
HEXTEND	T3	
LEUKINE	T4	PA
LMD IN D5W	T3	
LMD IN NACL	T3	
MIRCERA	T4	PA
MOZOBIL	T4	PA
MULPLETA	T4	PA
NEULASTA	T4	PA
NEULASTA ONPRO	T4	PA
NIVESTYM	T4	PA
NPLATE	T4	PA
<i>plerixafor</i>	T4	
PROCRIT	T4	PA
<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
RETACRIT	T4	PA
TAVALISSE	T4	PA

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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
VOYDEYA	T4	PA; QL (6 EA per 1 day)
XOLREMDI	T4	PA; QL (4 EA per 1 day)
ZARXIO	T4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
<i>acebutolol hcl oral</i>	T1	
<i>acetazolamide sodium</i>	T1	
<i>adenosine intravenous</i>	T1	
AKOVAZ	T3	
ALDACTONE	T3	PA
<i>aliskiren fumarate</i>	T1	
<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	PA
<i>amlodipine-valsartan-hctz</i>	T1	
ARB LI	T3	PA; AL
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>azilsartan medoxomil tablet 40 mg oral</i>	T1	
<i>azilsartan medoxomil tablet 40 mg oral</i>	T1	PA
<i>azilsartan medoxomil tablet 80 mg oral</i>	T1	
<i>azilsartan medoxomil tablet 80 mg oral</i>	T1	PA
BAXFENDY	T3	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
<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
<i>bisoprolol-hydrochlorothiazide</i>	LCG	HDHP
BREVIBLOC	T3	
BREVIBLOC IN NACL	T3	
BREVIBLOC PREMIXED	T3	
BREVIBLOC PREMIXED DS	T3	
<i>bumetanide</i>	T1	
BUMEX	T3	
CADUET	T3	PA
CAMZYOS	T4	PA; QL (1 EA per 1 day)
<i>candesartan cilexetil</i>	T1	PA
<i>candesartan cilexetil-hctz</i>	T1	PA
<i>captopril oral</i>	T1	PA
<i>captopril-hydrochlorothiazide</i>	T1	
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	
<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 0.05 mg</i>	T1	PA

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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	
CORVERT	T3	
<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-%	T3	
<i>dilt-xr</i>	T1	
<i>disopyramide phosphate</i>	T1	
<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	PA

Effective 01/01/2027

Drug Name	Drug Tier	Notes
EDARBYCLOR	T3	ST
EDECRIN	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 sulf (pressors)+rfd intravenous solution prefilled syringe 25 mg/5ml</i>	T1	
<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	T3	
EPINEPHRINE HCL-DEXTROSE	T3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	T3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
ETHAMOLIN	T3	
<i>ezetimibe oral</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	
FLOLIPID	T3	ST; \$0 if age 40-75
<i>fluvastatin sodium</i>	T1	PA; \$0 if age 40-75
<i>fluvastatin sodium er</i>	T1	PA; \$0 if age 40-75
<i>fosinopril sodium</i>	LCG	HDHP
<i>fosinopril sodium-hctz</i>	T1	
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
<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	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>isosorb dinitrate-hydralazine</i>	T1	

Drug Name	Drug Tier	Notes
<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 (56 EA per 365 days)
JUXTAPID ORAL CAPSULE 2 MG	T4	PA; QL (112 EA per 365 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	T4	PA; QL (2 EA per 1 day)
<i>labetalol hcl intravenous solution</i>	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>labetalol hcl oral</i>	T1	HDHP
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 SOLUTION	T3	PA
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	

Drug Name	Drug Tier	Notes
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	LCG	HDHP
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	T3	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	T1	HDHP
<i>metoprolol-hydrochlorothiazide</i>	T1	
<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	
MULTAQ	T3	
MYQORZO	T4	PA; QL (1 EA per 1 day)
<i>nadolol oral</i>	T1	HDHP
<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</i>	T1	
NICARDIPINE HCL IN NACL 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
<i>nitro-bid</i>	T1	
NITRO-DUR	T3	PA
<i>nitroglycerin</i>	T1	
<i>nitroglycerin in d5w</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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; AL
NORPACE	T3	
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	
<i>phenylephrine hcl intravenous solution 100 mg/10ml, 50 mg/5ml</i>	T1	
<i>phenylephrine hcl solution 10 mg/ml intravenous</i>	T1	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.4 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.5 MG/5ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.8 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 1 MG/10ML INTRAVENOUS	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 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 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	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.8-0.9 MG/10ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% INTRAVENOUS	T3	
<i>pindolol</i>	T1	
<i>pitavastatin calcium</i>	T1	PA; \$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
QBRELIS	T3	PA
<i>quinapril hcl</i>	LCG	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>quinidine gluconate er</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	LCG	HDHP
<i>ranolazine er</i>	T1	
RECTIV	T3	PA
REPATHA SURECLICK	T2	SP-QTZ; QL (0.11 ML per 1 day)
<i>rosuvastatin calcium oral</i>	T1	HDHP; \$0 if age 40-75
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	T1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</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	
<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 25 mg/5ml</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
<i>tiadylt er</i>	T1	
TIAZAC	T3	PA
<i>timolol maleate oral</i>	T1	
<i>torse mide</i>	LCG	
<i>trandolapril</i>	LCG	HDHP
<i>trandolapril-verapamil hcl er</i>	T1	PA
<i>triamterene oral</i>	T1	PA
<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

Effective 01/01/2027

Drug Name	Drug Tier	Notes
VASERETIC	T3	PA
VASOTEC	T3	PA
VECAMYL	T3	
<i>verapamil hcl er oral capsule extended release 24 hour</i>	T1	PA
<i>verapamil hcl er oral tablet extended release</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)
VYNDAMAX	T4	PA; QL (1 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 er</i>	T1	QL (1 EA per 1 day)
<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)
<i>atomoxetine hcl oral capsule</i>	T1	QL (1 EA per 1 day)
ATOMOXETINE HCL ORAL SOLUTION	T3	QL (25 ML per 1 day)
ATONCY	T3	QL (25 ML per 1 day)
AZSTARYS	T2	ST; QL (1 EA per 1 day)
<i>clonidine hcl er</i>	T1	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG	T3	ST; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	T3	ST; QL (2 EA per 1 day)
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)

Drug Name	Drug Tier	Notes
<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)
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)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	T3	QL (3 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	T3	QL (2 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	T3	QL (6 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)

Drug Name	Drug Tier	Notes
<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)
VYVANSE	T3	ST; QL (1 EA per 1 day)
XELSTRYM	T3	ST; QL (1 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)
<i>cladribine (10 tabs)</i>	T4	PA; QL (40 EA per 1 lifetime)
<i>cladribine (4 tabs)</i>	T4	PA; QL (40 EA per 1 lifetime)
<i>cladribine (5 tabs)</i>	T4	PA; QL (40 EA per 1 lifetime)
<i>cladribine (6 tabs)</i>	T4	PA; QL (40 EA per 1 lifetime)
<i>cladribine (7 tabs)</i>	T4	PA; QL (40 EA per 1 lifetime)
<i>cladribine (8 tabs)</i>	T4	PA; QL (40 EA per 1 lifetime)
<i>cladribine (9 tabs)</i>	T4	PA; QL (40 EA per 1 lifetime)
<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)

Drug Name	Drug Tier	Notes
<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)
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)
<i>teriflunomide</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
TYRUKO	T4	PA; QL (0.54 ML 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		
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>dextromethorphan-quinidine</i>	T1	PA
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 450 mg, 600 mg</i>	T1	ST; QL (3 EA per 1 day)
<i>gabapentin (once-daily) oral tablet 750 mg, 900 mg</i>	T1	ST; QL (2 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)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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)
<i>milnacipran hcl oral</i>	T1	QL (110 EA per 365 days)
<i>milnacipran hcl oral tablet</i>	T1	QL (2 EA per 1 day)
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)
RADICAVA ORS	T4	PA
RADICAVA ORS STARTER KIT	T4	PA
<i>riluzole</i>	T1	
TEGLUTIK	T2	ST; QL (20 ML per 1 day)
<i>tetrabenazine</i>	T4	PA
TIGLUTIK	T2	ST; QL (20 ML per 1 day)
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
SALAGEN	T3	PA
<i>triamcinolone acetonide mouth/throat</i>	T1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	T3	PA
<i>accutane</i>	T1	
<i>acitretin</i>	T1	
<i>adapalene-benzoyl peroxide external gel</i>	T1	
ADBRY	T4	PA; QL (0.15 ML per 1 day)
ADQUEY	T3	
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	
ANZUPGO	T3	PA; QL (1.1 GM per 1 day)
AQUACEL AG BURN	T3	
ATRAPRO DERMAL SPRAY	T3	
<i>azelaic acid external</i>	T1	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
CIBINQO	T4	PA; QL (1 EA per 1 day)
<i>claravis</i>	T1	
CLEOCIN-T	T3	
<i>clindacin</i>	T1	PA
<i>clindacin etz</i>	T1	
<i>clindacin-p</i>	T1	
<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 prop emollient base</i>	T1	
<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	PA
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	

Drug Name	Drug Tier	Notes
<i>desonide external ointment</i>	T1	
<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
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diclofenac sodium external gel 3 %</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 (0.09 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SP-QTZ; QL (0.15 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; SP-QTZ; QL (0.09 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP-QTZ; QL (0.15 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 EXTERNAL GEL 0.3-2.5 %	T3	
EPIFOAM	T3	
ERY PAD 2%	T3	
<i>erythromycin external</i>	T1	
EUCRISA	T2	ST
evesse	T1	PA
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

Drug Name	Drug Tier	Notes
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T1	PA
<i>fluticasone propionate external ointment</i>	T1	
GORDOFILM	T3	
<i>halcinonide</i>	T1	PA
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external foam</i>	T1	PA
<i>halobetasol propionate external ointment</i>	T1	
HALOG EXTERNAL SOLUTION	T3	PA
<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	
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	

Drug Name	Drug Tier	Notes
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
<i>lactic acid e</i>	T1	
LEVULAN KERASTICK	T3	
LITFULO	T4	PA; QL (1 EA per 1 day)
L-MESITRAN SOFT WOUND	T3	
LUXAMEND	T3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	T3	
<i>methoxsalen rapid</i>	T1	
<i>metronidazole external</i>	T1	
MICROCYN EXTERNAL LIQUID	T3	
MIRVASO EXTERNAL GEL 0.33 %	T2	
<i>mometasone furoate external</i>	T1	
NEMLUVIO	T4	PA; 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)
<i>oxymetazoline hcl external</i>	T1	
PETROLEUM GAUZE NON-WOVEN 3X9"	T3	
<i>pimecrolimus</i>	T1	ST; QL (2 GM per 1 day)
PODOCON-25	T3	
<i>podofilox external</i>	T1	
PRAMOSONE EXTERNAL CREAM	T3	PA
PRAMOSONE EXTERNAL LOTION	T3	PA
PRUDOXIN	T3	PA
PYROGALLIC ACID	T3	
QBREXZA	T3	QL (1 EA per 1 day)
RADIAPLEXRX	T3	
REGENECARE	T3	
SANTYL	T3	QL (3 GM per 1 day)
SCENESSE	T4	PA

Drug Name	Drug Tier	Notes
<i>selenium sulfide external lotion</i>	T1	
SERNIVO	T3	ST
SOFDRA	T3	QL (1.4 ML per 1 day)
SOOLANTRA	T3	
<i>sulfacetamide sodium (acne)</i>	T1	
SYNALAR	T3	
<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>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	
<i>trilitas</i>	T1	PA
<i>urea external cream 20 %</i>	T1	
VENELEX	T3	
VEREGEN	T3	PA
VTAMA	T2	ST
WYNZORA	T3	QL (15 GM per 1 day)
XALIX	T3	
XERAC AC	T3	
ZELSUVMI	T3	PA
<i>zenatane</i>	T1	
ZILXI	T3	ST
ZONALON	T3	PA
ZORYVE	T2	ST
Diabetes - Antidiabetic Agents		
<i>acarbose oral</i>	T1	HDHP

Effective 01/01/2027

Drug Name	Drug Tier	Notes
ACTOPLUS MET	T3	PA
ACTOS	T3	PA
CYCLOSET	T3	ST
<i>dapaglifloz base-metformin er</i>	T1	
<i>dapagliflozin</i>	T1	
DAPAGLIFLOZIN-SAXAGLIPTIN	T3	
DUETACT	T3	
<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 15 mg, 2.5 mg</i>	T1	PA; HDHP
<i>glipizide-metformin hcl</i>	T1	HDHP
GLUCOTROL XL	T3	
<i>glyburide</i>	LCG	HDHP
<i>glyburide-metformin</i>	T1	HDHP
GLYXAMBI	T2	
JARDIANCE	T2	
JENTADUETO	T2	
JENTADUETO XR	T2	
<i>liraglutide</i>	T1	PA; 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	
MOUNJARO	T2	PA; QL (0.08 ML per 1 day)
<i>nateglinide</i>	T1	
<i>pioglitazone hcl</i>	T1	HDHP
<i>pioglitazone hcl-glimepiride</i>	T1	
<i>pioglitazone hcl-metformin hcl</i>	T1	HDHP
<i>repaglinide</i>	T1	HDHP
RIOMET	T3	ST
<i>saxagliptin hcl</i>	T1	HDHP

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>saxagliptin-metformin er</i>	T1	HDHP
<i>sitagliip phos-metformin hcl er</i>	T1	
<i>sitagliptin phos-metformin hcl</i>	T1	
<i>sitagliptin phosphate</i>	T1	
SOLIQUA	T2	
SYNJARDY	T2	
SYNJARDY XR	T2	
TRADJENTA	T2	
TRIJARDY XR	T2	
TRULICITY	T2	PA; QL (0.08 ML per 1 day)
XULTOPHY	T3	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	T2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	\$0	
ACCU-CHEK AVIVA PLUS TEST STRIPS	T2	QL (3.4 EA per 1 day)
ACCU-CHEK FASTCLIX LANCET KIT	T2	
ACCU-CHEK GUIDE	\$0	
ACCU-CHEK GUIDE CONTROL	T2	
ACCU-CHEK GUIDE KIT W/DEVICE	\$0	
ACCU-CHEK GUIDE TEST STRIPS	T2	QL (3.4 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTROL	T2	
ACCU-CHEK SMARTVIEW TEST STRIPS	T2	QL (3.4 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	T2	
ADJUSTABLE LANCING DEVICE	T3	
ADVANTAGE SAFETY LANCETS 28G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE SAFETY LANCETS 21G	T2	
ADVOCATE SAFETY LANCETS 23G	T2	
ADVOCATE SAFETY LANCETS 28G	T2	
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	
AUTOLET PLUS	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
CARDIOCOM LANCING DEVICE	T3	
CAREONE ADVANCED LANCING DEV	T3	
CARESENS LANCETS 30G	T2	
CARETOUCH LANCING/EJECTOR	T3	
CHEMSTRIP BG LOG BOOK	T3	
CHEMSTRIP K	T3	
CHEMSTRIP UGK	T3	
CHOSEN LANCETS 30G	T2	
CHOSEN LANCING DEVICE	T3	
CHOSEN SAFETY LANCETS 28G	T2	
CLEVER CHOICE COMFORT EZ	T2	
COMFORT TOUCH TWIST LANCET 30G	T2	
CONTOUR NEXT	T2	QL (3.4 EA per 1 day)
CVS LANCING DEVICE	T3	
DEXCOM G6 RECEIVER	T2	PA
DEXCOM G6 SENSOR	T2	PA
DEXCOM G6 TRANSMITTER	T2	PA
DEXCOM G7 15 DAY SENSOR	T2	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	
DROPSAFE MEDLANCE LANCET 30G	T2	
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
FONDCIRCLE LANCING DEVICE	T3	
FONDCIRCLE SINGLE USE LANCETS	T2	
FORA LANCING DEVICE	T3	
GENTEEL CONTACT TIPS (BLUE)	T2	
GENTEEL CONTACT TIPS (CLEAR)	T2	
GENTEEL CONTACT TIPS (GREEN)	T2	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
GENTEEL CONTACT TIPS (ORANGE)	T2	
GENTEEL CONTACT TIPS (RAINBOW)	T2	
GENTEEL CONTACT TIPS (VIOLET)	T2	
GENTEEL CONTACT TIPS (YELLOW)	T2	
GENTEEL LANCING KIT (BLUE)	T3	
GENTEEL NOZZLES	T2	
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	
GLUCOCOM AUTOLINK TELEMONITOR	T3	
GNP LANCING SYSTEM DEVICE	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
GUARDIAN 4 GLUCOSE SENSOR	T3	PA
GUARDIAN 4 TRANSMITTER	T3	PA
GUARDIAN REAL-TIME CHARGER	T3	
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 BACK-OPENING	T3	
INSUL-TOTE JR	T3	
INSUL-TOTE PEN-TOTE	T3	
INSUL-TOTE ULTIMATE	T3	
KETO-DIASTIX	T3	
KETONE CARE	T3	
KETONE TEST	T3	
KETOSTIX	T3	
KROGER AUTOLET LANCING DEVICE	T3	
KT TAPE CGM PATCH	T3	
LANCETS	T2	
LANCETS	T3	
LANCETS 28G THIN	T2	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
LANCETS KIT	T3	
LANCETS SUPER THIN	T2	
LANCING DEVICE	T3	
LANZO	T3	
LEADER ADVANCED LANCING DEVICE	T3	
LITE TOUCH LANCING PEN	T3	
MICROLET NEXT LANCETS	T2	
MICROLET NEXT LANCING DEVICE	T3	
MINI LANCING DEVICE	T3	
MINIMED INSTINCT GLUC SENSOR	T3	PA
MM LANCING DEVICE	T3	
MOBI CONNECT LANCING DEVICE	T3	
MOBI CONNECT TWIST LANCETS	T2	
MOBILE LANCETS 30G	T2	
NOVA SUREFLEX LANCING DEVICE	T3	
ONETOUCH DELICA PLUS LANCING	T3	
ONETOUCH DELICA SAFETY LANCING	T2	
PERFECT POINT SAFETY LANCETS	T2	
PRODIGY LANCING DEVICE	T3	
PURE COMFORT SAFETY LANCET 30G	T2	
PX ADVANCED LANCING DEVICE	T3	
QC ADVANCED LANCING DEVICE	T3	
RELION KETONE TEST	T3	
RELION LANCING DEVICE	T3	
RIGHTTEST ALTERNATE SITE ADAPT	T2	
RIGHTTEST GD500 LANCING DEVICE	T3	
SELECT-LITE LANCING DEVICE	T3	
SENSILANCE SAFETY LANCETS 21G	T2	
SENSILANCE SAFETY LANCETS 26G	T2	
SENSILANCE SAFETY LANCETS 28G	T2	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
TECHLITE LANCETS 26G	T2	
TODAYS HEALTH LANCING DEVICE	T3	
TRACER II 3 VOLT BATTERY	T3	
TRUEDRAW LANCING DEVICE	T3	
ULTI-LANCE AUTOMATIC	T3	
ULTRA-CARE SAFETY LANCETS 30G	T2	
UNISTIK NORMAL	T2	
VERIFINE SAFE LANCET MINI 21G	T2	
VERIFINE SAFE LANCET MINI 23G	T2	
VERIFINE SAFE LANCET MINI 28G	T2	
VERIFINE SAFE LANCET MINI 30G	T2	
VIVAGUARD LANCETS 30G	T2	
VIVAGUARD LANCING DEVICE	T3	
VIVAGUARD SAFETY LANCETS 28G	T2	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2	
BAQSIMI TWO PACK	T2	
<i>diazoxide oral</i>	T1	
<i>glucagon emergency kit injection solution reconstituted 1 mg</i>	T1	
GLUCAGON EMERGENCY KIT	T2	
GVOKE HYPOPEN 1-PACK	T2	
GVOKE HYPOPEN 2-PACK	T2	
GVOKE KIT	T2	
GVOKE PFS	T2	
PROGLYCEM	T3	PA
Diabetes - Insulins		
ADMELOG	T1	
ADMELOG SOLOSTAR	T1	
ADVOCATE INSULIN PEN NEEDLE	T2	
AFREZZA	T3	PA
APIDRA SOLOSTAR	T1	
APIDRA VIAL	T1	
AQ INSULIN SYRINGE	T2	
AQINJECT PEN NEEDLE	T2	
ASSURE ID DUO PRO PEN NEEDLES	T2	
ASSURE ID PRO PEN NEEDLES	T2	
AUM INSULIN SAFETY PEN NEEDLE	T2	

Drug Name	Drug Tier	Notes
AUM MINI INSULIN PEN NEEDLE	T2	
AUM PEN NEEDLE	T2	
AUM READYGARD DUO PEN NEEDLE	T2	
AUM SAFETY PEN NEEDLE	T2	
AUTOKEEPER SAFETY PEN NEEDLE	T2	
AUTOPEN	T3	
BD AUTOSHIELD DUO PEN NEEDLES	T2	
BD PEN	T3	
BD PEN MINI	T3	
BD PEN NEEDLE MICRO ULTRAFINE	T2	
BD PEN NEEDLE MINI ULTRAFINE	T2	
BD PEN NEEDLE NANO ULTRAFINE	T2	
BD PEN NEEDLE ORIG ULTRAFINE	T2	
BD PEN NEEDLE SHORT ULTRAFINE	T2	
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	
BD ULTRA-FINE PEN NEEDLES	T2	
BD VEO INSULIN SYR ULTRAFINE	T2	
CEQUR SIMPL EXT WEAR INSERTER	T2	
CEQUR SIMPLICITY 1U EXTND WEAR	T2	
CEQUR SIMPLICITY 2U 10PK	T2	
CEQUR SIMPLICITY 2U EXTND WEAR	T2	
CEQUR SIMPLICITY INSERTER	T2	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T2	
COMFORT EZ PRO PEN NEEDLES	T2	
DROPLET MICRON	T2	
DROPSAFE AUTOPROTECT DUO	T2	
DROPSAFE SAFETY SYRINGE/NEEDLE	T2	
EASY TOUCH INSULIN BARRELS	T2	
EMBECTA AUTOSHIELD DUO	T2	
EMBECTA INS SYR U/F 1/2 UNIT	T2	

Drug Name	Drug Tier	Notes
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 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	T2	
EMBECTA INSULIN SYRINGE	T2	
EMBECTA INSULIN SYRINGE U-100	T2	
EMBECTA INSULIN SYRINGE U-500	T2	
EMBECTA PEN NEEDLE NANO	T2	
EMBECTA PEN NEEDLE NANO 2 GEN	T2	
EMBECTA PEN NEEDLE ULTRAFINE	T2	
EMBRACE PEN NEEDLES	T2	
FIASP	T1	
FIASP FLEXTOUCH	T1	
FIASP PENFILL	T1	
FIASP PUMPCART	T1	
GNP PEN NEEDLES	T2	
GNP ULTIGUARD SAFEPACK NEEDLE	T2	
HUMALOG	T1	
HUMALOG KWIKPEN	T1	
HUMALOG MIX 50/50 KWIKPEN	T1	
HUMALOG MIX 75/25 KWIKPEN	T1	
HUMALOG MIX 75/25 VIAL	T1	
HUMALOG U-100 JUNIOR KWIKPEN	T1	
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 VIAL	T1	HDHP; Value
INCONTROL ULTICARE PEN NEEDLES	T2	
INSULIN GLARGINE-YFGN	T2	HDHP; Value
INSULIN LISPRO	T1	HDHP
INSULIN LISPRO (1 UNIT DIAL)	T1	
INSULIN LISPRO JUNIOR KWIKPEN	T1	
INSULIN LISPRO PROT & LISPRO	T1	

Drug Name	Drug Tier	Notes
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 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 , 34G X 3.5 MM	T2	
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" 0.5 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	
INSUPEN32G EXTR3ME	T2	
KIRSTY	T3	PA
LANGLARA	T3	
LYUMJEV KWIKPEN	T1	
LYUMJEV VIAL	T1	
MYXREDLIN	T3	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
NOVOLIN 70/30 FLEXPEN	T1	HDHP; Value
NOVOLIN 70/30 FLEXPEN RELION	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 FLEXPEN RELION	T1	HDHP; Value
NOVOLIN N RELION	T1	HDHP; Value
NOVOLIN N VIAL	T1	HDHP; Value
NOVOLIN R FLEXPEN	T1	HDHP; Value
NOVOLIN R FLEXPEN RELION	T1	HDHP; Value
NOVOLIN R RELION	T1	HDHP; Value
NOVOLIN R VIAL	T1	HDHP; Value

Effective 01/01/2027

Drug Name	Drug Tier	Notes
NOVOLOG 70/30 FLEXPEN RELION	T1	
NOVOLOG FLEXPEN	T1	
NOVOLOG FLEXPEN RELION	T1	
NOVOLOG MIX 70/30 FLEXPEN	T1	
NOVOLOG MIX 70/30 RELION	T1	
NOVOLOG MIX 70/30 VIAL	T1	
NOVOLOG PENFILL	T1	
NOVOLOG RELION	T1	
NOVOLOG U-100 VIAL	T1	
NOVOPEN ECHO	T3	
PEN NEEDLE/5-BEVEL TIP	T2	
PENTIPS GENERIC PEN NEEDLES	T2	
PIP PEN NEEDLES 31G X 5MM	T2	
PIP PEN NEEDLES 32G X 4MM	T2	
PURE COMFORT SAFETY PEN NEEDLE	T2	
QUICK TOUCH INSULIN PEN NEEDLE	T2	
RAYA SURE PEN NEEDLE	T2	
REZVOGLAR KWIKPEN	T2	Value
SAFETY PEN NEEDLES	T2	
TECHLITE PLUS PEN NEEDLES	T2	
TOPFINE INSULIN PEN NEEDLE	T2	
TRUE COMFORT SAFETY PEN NEEDLE	T2	
ULTICARE INSULIN SYR 1/2 UNIT	T2	
ULTIGUARD SAFEPACK SYR/NEEDLE	T2	
UNIFINE OTC PEN NEEDLES	T2	
UNIFINE PROTECT PEN NEEDLE	T2	
VERIFINE INSULIN PEN NEEDLE	T2	
VERIFINE INSULIN SYRINGE	T2	
VERIFINE PLUS PEN NEEDLE	T2	
VERISAFE SAFETY INSULIN SYR	T2	
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	

Drug Name	Drug Tier	Notes
ARGININE HCL INJECTION	T3	
CALCIFOL	T3	
<i>calcium chloride solution 10 % intravenous</i>	T1	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	T3	
<i>calcium gluconate intravenous solution</i>	T1	
<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	
<i>calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous</i>	T1	
CARBAGLU	T4	PA
<i>carglumic acid</i>	T4	PA
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

Drug Name	Drug Tier	Notes
<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	
EDETATE DISODIUM INTRAVENOUS	T3	
EFFER-K	T3	
<i>ergocalciferol oral capsule</i>	T1	
EXJADE	T3	PA
FERAHEME	T3	ST
<i>ferric carboxymaltose</i>	T1	
FERRIPROX	T3	PA
FERRIPROX TWICE-A-DAY	T3	PA
FERRLECIT	T3	
<i>ferumoxytol</i>	T1	ST
<i>folic acid injection</i>	T1	
FOLIC ACID ORAL SOLUTION	T3	PA
<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	T3	ST
INTRALIPID	T3	
<i>iodine strong</i>	T1	
<i>iron sucrose</i>	T1	
JADENU	T3	PA
JADENU SPRINKLE	T3	PA
KABIVEN	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
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 sulfate in d5w</i>	T1	
MAGNESIUM SULFATE-NACL	T3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	T3	
MONOFERRIC	T3	ST
MULTRYs	T3	
<i>na ferric gluc cplx in sucrose</i>	T1	
NASCOBAL	T3	PA
NEOKE ALCAR	T3	
NUTRILIPID	T3	
PERIKABIVEN	T3	
<i>phosphorous</i>	T1	
PHOSPHO-TRIN 250 NEUTRAL	T3	
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	

Drug Name	Drug Tier	Notes
<i>potassium chloride oral packet 20 meq</i>	T1	
<i>potassium chloride oral packet 40 meq</i>	T1	PA
<i>potassium chloride oral solution</i>	T1	
<i>potassium citrate er</i>	T1	
<i>potassium phosphates</i>	T1	
<i>potassium phosphates (66 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	
QUIOFIC	T3	PA
SAMSCA	T4	PA; QL (2 EA per 1 day)
SMOFLIPID	T3	
<i>sod citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml</i>	T1	
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	T1	
<i>sodium acetate intravenous</i>	T1	
<i>sodium bicarbonate solution 4.2 % intravenous</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</i>	T1	
<i>sodium citrate-citric acid</i>	T1	
<i>sodium phosphates</i>	T1	
<i>sodium polystyrene sulfonate</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
TAURINE INJECTION	T3	
THAM	T3	
<i>tolvaptan</i>	T4	PA; QL (2 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>tolvaptan (hyponatremia)</i>	T4	PA; QL (2 EA per 1 day)
TRALEMENT	T3	
TRAVASOL	T3	
TRI-AMINO	T3	
<i>trientine hcl</i>	T4	PA
<i>tromethamine intravenous</i>	T1	
TROPHAMINE	T3	
UROCIT-K 10	T3	PA
UROCIT-K 15	T3	PA
VELTASSA	T3	
VENOFER	T3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin k1 injection</i>	T1	
<i>zinc chloride intravenous</i>	T1	
<i>zinc sulfate intravenous</i>	T1	
ZYCUBO	T4	PA; QL (1 EA per 1 day)
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CYTOTEC	T3	
<i>esomeprazole magnesium oral packet</i>	T1	QL (1 EA per 1 day)
<i>famotidine (pf)</i>	T1	
<i>famotidine intravenous</i>	T1	
<i>famotidine oral suspension reconstituted</i>	T1	
<i>famotidine premixed</i>	T1	
<i>misoprostol oral</i>	T1	
NEXIUM ORAL PACKET	T3	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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>atropine sulfate intravenous solution</i>	T1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1.2 MG/3ML	T3	
ATROPINE SULFATE SOLUTION PREFILLED SYRINGE 1 MG/2.5ML INTRAVENOUS	T3	
BIOVANTA	T3	
<i>bis subcit-metronid-tetracyc</i>	T1	
<i>bismuth/metronidaz/tetracyclin</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T1	PA
CLENPIQ	T3	
<i>constulose</i>	LCG	
<i>cromolyn sodium oral</i>	T1	
CTEXLI	T4	PA
CUVPOSA	T3	PA
DERMACINRX PROBEX	T3	
<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 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	T1	
<i>glycopyrrolate oral solution 1 mg/5ml</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 injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	T1	

Drug Name	Drug Tier	Notes
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	T1	
GLYCOPYRROLATE SOLUTION PREFILLED SYRINGE 0.6 MG/3ML 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	
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
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	QL (2 EA per 365 days)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	QL (2 EA per 365 days)
PEG-PREP	T3	
<i>prucalopride succinate</i>	T1	ST; QL (1 EA per 1 day)
PYLERA	T2	
REBYOTA	T4	PA
RESTORA RX	T3	

Drug Name	Drug Tier	Notes
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	
TRUEFLORA	T3	
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
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)
<i>glycerol phenylbutyrate</i>	T4	PA
KANUMA	T4	PA
KYGEVVI	T4	PA
LUMIZYME	T4	PA
MEPSEVII	T4	PA
<i>miglustat</i>	T4	PA
MYALEPT	T4	PA

Effective 01/01/2027

Drug Name	Drug Tier	Notes
NAGLAZYME	T4	PA
NEXVIAZYME	T4	PA
<i>nitisinone</i>	T4	PA
NITYR	T4	PA
NULIBRY	T4	PA
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
STRENSIQ	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
YUWIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG	T4	PA; QL (0.15 EA per 1 day)
YUWIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 5.5 MG	T4	PA; QL (0.29 EA per 1 day)
ZAVESCA	T4	PA
<i>zelvysia</i>	T4	PA
ZENPEP	T2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
<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	PA
<i>ferric citrate</i>	T1	PA
<i>fesoterodine fumarate er</i>	T1	PA
FILSPARI ORAL TABLET 200 MG	T4	PA; QL (1 EA per 1 day)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
FILSPARI ORAL TABLET 400 MG	T4	PA; QL (2 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	
<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	PA
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	LCG	
PREPIDIL	T3	
REVELA	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	PA
<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>trospium chloride</i>	T1	
<i>trospium chloride er</i>	T1	PA
VANRAFIA	T4	PA; QL (1 EA per 1 day)
VOYXACT	T4	PA; QL (0.8 ML per 1 day)
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	ST
<i>dutasteride oral</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>dutasteride-tamsulosin hcl</i>	T1	PA
ENTADFI	T3	ST; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	LCG	
PROSCAR	T3	PA
<i>silodosin</i>	T1	
<i>tamsulosin hcl</i>	LCG	
<i>terazosin hcl</i>	LCG	
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	
<i>dexamethasone sod phosphate pf</i>	T1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	T1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	T3	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	T1	
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	T1	
DEXLYT	T3	PA
<i>fludrocortisone acetate oral</i>	T1	
HIDEX 6-DAY	T3	PA
<i>hydrocortisone oral</i>	LCG	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>hydrocortisone sod suc (pf)</i>	T1	
<i>jaythari</i>	T4	PA
KENALOG-80	T3	
<i>kymbee</i>	T4	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	PA
<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>prednisolone sodium phosphate oral tablet dispersible</i>	T1	
<i>prednisone intensol</i>	T1	PA
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	LCG	
<i>prednisone oral tablet therapy pack</i>	LCG	
<i>pyquvi</i>	T4	PA
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 suspension 40 mg/ml injection</i>	T1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
TRIAMCINOLONE-BUPIVACAINE	T3	
Hormonal Agents - Men's Health		
<i>danazol oral</i>	T1	
KYZATREX	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/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/act (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
ACTHAR GEL	T4	PA
<i>cabergoline</i>	T1	
<i>carboprost tromethamine intramuscular solution</i>	T1	
<i>clomid</i>	LCG	
<i>clomiphene citrate oral</i>	LCG	
CORTROPHIN	T4	PA
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)
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; QL (1 EA per 1 day)
EGRIFTA WR	T4	PA; QL (0.04 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)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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
<i>leuprolide acetate injection</i>	T4	PA
LEUPROLIDE ACETATE-BUPIVACAINE	T3	
LUMVOA	T4	PA
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)
<i>milophene</i>	LCG	
NGENLA	T4	PA; SP-QTZ
NORDITROPIN FLEXPPO	T4	PA; SP-QTZ
<i>octreotide acetate injection</i>	T4	PA
<i>octreotide acetate subcutaneous</i>	T4	PA
OMNITROPE	T4	PA
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 solution 10 unit/ml injection</i>	T1	
OXYTOCIN SOLUTION 10 UNIT/ML INJECTION	T3	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%	T3	
OXYTOCIN-SODIUM CHLORIDE SOLUTION 30-0.9 UT/500ML-% INTRAVENOUS	T3	
PITOCIN	T3	
SKYTROFA	T4	PA
SOGROYA	T4	PA
SOMAVERT	T4	PA
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</i>	T1	
<i>vasopressin +rfid</i>	T1	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>abigale lo</i>	T1	
ACTIVEVELLA	T3	PA
<i>afirmelle</i>	T1	
ALORA	T3	
<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	
<i>aurovela fe 1/20</i>	T1	
<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</i>	T1	

Drug Name	Drug Tier	Notes
<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)
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	
ELESTRIN	T3	
<i>elinest</i>	T1	
ELLA	T3	
<i>eluryng</i>	T1	
<i>emzahh</i>	LCG	
ENDOMETRIN	T2	
<i>enilloring</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</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	
<i>estradiol-norethindrone acet</i>	T1	
ESTRING	T3	QL (0.012 EA per 1 day)
<i>estrogens conjugated</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	

Drug Name	Drug Tier	Notes
FEMLYV	T3	ST; \$0 for MN plans
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>heather</i>	LCG	
<i>iclevia</i>	T1	QL (1 EA per 1 day)
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>larin 24 fe</i>	T1	
<i>larin fe 1.5/30</i>	T1	
<i>larin fe 1/20</i>	T1	
<i>lessina</i>	T1	
<i>levonest</i>	T1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</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>levonorg-eth estrad triphasic</i>	T1	
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>luizza 1.5/30</i>	T1	
<i>luizza 1/20</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 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T1	PA
<i>megestrol acetate oral tablet 20 mg</i>	LCG	
<i>megestrol acetate oral tablet 40 mg</i>	T1	
<i>meleya</i>	LCG	
MENOSTAR	T3	ST
<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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
MINIVELLE	T3	PA
<i>minzoya</i>	T1	
MIRENA (52 MG)	T3	
MIUDELLA	T3	
<i>mono-lynyah</i>	LCG	
MYFEMBREE	T2	PA; QL (1 EA per 1 day)
NATAZIA	T2	
<i>necon 0.5/35 (28)</i>	T1	
NEXPLANON	T3	
NEXTSTELLIS	T3	
<i>nikki</i>	T1	
<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>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	
<i>nylia 1/35</i>	LCG	
<i>nylia 7/7/7</i>	LCG	
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 VAGINAL	T2	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
<i>progesterone vaginal</i>	T1	
PROVERA	T3	
<i>reclipsen</i>	LCG	
<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>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-linyah</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 1/35</i>	T1	
<i>valtya 1/50</i>	T1	
<i>velivet</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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	
<i>wymzya fe</i>	T1	
<i>xarah fe</i>	T1	
<i>xelria fe</i>	T1	
<i>xulane</i>	T1	
<i>yuvaferm</i>	T1	
<i>zafemy</i>	T1	
<i>zovia 1/35 (28)</i>	T1	
<i>zumandimine</i>	T1	
Hormonal Agents - Thyroid		
<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	
<i>propylthiouracil oral</i>	T1	
SODIUM IODIDE I-131	T3	
<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
ACTEMRA SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTIMMUNE	T4	PA

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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)	T4	PA; SP-QTZ; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE)	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	
AURANOFIN	T4	
AVTOZMA SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.13 ML per 1 day)
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; QL (0.34 EA per 1 day)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	QL (2 ML per 300 days); AL
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
CIMZIA	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE)	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 (0.08 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	
DAWNZERA	T4	PA; QL (0.03 ML per 1 day)
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	T2	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	
<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)

Drug Name	Drug Tier	Notes
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)
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)
ILUMYA	T4	PA; QL (0.02 ML per 1 day)
IMURAN	T3	
JYLAMVO	T3	PA; AL
KALBITOR	T4	PA; QL (0.4 ML per 1 day)
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	

Drug Name	Drug Tier	Notes
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; SP-QTZ; 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; QL (135 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)
OTEZLA XR	T4	PA; SP-QTZ; QL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK	T4	PA; SP-QTZ; QL (55 EA per 365 days)
OTULFI INTRAVENOUS	T4	PA
OTULFI SUBCUTANEOUS SOLUTION	T4	PA; SP-QTZ; QL (0.009 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP-QTZ; QL (0.009 ML per 1 day)
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)

Drug Name	Drug Tier	Notes
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 INTRAVENOUS	T4	PA
SAPHNELO PEN	T4	PA; SP-QTZ; QL (0.12 ML per 1 day)
SAPHNELO SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.12 ML per 1 day)
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
SKYRIZI PEN	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.03 ML per 1 day)

Drug Name	Drug Tier	Notes
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4	PA; SP-QTZ; QL (0.05 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	T4	PA; QL (0.005 ML per 1 day)
SPEVIGO INTRAVENOUS	T4	PA; QL (30 ML per 84 days)
SPEVIGO SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
STEQEYMA INTRAVENOUS	T4	PA
STEQEYMA SUBCUTANEOUS SOLUTION	T4	PA; SP-QTZ; QL (0.009 ML per 1 day)
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)
<i>tacrolimus er</i>	T1	
<i>tacrolimus intravenous</i>	T1	
<i>tacrolimus oral</i>	T1	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; QL (0.15 ML per 1 day)
<i>temsirolimus</i>	T4	
THYMOGLOBULIN	T3	
<i>tofacitinib citrate er</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
<i>tofacitinib citrate oral solution</i>	T4	PA; SP-QTZ; QL (10 ML per 1 day)
<i>tofacitinib citrate oral tablet</i>	T4	PA; SP-QTZ; QL (2 EA per 1 day)
TORISEL	T4	
TREMFYA INTRAVENOUS	T4	PA
TREMFYA ONE-PRESS	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	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)

Drug Name	Drug Tier	Notes
TREMFYA-CD/UC INDUCTION	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREXALL	T3	
UPLIZNA	T4	PA
VELSIPITY	T4	PA; SP-QTZ; QL (1 EA per 1 day)
XATMEP	T3	PA; AL
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		
ANALPRAM HC EXTERNAL CREAM 1-1 %	T3	PA
ANALPRAM HC EXTERNAL LOTION	T3	PA
ANUSOL-HC EXTERNAL	T3	PA
APRISO	T2	
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	
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 er oral capsule 0.375 gm</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

Effective 01/01/2027

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
<i>sulfasalazine oral</i>	T1	
UCERIS RECTAL	T3	
Metabolic Bone Disease Agents		
OSENVELT	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	
<i>calcitonin (salmon) nasal</i>	T1	QL (0.13 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)
JUBEREQ	T4	PA
MIACALCIN	T3	
OSVYRTI	T4	PA; QL (2 ML per 250 days)
<i>pamidronate disodium</i>	T4	
<i>risedronate sodium oral tablet 150 mg</i>	T1	QL (0.04 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	T1	
<i>risedronate sodium oral tablet 35 mg</i>	T1	QL (0.15 EA per 1 day)
<i>risedronate sodium oral tablet delayed release</i>	T1	QL (0.15 EA per 1 day)
<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

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
ZEMPLAR	T3	
Miscellaneous Therapeutic Agents		
#3 CAPSULE CLEAR/CLEAR	T3	
ACETADOTE	T3	
<i>acetylcysteine intravenous</i>	T1	
ADA	T3	
ADVOCATE DUO	T3	
AEROCHAMBER HOLDING CHAMBER	T2	
AEROCHAMBER MINI CHAMBER	T2	
AEROCHAMBER MV	T2	
AEROCHAMBER PLS FLOVU MTHPIECE	T2	
AEROCHAMBER PLUS FLO-VU INTERM	T2	
AEROCHAMBER PLUS FLO-VU LARGE	T2	
AEROCHAMBER PLUS FLO-VU MEDIUM	T2	
AEROCHAMBER PLUS FLO-VU SMALL	T2	
AEROCHAMBER PLUS FLOW VU	T2	
AEROCHAMBER Z-STAT PLUS	T2	
AEROCHAMBER Z-STAT PLUS CHAMBR	T2	
AEROCHAMBER Z-STAT PLUS/LARGE	T2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2	
AEROCHAMBER Z-STAT PLUS/SMALL	T2	
AEROCHAMBER2GO ANTI-STATIC	T2	
AEROVENT PLUS	T2	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
AMD FOAM DRESSING TOPSHEET	T3	
AMPHADASE	T3	
ANHYDROUS BASE	T3	
ANHYDROUS CREAM BASE	T3	
ANTICHOLIUM	T3	
AQNEURSA	T4	PA; QL (4 EA per 1 day)
ASTRINGYN	T3	
AUM ALCOHOL PREP PADS	T3	
BACTERIOSTATIC WATER(BENZ ALC)	T3	
<i>boric acid external</i>	T1	
BREATHE COMFORT CHAMBER/ADULT	T2	
BREATHE COMFORT CHAMBER/CHILD	T2	
BREATHE EASE LARGE	T2	
BREATHE EASE MEDIUM	T2	
BREATHE EASE SMALL	T2	
BREATHERITE VALVED MDI CHAMBER	T2	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
CARBOMER AQUEOUS	T3	
CARBOMER HYDROALCOHOLIC	T3	
CAYA	T3	
CHERRY	T3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	T3	
CLEVER CHEK AUTO-CODE	T3	
CLEVER CHOICE HOLDING CHAMBER	T2	
COLLODION FLEXIBLE	T3	
COMPACT SPACE CHAMBER	T2	
COMPACT SPACE CHAMBER/LG MASK	T2	
COMPACT SPACE CHAMBER/MED MASK	T2	
COMPACT SPACE CHAMBER/SM MASK	T2	
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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
CYTOTINE ORAL POWDER	T3	
DAXXIFY	T3	PA
<i>deferoxamine mesylate</i>	T1	
DESFERAL	T3	
DIASCREEN 10	T3	
DIASCREEN 1B	T3	
DIASCREEN 1G	T3	
DIASCREEN 1K	T3	
DIASCREEN 2GK	T3	
DIASCREEN 2GP	T3	
DIASCREEN 3	T3	
DIASCREEN 4NL	T3	
DIASCREEN 4OBL	T3	
DIASCREEN 4PH	T3	
DIASCREEN 5	T3	
DIASCREEN 6	T3	
DIASCREEN 7	T3	
DIASCREEN 8	T3	
DIASCREEN 9	T3	
DIASCREEN LIQUID URINE CONTROL	T3	
DIGIFAB	T3	
<i>diluent for treprostinil</i>	T1	
DRCAPS SIZE 00	T3	
DRCAPS SIZE 1	T3	
DROPSAFE ALCOHOL PREP	T3	
DUO-CARE	T3	
EASIVENT	T2	
EASIVENT MASK LARGE	T2	
EASIVENT MASK MEDIUM	T2	
EASIVENT MASK SMALL	T2	
EDETATE CALCIUM DISODIUM INJECTION	T3	
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	
EMPTY CAPSULE SIZE 00 CLEAR	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
EMPTY CAPSULE SIZE 3 MARN/CLR	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
EQ SPACE CHAMBER ANTI-STATIC	T2	
EQ SPACE CHAMBER ANTI-STATIC L	T2	
EQ SPACE CHAMBER ANTI-STATIC M	T2	
EQ SPACE CHAMBER ANTI-STATIC S	T2	
ESPUMIL	T3	
EUA PATIENT ASSESSMENT	T3	
EXCILON AMD DRAIN SPONGES	T3	
FEMCAP	T3	
FLAVOR BLEND	T3	
FLAVOR PLUS	T3	
FLAVOR SWEET	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
FLAVOR SWEET DYE FREE	T3	
FLAVOR SWEET SF DYE FREE	T3	
FLEXICHAMBER	T2	
FLEXICHAMBER ADULT MASK/SMALL	T2	
FLEXICHAMBER CHILD MASK/LARGE	T2	
FLEXICHAMBER CHILD MASK/SMALL	T2	
<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</i>	T1	
<i>glutaraldehyde external</i>	T1	
GOHIBIC	T3	
GOODSENSE ALCOHOL SWABS	T3	
GRASTEK	T3	PA; QL (1 EA per 1 day)
HYLENEX	T3	
IGALMI	T3	PA
INSPIREASE	T2	
INSPIREASE RESERVOIR BAGS	T2	
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
KRISGEL 100	T3	
LANOLIN ANHYDROUS	T3	
LECITHIN ORGANOGE	T3	
<i>L-glutamine oral packet</i>	T1	PA
LIPOLAYER	T3	
LOZIBASE S	T3	
LYNAVOY	T4	PA; QL (2 EA per 1 day)
MEDIHOL BASE	T3	
METHERGINE	T3	QL (28 EA per 1 fill)
<i>methylene blue (antidote)</i>	T1	
<i>methylene blue intravenous solution</i>	T1	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<i>methylergonovine maleate injection</i>	T1	
<i>methylergonovine maleate oral</i>	T1	QL (28 EA per 1 fill)
MICROCHAMBER	T2	
MICROSPACER	T2	
MIPLYFFA	T4	PA; QL (3 EA per 1 day)
NEOKE MCT70	T3	
NEOKE RA LIPOIC	T3	
NEUTEK 2TEK GLUCOSE/PRESSURE	T3	
NEXAVIR	T3	
NITHIODOTE	T3	
NON GELATIN CAPSULES (EMPTY)	T3	
ODACTRA	T3	PA; QL (1 EA per 1 day)
OMNIFLEX DIAPHRAGM	T3	
OMNIPOD 5 DEXCOM INTRO KIT	T2	
OMNIPOD 5 DEXCOM PODS	T2	QL (0.34 EA per 1 day)
OMNIPOD 5 LIBRE INTRO KIT	T2	
OMNIPOD 5 LIBRE PODS	T2	QL (0.34 EA per 1 day)
OMNIPOD DASH INTRO KIT	T2	
OMNIPOD DASH PDM (GEN 4)	T2	
OMNIPOD DASH PODS	T2	QL (0.34 EA per 1 day)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER DIAMOND-LG MASK	T2	
OPTICHAMBER DIAMOND-MD MASK	T2	
OPTICHAMBER DIAMOND-SM MASK	T2	
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	
PANDA MASK MEDIUM	T2	
PANDA MASK SMALL	T2	
PARI VORTEX ADULT MASK	T2	
PARI VORTEX PEDIATRIC MASK	T2	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
PEDMARK	T3	PA
PEG OINTMENT BASE	T3	
PETROLATUM WHITE EXTERNAL OINTMENT	T3	
PIVOT INSULIN PUMP STARTER KIT	T2	
PLO GEL - MEDIFLO	T3	
PLO GEL - MEDIFLO 30	T3	
PLO GEL - MEDIFLO 30 PRE-MIXED	T3	
PLO GEL - MEDIFLO PRE-MIXED	T3	
POCKET CHAMBER	T2	
POCKET SPACER	T2	
POLYETHYLENE GLYCOL 8000 EXTERNAL	T3	
PRO COMFORT SPACER ADULT	T2	
PRO COMFORT SPACER CHILD	T2	
PRO COMFORT SPACER INFANT	T2	
PROCARE SPACER/ADULT MASK	T2	
PROCARE SPACER/CHILD MASK	T2	
PROCHAMBER VHC	T2	
PROTOPAM CHLORIDE	T3	
PROVAYBLUE	T3	
PURE COMFORT SPACER CHAMBER	T2	
PURIFIED WATER	T3	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	
RADIOGARDASE	T3	
RAGWITEK	T3	PA; QL (1 EA per 1 day)
RASPBERRY SYRUP	T3	

Drug Name	Drug Tier	Notes
RHEOSPRAY	T3	
RITEFLO	T2	
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)
RYSTIGGO SUBCUTANEOUS SOLUTION 840 MG/6ML	T4	PA; SP-QTZ; QL (0.9 ML per 1 day)
<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 FOR REMODULIN	T3	
STERILE WATER FOR INJECTION	T3	
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	
TELFAM AND ISLAND DRESSING	T3	
TELFAM AND NON-ADHERENT	T3	
TRICHOSOL	T3	
UDSX MEDICATED SYSTEM	T3	
UDSXMP MEDICATED SYSTEM	T3	
U-MILD	T3	
UNISPEND ANHYDROUS SWEETENED	T3	
URESTA STARTER KIT	T3	
VASELINE	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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	
VERSAFREE	T3	
VERSAPLUS	T3	
VERSAPRO EXTERNAL SHAMPOO	T3	
VERSAPRO FOAM	T3	
VISTOGARD	T3	
VORTEX VALVE CHAMBER-PEDI MASK	T2	
VORTEX VALVED HOLDING CHAMBER	T2	
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	
WHITE PETROLATUM EXTERNAL GEL	T3	
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	
YELLOW PETROLATUM	T3	
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	

Drug Name	Drug Tier	Notes
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	T4	PA; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	T4	PA; QL (0.07 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	T4	PA; 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
ALREX	T3	PA
AZASITE	T3	
BESIVANCE	T3	
BETADINE OPHTHALMIC PREP	T3	
<i>bromfenac sodium (once-daily)</i>	T1	PA; 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)
BYQLOVI	T3	PA; QL (14 ML per 365 days)
CILOXAN	T3	PA
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>difluprednate</i>	T1	
DUREZOL	T3	PA
<i>erythromycin ophthalmic</i>	T1	
EYSUVIS	T3	PA; QL (0.3 ML per 1 day)
FLAREX	T3	
<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	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
<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	PA
<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	
TOBREX	T3	
<i>trifluridine</i>	T1	
UPNEEQ	T3	PA
ZIRGAN	T3	
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	PA
<i>bimatoprost ophthalmic</i>	T1	QL (0.1 ML per 1 day)
<i>brimonidine tartrate ophthalmic</i>	T1	

Drug Name	Drug Tier	Notes
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	PA
<i>carteolol hcl</i>	T1	
<i>dichlorphenamide</i>	T4	PA; QL (4 EA per 1 day)
<i>dorzolamide hcl 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	
<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	PA
<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	
<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)
ZOLYMBUS	T3	PA; QL (1 EA per 1 day)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	T3	
ALCAINE	T3	
ALTACAINE	T3	
<i>atropine sulfate ophthalmic solution 1 %</i>	LCG	
ATROPINE SULFATE SOLUTION 0.025 % OPTHALMIC	T3	

Effective 01/01/2027

Drug Name	Drug Tier	Notes
ATROPINE SULFATE SOLUTION 0.05 % OPHTHALMIC	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	
<i>loteprednol-tobramycin</i>	T1	
MIEBO	T2	PA; QL (0.1 ML per 1 day)
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
OXERVATE	T4	PA; QL (2 ML per 1 day)
<i>phenylephrine hcl ophthalmic</i>	T1	
<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	T2	PA; QL (2 EA per 1 day)
TYRVAYA	T3	PA; QL (0.3 ML per 1 day)
VEVYE	T3	PA; QL (0.07 ML per 1 day)
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
<i>ciprofloxacin-hydrocortisone</i>	T1	PA
CORTISPORIN-TC	T3	

Drug Name	Drug Tier	Notes
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	
XTORO	T3	PA
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
<i>azelastine hcl nasal</i>	T1	QL (2 ML per 1 day)
<i>benzonatate oral capsule 100 mg, 200 mg</i>	LCG	
<i>benzonatate oral capsule 150 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	T1	
<i>cyproheptadine hcl oral tablet</i>	T1	
<i>diphenhydramine hcl injection</i>	T1	
<i>hydrocod poli-chlorphe poli er</i>	T1	QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1	QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	T1	QL (6 EA per 1 day)
HYPERSAL	T3	
<i>ipratropium bromide nasal</i>	LCG	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	T3	
NEOTUSS PLUS	T3	PA
<i>potassium iodide (expectorant)</i>	T1	
<i>promethazine-codeine</i>	T1	QL (240 ML per 1 fill)
<i>promethazine-dm</i>	LCG	
<i>pseudoephedrine-bromphen-dm</i>	T1	
PULMOSAL	T3	
<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		
<i>acetylcysteine inhalation</i>	T1	
ADVAIR HFA	T1	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)

Drug Name	Drug Tier	Notes
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	LCG	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)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	LCG	QL (5 EA per 1 day)
<i>albuterol sulfate oral</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	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES)	T2	QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES)	T2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES)	T2	QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES)	T2	QL (0.04 EA per 1 day)
ASMANEX HFA	T2	QL (0.44 GM per 1 day)
AUVI-Q	T3	
BREO ELLIPTA	T1	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 injection solution auto-injector</i>	T1	
EPIPEN 2-PAK	T3	ST
FASENRA PEN	T4	PA; SP-QTZ; QL (0.04 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 (0.04 ML per 1 day)
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	T1	QL (0.71 GM per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	ST; HDHP; QL (2 EA per 1 day)
<i>formoterol fumarate inhalation</i>	T1	QL (4 ML per 1 day)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
GLASSIA	T4	PA
<i>ipratropium bromide hfa</i>	T1	QL (0.86 GM per 1 day)
<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	
<i>nintedanib esylate</i>	T4	PA; SP-QTZ; QL (2 EA per 1 day)
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)
PERFOROMIST	T3	QL (4 ML per 1 day)
<i>pirfenidone oral capsule</i>	T4	PA; SP-QTZ; QL (9 EA per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP-QTZ; QL (9 EA per 1 day)
<i>pirfenidone oral tablet 534 mg</i>	T4	SP-QTZ
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP-QTZ; QL (3 EA per 1 day)
PROLASTIN-C	T4	PA
QVAR REDHALER	T2	QL (0.71 GM per 1 day)
<i>roflumilast</i>	T1	PA
SEREVENT DISKUS	T2	QL (2 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	QL (0.35 GM per 1 day)
<i>terbutaline sulfate injection</i>	T1	
<i>terbutaline sulfate oral</i>	T1	

Drug Name	Drug Tier	Notes
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	
<i>tiotropium bromide</i>	T1	QL (1 EA per 1 day)
TRELEGY ELLIPTA	T2	QL (2 EA per 1 day)
UMECLIDINIUM ELLIPTA	T3	QL (1 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
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; QL (2 EA per 1 day)
KALYDECO ORAL TABLET	T4	PA
ORKAMBI ORAL PACKET	T4	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	T4	PA; QL (4 EA per 1 day)
PULMOZYME	T4	PA
SYMDEKO	T4	PA; 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; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK	T4	PA; 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; QL (4 EA per 1 day)
<i>epoprostenol sodium</i>	T4	PA
<i>macitentan</i>	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 INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG	T4	PA; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	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
WINREVAIR	T4	PA; QL (0.05 EA per 1 day)
YUTREPIA INHALATION CAPSULE 106 MCG	T4	PA; QL (8 EA per 1 day)

Effective 01/01/2027

Drug Name	Drug Tier	Notes
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)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
ATMEKSI	T3	PA
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</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	
<i>tanlor</i>	T1	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 8 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)

Drug Name	Drug Tier	Notes
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)
<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)
<i>sodium oxybate</i>	T4	PA; QL (18 ML per 1 day)
SUNOSI	T2	PA; QL (1 EA per 1 day)
<i>tasimelteon</i>	T4	PA; 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)
<i>zolpidem tartrate oral tablet</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual</i>	T1	PA; QL (1 EA per 1 day)

Index of Drugs

#3 CAPSULE CLEAR/CLEAR	113	ACTOS	73	AEROCHAMBER PLUS FLO-	
<i>abacavir sulfate</i>	45	ACULAR	125	VU MEDIUM	113
<i>abacavir sulfate-lamivudine</i>	45	ACULAR LS	125	AEROCHAMBER PLUS FLO-	
<i>abigale</i>	97	ACUVAIL	125	VU SMALL	113
<i>abigale lo</i>	98	<i>acyclovir</i>	45	AEROCHAMBER PLUS	
ABILIFY ASIMTUFII	43	<i>acyclovir sodium</i>	45	FLOW VU	113
ABILIFY MAINTENA	43	ADA	113	AEROCHAMBER Z-STAT	
<i>abiraterone acetate</i>	31	ADALIMUMAB-ADAZ	105	PLUS	113
<i>abirtega</i>	31	ADALIMUMAB-FKJP (2 PEN)	105	AEROCHAMBER Z-STAT	
ABRAXANE	31	ADALIMUMAB-FKJP (2		PLUS CHAMBR	113
ABSORICA LD	67	SYRINGE)	105	AEROCHAMBER Z-STAT	
<i>acamprosate calcium</i>	11	<i>adapalene-benzoyl peroxide</i>	67	PLUS/LARGE	113
<i>acarbose</i>	72	ADBRY	67	AEROCHAMBER Z-STAT	
ACCU-CHEK AVIVA DEVICE	74	ADCETRIS	31	PLUS/MEDIUM	113
ACCU-CHEK AVIVA PLUS		<i>adefovir dipivoxil</i>	45	AEROCHAMBER Z-STAT	
KIT W/DEVICE	74	ADEMPAS	133	PLUS/SMALL	113
ACCU-CHEK FASTCLIX		<i>adenosine</i>	52	AEROCHAMBER2GO ANTI-	
LANCET KIT	74	ADJUSTABLE LANCING		STATIC	113
ACCU-CHEK GUIDE	74	DEVICE	74	AEROVENT PLUS	113
ACCU-CHEK GUIDE		ADMELOG	78	<i>afirmelle</i>	98
CONTROL	74	ADMELOG SOLOSTAR	78	AFREZZA	78
ACCU-CHEK GUIDE KIT		ADQUEY	67	AGAMREE	93
W/DEVICE	74	<i>adriamycin</i>	31	AGGRASTAT	42
ACCU-CHEK GUIDE TEST		ADVAIR HFA	129	AGRYLIN	50
STRIPS	74	ADVANTAGE SAFETY		AIMOVIG	29
ACCU-CHEK SMARTVIEW		LANCETS 28G	74	AIRSUPRA	129
CONTROL	74	ADVOCATE DUO	113	AKLIEF	67
ACCU-CHEK SMARTVIEW		ADVOCATE INSULIN PEN		AKOVAZ	52
TEST STRIPS	74	NEEDLE	78	AKTEN	127
ACCU-CHEK SOFTCLIX		ADVOCATE LANCING		AKYNZEO	25
LANCET DEVICE KIT	74	DEVICE	74	AKYNZEO (READY-TO-USE)	25
<i>accutane</i>	67	ADVOCATE RAPID-SAFE		AKYNZEO (TO-BE-DILUTED)	25
ACD FORMULA A	19	LANCING	74	<i>ala-cort</i>	67
ACD-A NOCLOT-50	19	ADVOCATE SAFETY		<i>albendazole</i>	40
<i>acebutolol hcl</i>	52	LANCETS 21G	74	<i>albuterol sulfate</i>	130
ACETADOTE	113	ADVOCATE SAFETY		<i>albuterol sulfate hfa</i>	129
<i>acetaminophen</i>	3	LANCETS 23G	74	ALCAINE	127
<i>acetaminophen-codeine</i>	3	ADVOCATE SAFETY		<i>alclometasone dipropionate</i>	67
<i>acetazolamide</i>	126	LANCETS 28G	74	ALCOHOL BASE GEL	113
<i>acetazolamide er</i>	126	ADZYNMA	90	ALCOHOL PREP PADS	113
<i>acetazolamide sodium</i>	52	AEROCHAMBER HOLDING		ALCOH-WIPE	113
<i>acetic acid</i>	128	CHAMBER	113	ALDACTONE	52
<i>acetylcysteine</i>	113, 129	AEROCHAMBER MINI		ALDURAZYME	90
<i>acitretin</i>	67	CHAMBER	113	ALECENSA	31
ACTEMRA	104	AEROCHAMBER MV	113	<i>alendronate sodium</i>	112
ACTEMRA ACTPEN	104	AEROCHAMBER PLS FLOVU		<i>alfuzosin hcl er</i>	92
ACTHAR	95	MTHPIECE	113	ALHEMO	50
ACTHAR GEL	95	AEROCHAMBER PLUS FLO-		<i>aliskiren fumarate</i>	52
ACTIMMUNE	104	VU INTERM	113	ALLEVYN GENTLE	67
ACTIVELLA	98	AEROCHAMBER PLUS FLO-		<i>allopurinol</i>	29
ACTONEL	112	VU LARGE	113	<i>allopurinol sodium</i>	29
ACTOPLUS MET	73			ALLZITAL	3

<i>almotriptan malate</i>	29	<i>amoxicillin trihydrate</i>	12	AQUORAL.....	66
ALOPRIM.....	29	<i>amoxicillin-potassium</i>		AQVESME.....	51
ALORA.....	98	<i>clavulanate</i>	12	ARAKODA.....	40
<i>alosetron hcl</i>	87	<i>amoxicillin-potassium</i>		ARALAST NP.....	130
ALPHA-LIPOIC ACID.....	113	<i>clavulanate er</i>	12	<i>aranelle</i>	98
<i>alprazolam</i>	49	AMPHADASE.....	114	ARANESP (ALBUMIN FREE)...	51
<i>alprazolam er</i>	49	<i>amphetamine er</i>	62	ARAVA.....	105
<i>alprazolam intensol</i>	49	<i>amphetamine sulfate</i>	62	ARBLI.....	52
<i>alprazolam xr</i>	49	<i>amphetamine-</i>		ARCALYST.....	105
ALREX.....	125	<i>dextroamphetamine</i>	62	<i>arformoterol tartrate</i>	130
ALTACAINE.....	127	<i>amphetamine-</i>		ARGININE HCL.....	83
<i>altavera</i>	98	<i>dextroamphetamine er</i>	62	ARICEPT.....	23
ALUNBRIG.....	31	<i>amphet-dextroamphet 3-bead</i>		ARIKAYCE.....	13
ALVAIZ.....	50	<i>er</i>	62	<i>aripiprazole</i>	43
<i>alvimopan</i>	87	<i>amphotericin b</i>	27	ARISTADA.....	43
<i>alyacen 1/35</i>	98	<i>amphotericin b liposome</i>	27	ARISTADA INITIO.....	43
<i>alyacen 7/7/7</i>	98	<i>ampicillin</i>	12	ARIXTRA.....	19
ALYFTREK.....	132	<i>ampicillin sodium</i>	12	ARMLUPEG.....	51
<i>alyq</i>	133	<i>ampicillin-sulbactam sodium</i>	12	<i>armodafinil</i>	134
<i>amantadine hcl</i>	41	AMZEEQ.....	67	ARNUITY ELLIPTA.....	130
AMBISOME.....	27	ANAFRANIL.....	23	AROMASIN.....	31
<i>ambrisentan</i>	133	<i>anagrelide hcl</i>	51	ARRANON.....	31
<i>amcinonide</i>	67	ANALPRAM HC.....	111	<i>arsenic trioxide</i>	31
AMD FOAM DRESSING.....	113	<i>anastrozole</i>	31	ARTESUNATE.....	40
AMD FOAM DRESSING		ANCOBON.....	27	ARTICADENT DENTAL.....	10
TOPSHEET.....	114	ANDEMBRY.....	105	ASCLERA.....	52
<i>amethyst</i>	98	ANGELIQ.....	98	<i>ascomp-codeine</i>	3
<i>amikacin sulfate</i>	12	ANHYDROUS BASE.....	114	<i>asenapine maleate</i>	43
<i>amiloride hcl</i>	52	ANHYDROUS CREAM BASE.....	114	<i>ashlyna</i>	98
<i>amiloride-hydrochlorothiazide</i> ...	52	ANNOVERA.....	98	ASMANEX (120 METERED	
AMINO ACID.....	82	ANORO ELLIPTA.....	130	DOSES).....	130
AMINO ACID-CALCIUM-HEP		ANTICHOLIUM.....	114	ASMANEX (14 METERED	
IN D10W.....	82	ANTICOAGULANT SODIUM		DOSES).....	130
<i>aminocaproic acid</i>	51	CITRATE.....	19	ASMANEX (30 METERED	
<i>aminophylline</i>	130	ANUSOL-HC.....	111	DOSES).....	130
AMINOPROTECT.....	82	ANZUPGO.....	67	ASMANEX (60 METERED	
AMINOSYN II.....	82	<i>apap-caff-dihydrocodeine</i>	3	DOSES).....	130
AMINOSYN-PF.....	82	APHEXDA.....	51	ASMANEX HFA.....	130
AMINOSYN-PF 7%.....	82	APIDRA SOLOSTAR.....	78	ASPARLAS.....	31
<i>amiodarone hcl</i>	52	APIDRA VIAL.....	78	<i>aspirin-dipyridamole er</i>	42
<i>amitriptyline hcl</i>	23	APOKYN.....	41	ASSURE ID DUO PRO PEN	
<i>amlodipine besylate</i>	52	<i>apomorphine hcl</i>	41	NEEDLES.....	78
<i>amlodipine besylate-benazepril</i>		APONVIE.....	25	ASSURE ID PRO PEN	
<i>hcl</i>	52	<i>apraclonidine hcl</i>	126	NEEDLES.....	78
<i>amlodipine besylate-valsartan</i> ..	52	<i>aprepitant</i>	25, 26	ASTAGRAF XL.....	105
<i>amlodipine-atorvastatin</i>	52	APRETUDE.....	45	ASTRINGYN.....	114
<i>amlodipine-olmesartan</i>	52	<i>apri</i>	98	ATACAND HCT.....	52
<i>amlodipine-valsartan-hctz</i>	52	APRISO.....	111	<i>atazanavir sulfate</i>	45
<i>ammonium lactate</i>	67	APTIVUS.....	45	ATELVIA.....	112
<i>amnestem</i>	67	AQ INSULIN SYRINGE.....	78	<i>atenolol</i>	52
<i>amoxapine</i>	23	AQINJECT PEN NEEDLE.....	78	<i>atenolol-chlorthalidone</i>	52
<i>amoxicill-clarithro-lansopraz</i>	87	AQNEURSA.....	114	ATIVAN.....	49
<i>amoxicillin</i>	12	AQUACEL AG BURN.....	67	ATMEKSI.....	134

<i>atomoxetine hcl</i>	62	AVMAPKI FAKZYNJA CO- PACK.....	31	BD PEN NEEDLE MICRO ULTRAFINE.....	79
ATOMOXETINE HCL.....	62	AVONEX PEN.....	64	BD PEN NEEDLE MINI ULTRAFINE.....	79
ATONCY.....	62	AVONEX PREFILLED.....	64	BD PEN NEEDLE NANO ULTRAFINE.....	79
<i>atorvastatin calcium</i>	52	AVOPEF.....	31	BD PEN NEEDLE ORIG ULTRAFINE.....	79
<i>atovaquone</i>	40	AVTOZMA.....	105	BD PEN NEEDLE SHORT ULTRAFINE.....	79
<i>atovaquone-proguanil hcl</i>	40	AVYCAZ.....	13	BD ULTRA-FINE INSULIN SYRINGES.....	79
ATRAPRO DERMAL SPRAY... 67		AXTLE.....	31	BD ULTRA-FINE PEN NEEDLES.....	79
<i>atropine sulfate</i> 87, 88, 127		<i>ayuna</i>	98	BD VEO INSULIN SYR ULTRAFINE.....	79
ATROPINE SULFATE 88, 127, 128		AYVAKIT.....	31	BELBUCA.....	3
<i>aubra eq</i>	98	<i>azacitidine</i>	31	BELEODAQ.....	31
AUGMENTIN.....	13	AZASAN.....	105	BELSOMRA.....	135
AUGMENTIN ES-600.....	13	AZASITE.....	125	<i>benazepril hcl</i>	53
AUGTYRO.....	31	<i>azathioprine</i>	105	<i>benazepril-hydrochlorothiazide</i> ..	53
AUM ALCOHOL PREP PADS 114		<i>azathioprine sodium</i>	105	<i>bendamustine hcl</i>	31
AUM INSULIN SAFETY PEN NEEDLE.....	78	<i>azelaic acid</i>	67	BENDEKA.....	31
AUM MINI INSULIN PEN NEEDLE.....	79	<i>azelastine hcl</i>	129	BENLYSTA.....	105
AUM PEN NEEDLE.....	79	AZILECT.....	41	<i>benzalkonium chloride</i>	13
AUM READYGARD DUO PEN NEEDLE.....	79	<i>azilsartan medoxomil</i>	52	BENZNIDAZOLE.....	40
AUM SAFETY PEN NEEDLE... 79		<i>azithromycin</i>	13	<i>benzonatate</i>	129
AURANOFIN.....	105	AZSTARYS.....	62	<i>benzoyl peroxide-erythromycin</i> ..	67
<i>aurovela 1.5/30</i>	98	<i>aztreonam</i>	13	<i>benztropine mesylate</i>	42
<i>aurovela 1/20</i>	98	AZULFIDINE.....	111	BERINERT.....	105
<i>aurovela 24 fe</i>	98	AZULFIDINE EN-TABS.....	111	BESIVANCE.....	125
<i>aurovela fe 1.5/30</i>	98	<i>azurette</i>	98	BESPONSA.....	31
<i>aurovela fe 1/20</i>	98	B & C.....	67	BESREMI.....	31
AUSTEDO.....	65	<i>bac (butalbital-acetamin-caff)</i>	3	BESREMI PEN.....	32
AUSTEDO XR.....	65	<i>bacitracin-polymyxin b</i>	128	BETADINE OPHTHALMIC PREP.....	125
AUSTEDO XR PATIENT TITRATION.....	65	<i>bacitra-neomycin-polymyxin-hc</i>	128	<i>betaine</i>	90
AUTOKEEPER SAFETY PEN NEEDLE.....	79	<i>baclofen</i>	134	<i>betamethasone dipropionate</i>	67
AUTOLET II CLINISAFE.....	74	BACTERIOSTATIC WATER(BENZ ALC).....	114	<i>betamethasone dipropionate</i> <i>aug</i>	67
AUTOLET LANCING DEVICE.. 74		BACTRIM.....	13	<i>betamethasone sod phos & acet</i>	93
AUTOLET LITE CLINISAFE..... 74		BACTRIM DS.....	13	BETAMETHASONE SODIUM PHOSPHATE.....	93
AUTOLET LITE LANCING DEVICE.....	74	BALCOLTRA.....	98	<i>betamethasone valerate</i>	67
AUTOLET LITE STARTER PACK.....	74	<i>balsalazide disodium</i>	111	BETAPACE.....	53
AUTOLET MINI.....	74	<i>balsam peru-castor oil</i>	67	BETAPACE AF.....	53
AUTOLET PLATFORMS.....	74	BALVERSA.....	31	BETASERON.....	64
AUTOLET PLUS.....	74	<i>balziva</i>	98	<i>betaxolol hcl</i>	53, 126
AUTOPEN.....	79	BANZEL.....	20	<i>bethanechol chloride</i>	91
AUVELITY.....	23	BAQSIMI ONE PACK.....	78	BETIMOL.....	126
AUVELITY TITRATION PACK.. 23		BAQSIMI TWO PACK.....	78	<i>bexarotene</i>	32
AUVI-Q.....	130	BARACLUDE.....	45	BEYFORTUS.....	105
AVALIDE.....	52	BARHEMSYS.....	26		
<i>aviane</i>	98	BAVENCIO.....	31		
AVIDOXY.....	13	BAXDELA.....	13		
		BAXFENDY.....	52		
		BD AUTOSHIELD DUO PEN NEEDLES.....	79		
		BD PEN.....	79		
		BD PEN MINI.....	79		

<i>bicalutamide</i>	32	<i>brimonidine tartrate</i>	67, 126	<i>caffeine citrate</i>	65
BICILLIN C-R.....	13	<i>brimonidine tartrate-timolol</i>	127	CAFFEINE-SODIUM	
BICILLIN C-R 900/300.....	13	<i>brinzolamide</i>	127	BENZOATE.....	65
BICILLIN L-A.....	13	<i>brivaracetam</i>	20	CALCIFOL.....	83
BIDIL.....	53	BRIXADI.....	12	<i>calcipotriene</i>	67
BIJUVA.....	98	BRIXADI (WEEKLY).....	12	<i>calcipotriene-betameth diprop</i> ...67	
BIKTARVY.....	45	<i>bromfenac sodium</i>	125	<i>calcitonin (salmon)</i>	112
BILTRICIDE.....	41	<i>bromfenac sodium (once-daily)</i>		CALCITRENE.....	67
<i>bimatoprost</i>	126		125	<i>calcitriol</i>	67, 113
BIMZELX.....	105	<i>bromocriptine mesylate</i>	42	<i>calcium acetate</i>	91
BINOSTO.....	112	BRUKINSA.....	32	<i>calcium acetate (phos binder)</i> ...91	
BIORPHEN.....	53	BRYHALI.....	67	<i>calcium chloride</i>	83
BIOVANTA.....	88	<i>budesonide</i>	111, 130	CALCIUM CHLORIDE.....	83
<i>bis subcit-metronid-tetracyc</i> 88		<i>budesonide er</i>	111	<i>calcium gluconate</i>	83
<i>bismuth/metronidaz/tetracyclin</i> ..88		<i>bumetanide</i>	53	<i>calcium gluconate-nacl</i>	83
<i>bisoprolol fumarate</i>	53	BUMEX.....	53	CALCIUM GLUCONATE-	
<i>bisoprolol-hydrochlorothiazide</i> ..53		<i>bupivacaine hcl</i>	10	NACL.....	83
<i>bivalirudin trifluoroacetate</i>	19	BUPIVACAINE HCL.....	10	CALDOLOR.....	8
BIXLENVO.....	45	<i>bupivacaine hcl (pf)</i>	10	CALQUENCE.....	32
BKEMV.....	51	<i>bupivacaine-epinephrine</i>	10	CAMCEVI.....	32
<i>bleomycin sulfate</i>	32	<i>bupivacaine-epinephrine (pf)</i>	10	<i>camila</i>	98
BLINCYTO.....	32	<i>buprenorphine</i>	3	CAMPTOSAR.....	32
<i>blisovi 24 fe</i>	98	<i>buprenorphine hcl</i>	3, 12	<i>camrese</i>	98
<i>blisovi fe 1.5/30</i>	98	<i>buprenorphine hcl-naloxone</i>		<i>camrese lo</i>	98
<i>blisovi fe 1/20</i>	98	<i>hcl</i>	12	CAMZYOS.....	53
BLT-25.....	93	<i>bupropion hcl</i>	23	<i>candesartan cilexetil</i>	53
BLUJEPa.....	13	<i>bupropion hcl er (smoking det)</i> ..12		<i>candesartan cilexetil-hctz</i> 53	
BONJESTA.....	26	<i>bupropion hcl er (sr)</i>	23	<i>capecitabine</i>	32
BONSITY.....	112	<i>bupropion hcl er (xl)</i>	23	CAPLYTA.....	43
<i>boric acid</i>	114	<i>buspirone hcl</i>	49	CAPRELSA.....	32
<i>bortezomib</i>	32	<i>busulfan</i>	32	CAPSULE #0 CLEAR/CLEAR	
BORUZU.....	32	BUSULFEX.....	32	VEG.....	114
<i>bosentan</i>	133	<i>butalbital-acetaminophen</i>	3	CAPSULE #0 WHITE/WHITE	
BOSULIF.....	32	<i>butalbital-apap-caff-cod</i>	3	OPQ VEG.....	114
<i>bosutinib</i>	32	<i>butalbital-apap-caffeine</i>	3	CAPSULE #1 CLEAR/CLEAR	
BPCO.....	67	BUTALBITAL-APAP-		VEG.....	114
BRAFTOVI.....	32	CAFFEINE.....	3	CAPSULE #1 WHITE/WHITE	
BREATHE COMFORT		<i>butalbital-asa-caff-codeine</i>	3	OPQ VEG.....	114
CHAMBER/ADULT.....	114	<i>butalbital-aspirin-caffeine</i>	3	CAPSULE #3 CLEAR/CLEAR	
BREATHE COMFORT		<i>butorphanol tartrate</i>	3	VEG.....	114
CHAMBER/CHILD.....	114	BYLVAY.....	114	CAPSULE #3 WHITE/WHITE	
BREATHE EASE LARGE.....	114	BYLVAY (PELLETS).....	114	OPQ VEG.....	114
BREATHE EASE MEDIUM.....	114	BYQLOVI.....	125	CAPSULE 0 CLEAR DR.....	114
BREATHE EASE SMALL.....	114	BYSANTI.....	43	CAPSULE CONI-SNAP #0	
BREATHERITE VALVED MDI		BYSANTI TITRATION PACK A.....	43	BLU/WHITE.....	114
CHAMBER.....	114	BYSANTI TITRATION PACK B.....	43	CAPSULE CONI-SNAP #0	
BREO ELLIPTA.....	130	BYSANTI TITRATION PACK C.....	43	CLEAR.....	114
BREVIBLOC.....	53	CABENUVA.....	46	CAPSULE CONI-SNAP #0	
BREVIBLOC IN NACL.....	53	<i>cabergoline</i>	95	CLEAR VEG.....	114
BREVIBLOC PREMIXED.....	53	CABLIVI.....	42	CAPSULE CONI-SNAP #0	
BREVIBLOC PREMIXED DS.....	53	CABOMETYX.....	32	DARK BLUE.....	114
BREZTRI AEROSPHERE.....	130	CADUET.....	53	CAPSULE CONI-SNAP #0	
<i>brielllyn</i>	98	CAFERGOT.....	29	GREEN/CLR.....	114

CAPSULE CONI-SNAP #0	CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3
PINK..... 114	RED/WHITE..... 115	YELLOW..... 116
CAPSULE CONI-SNAP #0	CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #4
PURPLE..... 114	VEGGIE..... 115	BLACK/GRN..... 116
CAPSULE CONI-SNAP #0	CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #4
RED/WHITE..... 114	WHITE..... 115	CLEAR..... 116
CAPSULE CONI-SNAP #0	CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #4
WHITE..... 114	WHITE/GRN..... 115	WHITE..... 116
CAPSULE CONI-SNAP #00	CAPSULE CONI-SNAP #1	CAPSULE EZEEFIT #0
CLEAR..... 114	WHT/CLR..... 115	CLEAR..... 116
CAPSULE CONI-SNAP #00	CAPSULE CONI-SNAP #1	CAPSULE EZEEFIT #00
WHITE..... 114	YELLOW..... 115	CLEAR..... 116
CAPSULE CONI-SNAP #000	CAPSULE CONI-SNAP #1	<i>captopril</i> 53
CLEAR..... 114	YELLOW/GR..... 115	<i>captopril-hydrochlorothiazide</i> 53
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #2	CARBAGLU..... 83
AQUA BLUE..... 114	CLEAR..... 115	<i>carbamazepine</i> 20
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #2	<i>carbamazepine er</i> 20
BLUE..... 115	WHITE..... 115	<i>carbidopa</i> 42
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	<i>carbidopa-levodopa</i> 42
BLUE/PINK..... 115	BLU/CLEAR..... 115	<i>carbidopa-levodopa er</i> 42
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	<i>carbidopa-levodopa-</i>
BLUE/WHT..... 115	BRN/BLUE..... 115	<i>entacapone</i> 42
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	<i>carbinoxamine maleate</i> 129
BROWN..... 115	CLEAR..... 115	CARBOGEL 940..... 116
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	CARBOHOL 940..... 116
BRWN/IVRY..... 115	CLEAR VEG..... 115	CARBOMER AQUEOUS..... 116
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	CARBOMER
CLEAR..... 115	GRAY/YLW..... 115	HYDROALCOHOLIC..... 116
CAPSULE CONI-SNAP #1 DK	CAPSULE CONI-SNAP #3	<i>carboplatin</i> 32
GRN/OR..... 115	GREEN/BLU..... 115	<i>carboprost tromethamine</i> 95
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	CARDENE IV..... 53
DRK GREEN..... 115	GREY/PINK..... 115	CARDIOCOM LANCING
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	DEVICE..... 75
GREY/PINK..... 115	MARON/BLU..... 115	CARDIZEM..... 53
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	CARDIZEM CD..... 53
GRN/YLW..... 115	MINT GRN..... 115	CARDURA..... 53
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	CARDURA XL..... 92
ORANGE..... 115	OLIVE/CLR..... 115	CAREONE ADVANCED
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	LANCING DEV..... 75
PINK..... 115	ORANGE..... 115	CARESENS LANCETS 30G..... 75
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	CARETOUCH
PINK/BLUE..... 115	PINK/PINK..... 116	LANCING/EJECTOR..... 75
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	<i>carglumic acid</i> 83
PINK/CLR..... 115	PNK/CLEAR..... 116	<i>carisoprodol</i> 134
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	<i>carmustine</i> 32
PINK/WHIT..... 115	RED/CLEAR..... 116	CARNITOR..... 83
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	CAROSPIR..... 53
PINK/YLLW..... 115	RED/RED..... 116	<i>carteolol hcl</i> 127
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	<i>cartia xt</i> 53
PURPLE..... 115	WHITE..... 116	<i>carvedilol</i> 53
CAPSULE CONI-SNAP #1	CAPSULE CONI-SNAP #3	<i>carvedilol phosphate er</i> 53
RED/BLUE..... 115	WHT/CLR..... 116	CASODEX..... 32
		CAYA..... 116

<i>cefaclor</i>	13	CHEMSTRIP UGK.....	75	<i>cladribine (7 tabs)</i>	64
<i>cefaclor er</i>	13	CHERRY.....	116	<i>cladribine (8 tabs)</i>	64
<i>cefadroxil</i>	13	<i>chloramphenicol sod succinate</i> ..	14	<i>cladribine (9 tabs)</i>	64
CEFAZOLIN IN SODIUM		<i>chlordiazepoxide hcl</i>	49	<i>claravis</i>	68
CHLORIDE.....	13	<i>chlordiazepoxide-amitriptyline</i> ...	23	<i>clarithromycin</i>	14
<i>cefazolin sodium</i>	13	<i>chlordiazepoxide-clidinium</i>	88	<i>clarithromycin er</i>	14
CEFAZOLIN SODIUM.....	13	<i>chlorhexidine gluconate</i>	66	CLENPIQ.....	88
<i>cefazolin sodium-dextrose</i>	13	CHLORHEXIDINE		CLEOCIN.....	14
<i>cefdinir</i>	13	GLUCONATE.....	116	CLEOCIN PHOSPHATE.....	14
<i>cefepime hcl</i>	13	<i>chloroprocaine hcl (pf)</i>	10	CLEOCIN-T.....	68
<i>cefepime-dextrose</i>	13	<i>chloroquine phosphate</i>	41	CLEVER CHEK AUTO-CODE	116
<i>cefixime</i>	14	<i>chlorothiazide sodium</i>	53	CLEVER CHOICE COMFORT	
CEFIXIME.....	14	<i>chlorpromazine hcl</i>	43	EZ.....	75, 79
CEFOTAXIME SODIUM.....	14	<i>chlorthalidone</i>	53	CLEVER CHOICE HOLDING	
<i>cefotetan disodium</i>	14	<i>chlorzoxazone</i>	134	CHAMBER.....	116
<i>cefoxitin sodium</i>	14	CHOLBAM.....	90	CLEVIPREX.....	53
CEFOXITIN SODIUM-		<i>cholestyramine</i>	53	CLIMARA PRO.....	98
DEXTROSE.....	14	<i>cholestyramine light</i>	53	<i>clindacin</i>	68
<i>cefpodoxime proxetil</i>	14	CHOSEN LANCETS 30G.....	75	<i>clindacin etz</i>	68
<i>cefprozil</i>	14	CHOSEN LANCING DEVICE... 75		<i>clindacin-p</i>	68
<i>ceftaroline fosamil</i>	14	CHOSEN SAFETY LANCETS		<i>clindamycin hcl</i>	14
<i>ceftazidime</i>	14	28G.....	75	<i>clindamycin palmitate hcl</i>	14
<i>ceftriaxone sodium</i>	14	<i>chromic chloride</i>	83	<i>clindamycin phos (once-daily)</i> ...	68
<i>ceftriaxone sodium in dextrose</i> ..	14	CIBINQO.....	68	<i>clindamycin phos (twice-daily)</i> ..	68
<i>ceftriaxone sodium-dextrose</i>	14	<i>ciclodan</i>	27	<i>clindamycin phosphate</i> .. 14, 15, 68	
<i>cefuroxime axetil</i>	14	<i>ciclopirox</i>	27	<i>clindamycin phosphate in d5w</i> ..	14
<i>cefuroxime sodium</i>	14	<i>ciclopirox olamine</i>	27	CLINDAMYCIN PHOSPHATE	
<i>celecoxib</i>	8	<i>cidofovir</i>	46	IN NACL.....	14
CELESTONE SOLUSPAN.....	93	<i>cilostazol</i>	42	<i>clindamycin phosphate-</i>	
CELLCEPT.....	105	CILOXAN.....	125	<i>benzoyl peroxide</i>	68
CELLCEPT INTRAVENOUS..	105	CIMDUO.....	46	<i>clindamycin-tretinoin</i>	68
CELONTIN.....	20	CIMZIA.....	106	CLINDESSE.....	15
<i>cephalexin</i>	14	CIMZIA (1 SYRINGE).....	106	CLINIMIX E/DEXTROSE	
CEQUA.....	128	CIMZIA (2 SYRINGE).....	106	(2.75/5).....	83
CEQUR SIMPL EXT WEAR		CIMZIA-STARTER.....	106	CLINIMIX E/DEXTROSE	
INSERTER.....	79	<i>cinacalcet hcl</i>	113	(4.25/10).....	83
CEQUR SIMPLICITY 1U		CINVANTI.....	26	CLINIMIX E/DEXTROSE	
EXTND WEAR.....	79	CIPRO.....	14	(4.25/5).....	83
CEQUR SIMPLICITY 2U 10PK.	79	CIPRO HC.....	128	CLINIMIX E/DEXTROSE	
CEQUR SIMPLICITY 2U		<i>ciprofloxacin hcl</i> 14, 125, 128		(5/15).....	83
EXTND WEAR.....	79	<i>ciprofloxacin in d5w</i>	14	CLINIMIX E/DEXTROSE	
CEQUR SIMPLICITY		<i>ciprofloxacin-dexamethasone</i> ..	128	(5/20).....	83
INSERTER.....	79	CIPROFLOXACIN-		CLINIMIX E/DEXTROSE	
CERDELGA.....	90	FLUOCINOLONE PF.....	128	(8/10).....	83
CEREBYX.....	20	<i>ciprofloxacin-hydrocortisone</i> ...	128	CLINIMIX E/DEXTROSE	
CERVIDIL.....	91	<i>cisplatin</i>	32	(8/14).....	83
CETRAXAL.....	128	CISPLATIN.....	32	CLINIMIX/DEXTROSE	
<i>cevimeline hcl</i>	66	<i>citalopram hydrobromide</i>	23	(4.25/10).....	83
<i>charlotte 24 fe</i>	98	<i>cladribine</i>	32	CLINIMIX/DEXTROSE (4.25/5)	83
<i>chateal eq</i>	98	<i>cladribine (10 tabs)</i>	64	CLINIMIX/DEXTROSE (5/15)...	83
CHEMET.....	83	<i>cladribine (4 tabs)</i>	64	CLINIMIX/DEXTROSE (5/20)...	83
CHEMSTRIP BG LOG BOOK... 75		<i>cladribine (5 tabs)</i>	64	CLINIMIX/DEXTROSE (6/5).....	83
CHEMSTRIP K.....	75	<i>cladribine (6 tabs)</i>	64	CLINIMIX/DEXTROSE (8/10)...	83

CLINIMIX/DEXTROSE (8/14)...	83	COMPACT SPACE		CURITY WOUND CLOSURE	
CLINISOL SF	83	CHAMBER/SM MASK	116	1/4"X3"	116
CLINOLIPID	83	COMPLERA	46	CURITY WOUND CLOSURE	
<i>clobazam</i>	20	COMPRO	26	1/4"X4"	116
<i>clobetasol prop emollient base</i> ..	68	CONCERTA	62	CURITY WOUND CLOSURE	
<i>clobetasol propionate</i>	68	CONDYLOX	68	1/8"X3"	116
<i>clobetasol propionate e</i>	68	<i>constulose</i>	88	CUVPOSA	88
<i>clobetasol propionate emulsion</i> ..	68	CONTEPO	15	CVS LANCING DEVICE	75
<i>clocortolone pivalate</i>	68	CONTOUR NEXT	75	<i>cyanocobalamin</i>	83
<i>clodan</i>	68	COPIKTRA	32	CYANOKIT	116
<i>clofarabine</i>	32	CORN (SYRUP)	116	<i>cyclobenzaprine hcl</i>	134
<i>clomid</i>	95	CORTENEMA	111	<i>cyclobenzaprine hcl er</i>	134
<i>clomiphene citrate</i>	95	CORTIFOAM	111	CYCLOGYL	128
<i>clomipramine hcl</i>	23	CORTISPORIN-TC	128	CYCLOMYDRIL	128
<i>clonazepam</i>	49, 50	CORTROPHIN	95	<i>cyclopentolate hcl</i>	128
<i>clonidine</i>	53	CORTROPHIN GEL	95	<i>cyclophosphamide</i>	32, 33
CLONIDINE ER	53	CORVERT	54	CYCLOPHOSPHAMIDE	32, 33
<i>clonidine hcl</i>	53, 54	COSENTYX (300 MG DOSE) ..	106	<i>cycloserine</i>	30
<i>clonidine hcl er</i>	62	COSENTYX 150 MG/ML	106	CYCLOSET	73
<i>clopidogrel bisulfate</i>	42	COSENTYX SENSOREADY		<i>cyclosporine</i>	106
<i>clorazepate dipotassium</i>	50	(300 MG)	106	<i>cyclosporine modified</i>	106
<i>clotrimazole</i>	27	COSENTYX SENSOREADY		CYKLOKAPRON	51
<i>clotrimazole-betamethasone</i>	27	PEN	106	<i>cyproheptadine hcl</i>	129
<i>clozapine</i>	43	COSENTYX UNOREADY	106	CYRAMZA	33
CLOZARIL	43	COTELLIC	32	<i>cyred eq</i>	99
<i>coal tar</i>	68	CREAM BASE WITH		CYSTADANE	90
COARTEM	41	LIPOSOME	116	CYSTADROPS	128
COBENFY	43	CRENESSITY	95	CYSTAGON	90
COBENFY STARTER PACK	43	CREON	90	CYSTARAN	128
COCAINE HCL	10	CRESEMBA	27	<i>cytarabine</i>	33
<i>codeine sulfate</i>	3	CREXONT	42	<i>cytarabine (pf)</i>	33
<i>colchicine</i>	29	CRINONE	98	CYTOTEC	87
<i>colchicine-probenecid</i>	29	<i>cromolyn sodium</i>	88, 125, 130	CYTOTINE	117
<i>colesevelam hcl</i>	54	CROTAN	41	<i>dabigatran etexilate mesylate</i> ...	19
<i>colestipol hcl</i>	54	<i>cryselle</i>	98	<i>dacarbazine</i>	33
<i>colistimethate sodium (cba)</i>	15	CRYSVITA	90	<i>dactinomycin</i>	33
COLLODION FLEXIBLE	116	CTEXLI	88	<i>dalbavancin hcl</i>	15
COLUMVI	32	<i>cupric chloride</i>	83	<i>dalfampridine er</i>	64
COLY-MYCIN M	15	CURITY AMD		DALIRESP	130
COMBIPATCH	98	ANTIMICROBIAL SPNGE	116	DALVANCE	15
COMBIVENT RESPIMAT	130	CURITY AMD		<i>danazol</i>	95
COMBOGESIC	8	ANTIMICROBIAL STRIP	116	DANTRIUM	134
COMETRIQ	32	CURITY HYPERTONIC NACL		<i>dantrolene sodium</i>	134
COMFORT EZ PRO PEN		STRIP	68	DANYELZA	33
NEEDLES	79	CURITY IODOFORM		DANZITEN	33
COMFORT TOUCH TWIST		PACKING STRIP	116	<i>dapaglifloz base-metformin er</i> ...	73
LANCET 30G	75	CURITY NACL DRESSING		<i>dapagliflozin</i>	73
COMPACT SPACE		6"X6-3/4"	68	DAPAGLIFLOZIN-	
CHAMBER	116	CURITY WOUND CLOSURE		SAXAGLIPTIN	73
COMPACT SPACE		1/2"X4"	116	<i>dapsone</i>	30, 68
CHAMBER/LG MASK	116	CURITY WOUND CLOSURE		<i>daptomycin</i>	15
COMPACT SPACE		1/4"X1.5"	116	DAPTOMYCIN-SODIUM	
CHAMBER/MED MASK	116			CHLORIDE	15

DARAPRIM.....	41	dexamethasone sod		diclofenac potassium(migraine)	29
darifenacin hydrobromide er.....	91	phosphate pf.....	93	diclofenac sodium.....	8, 69, 125
darunavir.....	46	dexamethasone sodium		diclofenac sodium er.....	8
dasatinib.....	33	phosphate.....	93, 125	diclofenac-misoprostol.....	8
dasetta 1/35 (28).....	99	DEXAMETHASONE SODIUM		dicloxacin sodium.....	15
dasetta 7/7/7.....	99	PHOSPHATE.....	93	dicyclomine hcl.....	88
daunorubicin hcl.....	33	DEXCOM G6 RECEIVER.....	75	DIFICID.....	15
DAURISMO.....	33	DEXCOM G6 SENSOR.....	75	diflorasone diacetate.....	69
DAWNZERA.....	106	DEXCOM G6 TRANSMITTER..	75	DIFLUCAN.....	28
DAXXIFY.....	117	DEXCOM G7 15 DAY		diflunisal.....	8
daysee.....	99	SENSOR.....	75	difluprednate.....	125
DDAVP.....	95	DEXCOM G7 RECEIVER.....	75	DIGIFAB.....	117
DDAVP PF.....	95	DEXCOM G7 SENSOR.....	75	digoxin.....	54
deblitane.....	99	DEXEDRINE.....	62	dihydroergotamine mesylate....	29
decitabine.....	33	DEXLYT.....	93	DILANTIN.....	20
DEFENCATH.....	19	dexmethylphenidate hcl.....	62	DILAUDID.....	3
deferasirox.....	83	dexmethylphenidate hcl er.....	62	diltiazem hcl.....	54
deferasirox granules.....	83	DEXPANTHENOL.....	84	diltiazem hcl er.....	54
deferiprone.....	84	dexrazoxane hcl.....	33	diltiazem hcl er beads.....	54
deferoxamine mesylate.....	117	dextroamphetamine sulfate.....	63	diltiazem hcl er coated beads...	54
deflazacort.....	93	dextroamphetamine sulfate er..	63	DILTIAZEM HCL-DEXTROSE..	54
DELSTRIGO.....	46	dextromethorphan-quinidine....	65	DILTIAZEM HCL-SODIUM	
delyla.....	99	dextrose.....	84	CHLORIDE.....	54
demeclocycline hcl.....	15	DEXTROSE.....	84	dilt-xr.....	54
DEMEROL.....	3	DIACOMIT.....	20	diluent for treprostinil.....	117
DENAVIR.....	46	DIASCREEN 10.....	117	dimenhydrinate.....	26
DEPEN TITRATABS.....	91	DIASCREEN 1B.....	117	dimethyl fumarate.....	64
DEPO-ESTRADIOL.....	99	DIASCREEN 1G.....	117	dimethyl fumarate starter pack..	64
DEPO-MEDROL.....	93	DIASCREEN 1K.....	117	diphenhydramine hcl.....	129
DEPO-PROVERA.....	99	DIASCREEN 2GK.....	117	diphenoxylate-atropine.....	88
DEPO-SUBQ PROVERA 104...99	99	DIASCREEN 2GP.....	117	DIPROLENE.....	69
DERMACINRX PROBEX.....	88	DIASCREEN 3.....	117	dipyridamole.....	42
DERMA-SMOOTH/FS BODY.68	68	DIASCREEN 4NL.....	117	DISKETTS.....	3
DERMA-SMOOTH/FS		DIASCREEN 4OBL.....	117	disopyramide phosphate.....	54
SCALP.....	68	DIASCREEN 4PH.....	117	disulfiram.....	12
DERMOTIC.....	129	DIASCREEN 5.....	117	divalproex sodium.....	20
DESCOVY.....	46	DIASCREEN 6.....	117	divalproex sodium er.....	20
DESFERAL.....	117	DIASCREEN 7.....	117	DIVIGEL.....	99
desipramine hcl.....	23	DIASCREEN 8.....	117	dobutamine hcl.....	54
desmopressin ace spray refig..	95	DIASCREEN 9.....	117	dobutamine-dextrose.....	54
desmopressin acetate.....	95	DIASCREEN LIQUID URINE		docetaxel.....	33
desmopressin acetate pf.....	95	CONTROL.....	117	DOCIVYX.....	33
desmopressin acetate spray....	95	DIASTIX.....	75	dofetilide.....	54
desonide.....	68, 69	DIASTIX REAGENT.....	75	dolishale.....	99
desoximetasone.....	69	DIATHRIVE LANCING		DOLOBID.....	8
DESVENLAFAXINE ER.....	23	DEVICE.....	75	donepezil hcl.....	23
desvenlafaxine succinate er.....	23	diazepam.....	20, 50	dopamine hcl.....	54
dexameth sod phos (pf) +rfid....	93	DIAZEPAM.....	50	dopamine-dextrose.....	54
dexamethasone.....	93	diazepam intensol.....	50	DOPRAM.....	65
DEXAMETHASONE (LA).....	93	diazoxide.....	78	DOPTLET.....	51
dexamethasone intensol.....	93	dichlorphenamide.....	127	DOPTLET SPRINKLE.....	51
dexamethasone sod phos (pf) ..	93	DICLEGIS.....	26	dorzolamide hcl.....	127
dexamethasone sod phos +rfid.93	93	diclofenac potassium.....	8	dorzolamide hcl-timolol mal....	127

<i>dorzolamide hcl-timolol mal pf</i>	127	EASY MINI EJECT LANCING		EMBECTA INSULIN SYRINGE	
<i>dotti</i>	99	DEVICE.....	75	U-500.....	80
DOVATO.....	46	EASY MINI LANCING DEVICE	75	EMBECTA PEN NEEDLE	
<i>doxazosin mesylate</i>	54	EASY TOUCH INSULIN		NANO.....	80
<i>doxepin hcl</i>	23, 69, 135	BARRELS.....	79	EMBECTA PEN NEEDLE	
<i>doxercalciferol</i>	113	EASY TOUCH LANCING		NANO 2 GEN.....	80
DOXIL.....	33	DEVICE.....	75	EMBECTA PEN NEEDLE	
<i>doxorubicin hcl</i>	33	EBGLYSS.....	69	ULTRAFINE.....	80
<i>doxorubicin hcl liposomal</i>	33	<i>econazole nitrate</i>	28	EMBLAVEO.....	15
<i>doxy 100</i>	15	ECOZA.....	28	EMBRACE LANCING	
<i>doxycycline hyclate</i>	15	<i>edaravone</i>	65	DEVICE/EJECTOR.....	75
<i>doxycycline monohydrate</i>	15	EDARBYCLOR.....	55	EMBRACE PEN NEEDLES.....	80
<i>doxylamine-pyridoxine</i>	26	EDECRIN.....	55	EMEND.....	26
DRCAPS SIZE 00.....	117	EDETATE CALCIUM		EMEND BIPACK.....	26
DRCAPS SIZE 1.....	117	DISODIUM.....	117	EMEND TRIPACK.....	26
DRIZALMA SPRINKLE.....	23, 24	EDETATE DISODIUM.....	84	EMERPHED.....	55
<i>dronabinol</i>	26	EDLUAR.....	135	EMGALITY.....	29, 30
DRONABINOL.....	26	EDURANT PED.....	46	EMPAVELI.....	51
<i>droperidol</i>	26	<i>efavirenz</i>	46	EMPLICITI.....	33
DROPLET GENTEEL		<i>efavirenz-emtricitab-tenofo df</i> ...	46	EMPTY CAPSULE SIZE 0	
LANCING DEVICE.....	75	<i>efavirenz-lamivudine-tenofovir</i> ..	46	CLEAR.....	117
DROPLET LANCING DEVICE..	75	EFFER-K.....	84	EMPTY CAPSULE SIZE 0	
DROPLET MICRON.....	79	EFFIENT.....	43	PINK.....	117
DROPSAFE ACTI-LANCE		EGATEN.....	41	EMPTY CAPSULE SIZE 0	
23G.....	75	EGRIFTA SV.....	95	PURP/WHT.....	117
DROPSAFE ALCOHOL PREP	117	EGRIFTA WR.....	95	EMPTY CAPSULE SIZE 0	
DROPSAFE AUTOPROTECT		ELAPRASE.....	90	PURPLE.....	117
DUO.....	79	ELELYSO.....	90	EMPTY CAPSULE SIZE 0	
DROPSAFE MEDLANCE		ELESTRIN.....	99	WHITE/OPA.....	117
LANCET 30G.....	75	<i>eletriptan hydrobromide</i>	29	EMPTY CAPSULE SIZE 00	
DROPSAFE SAFETY		ELIGARD.....	95	BLUE OPQ.....	117
SYRINGE/NEEDLE.....	79	<i>elinest</i>	99	EMPTY CAPSULE SIZE 00	
<i>drospiren-eth estrad-levomefol</i> ..	99	ELIQUIS.....	19	CLEAR.....	117
<i>drospirenone-ethinyl estradiol</i> ...	99	ELIQUIS (1.5 MG PACK).....	19	EMPTY CAPSULE SIZE 1	
DROXIA.....	33	ELIQUIS (2 MG PACK).....	19	BRN/IVORY.....	118
<i>droxidopa</i>	54	ELIQUIS DVT/PE STARTER		EMPTY CAPSULE SIZE 1	
DRYSOL.....	69	PACK.....	19	CLEAR.....	118
DUAVEE.....	99	ELITEK.....	33	EMPTY CAPSULE SIZE 1	
DUETACT.....	73	<i>elixophyllin</i>	130	DRK GREEN.....	118
<i>duloxetine hcl</i>	24	ELLA.....	99	EMPTY CAPSULE SIZE 1	
DUO-CARE.....	117	ELLENCE.....	33	GREY/PINK.....	118
DUPIXENT.....	69	<i>eltrombopag olamine</i>	51	EMPTY CAPSULE SIZE 1	
DURAMORPH.....	3	<i>eluryng</i>	99	GRN/ORNGE.....	118
DUREZOL.....	125	EMBECTA AUTOSHIELD		EMPTY CAPSULE SIZE 1	
<i>dutasteride</i>	92	DUO.....	79	GRN/WHITE.....	118
<i>dutasteride-tamsulosin hcl</i>	93	EMBECTA INS SYR U/F 1/2		EMPTY CAPSULE SIZE 1	
DYRENIUM.....	54	UNIT.....	79	GRN/YLLW.....	118
E.E.S. 400.....	15	EMBECTA INSULIN SYR		EMPTY CAPSULE SIZE 1	
E.E.S. GRANULES.....	15	ULTRAFINE.....	80	IVORY.....	118
EASIVENT.....	117	EMBECTA INSULIN SYRINGE	80	EMPTY CAPSULE SIZE 1	
EASIVENT MASK LARGE.....	117	EMBECTA INSULIN SYRINGE		MAROON/CL.....	118
EASIVENT MASK MEDIUM...	117	U-100.....	80	EMPTY CAPSULE SIZE 1	
EASIVENT MASK SMALL.....	117			MINT GRN.....	118

EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 4
ORANGE..... 118	MARN/BLUE..... 118	YELLOW..... 119
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 5
ORGE/CLR..... 118	MARN/CLR..... 118	CLEAR..... 119
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 7
ORGE/YLLW..... 118	MINT GRN..... 119	CLEAR..... 119
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	EMSAM..... 24
PINK..... 118	OLIVE/CLR..... 119	<i>emtricitabine</i> 46
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	<i>emtricitabine-tenofovir df</i> 46
PINK/CLR..... 118	ORANGE..... 119	<i>emtricitab-rilpivir-tenofov df</i> 46
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	EMTRIVA..... 46
PINK/YLLW..... 118	ORANGE/WH..... 119	EMVERM..... 41
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	<i>emzahh</i> 99
PNK/WHITE..... 118	PINK..... 119	<i>enalapril maleate</i> 55
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	<i>enalaprilat</i> 55
PWDR BLUE..... 118	PINK/BLUE..... 119	<i>enalapril-hydrochlorothiazide</i> 55
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	ENBREL..... 106
RED..... 118	PINK/WH..... 119	ENBREL MINI..... 106
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	ENBREL SURECLICK..... 106
RED/BLUE..... 118	PINK/YLLW..... 119	<i>endocet</i> 3, 4
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	ENDOMETRIN..... 99
RED/WHITE..... 118	PNK/CLEAR..... 119	ENFLONSIA..... 106
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	<i>enilloring</i> 99
VEG CLEAR..... 118	PRPLE/CLR..... 119	ENJAYMO..... 51
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	ENLITE GLUCOSE SENSOR... 75
WHITE..... 118	PURPLE..... 119	<i>enoxaparin sodium</i> 19
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	ENSACOVE..... 33
WHITE/OPA..... 118	PWDR BLUE..... 119	<i>enskyce</i> 99
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	ENSPRYNG..... 106
WHT/CLEAR..... 118	RED..... 119	ENSTILAR..... 69
EMPTY CAPSULE SIZE 1	EMPTY CAPSULE SIZE 3	<i>entacapone</i> 42
YELLOW..... 118	RED/CLEAR..... 119	ENTADFI..... 93
EMPTY CAPSULE SIZE 2	EMPTY CAPSULE SIZE 3	<i>entecavir</i> 46
CLEAR..... 118	RED/WHITE..... 119	ENTRESTO..... 55
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 3	ENTYVIO..... 106
BLACK/GRN..... 118	WHITE..... 119	ENTYVIO PEN..... 106
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 3	<i>enulose</i> 88
BLUE OPQ..... 118	WHITE/CLR..... 119	ENVARUSUS XR..... 106
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 3	EOHILIA..... 111
BLUE/CLR..... 118	WHITE/OPA..... 119	EPANED..... 55
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 3	<i>ephedrine sulf (pressors)+rfid</i> ... 55
BLUE/WHT..... 118	YELLOW..... 119	<i>ephedrine sulfate (pressors)</i> 55
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 3	EPHEDRINE SULFATE
CLEAR..... 118	YELLW/CLR..... 119	(PRESSORS)..... 55
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 4	EPHEDRINE SULFATE-NACL. 55
DARK GRN..... 118	CLEAR..... 119	EPIDIOLEX..... 20
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 4	EPIDUO FORTE..... 69
GREY/PINK..... 118	PURPLE..... 119	EPIFOAM..... 69
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 4	EPINEPHRINE..... 55
GREY/YLLW..... 118	RED/WHITE..... 119	<i>epinephrine</i> 55, 130
EMPTY CAPSULE SIZE 3	EMPTY CAPSULE SIZE 4	EPINEPHRINE HCL-
GRN/BLUE..... 118	WHITE..... 119	DEXTROSE..... 55
		EPINEPHRINE HCL-NACL..... 55

<i>epinephrine pf</i>	55	<i>eszopiclone</i>	135	FASLODEX.....	34
EPINEPHRINE-DEXTROSE.....	55	<i>ethacrynate sodium</i>	55	FAVLYXA.....	34
EPINEPHRINE-NACL.....	55	<i>ethacrynic acid</i>	55	<i>febuxostat</i>	29
EPIPEN 2-PAK.....	130	<i>ethambutol hcl</i>	30	<i>feirza 1.5/30</i>	99
EPIVIR.....	46	ETHAMOLIN.....	56	<i>feirza 1/20</i>	99
<i>eplerenone</i>	55	<i>ethosuximide</i>	21	<i>felbamate</i>	21
<i>epoprostenol sodium</i>	133	<i>ethyl chloride</i>	10	FELBATOL.....	21
<i>eptifibatide</i>	43	ETHYOL.....	33	<i>felodipine er</i>	56
EPYSQLI.....	51	<i>etodolac</i>	8	FEMARA.....	34
EQ SPACE CHAMBER ANTI-STATIC.....	119	<i>etodolac er</i>	8	FEMCAP.....	119
EQ SPACE CHAMBER ANTI-STATIC L.....	119	<i>etonogestrel-ethinyl estradiol</i>	99	FEMLYV.....	100
EQ SPACE CHAMBER ANTI-STATIC M.....	119	ETOPOPHOS.....	33	FEMRING.....	100
EQ SPACE CHAMBER ANTI-STATIC S.....	119	<i>etoposide</i>	33	<i>fenofibrate</i>	56
EQUETRO.....	50	<i>etravirine</i>	46	<i>fenofibrate micronized</i>	56
ERAXIS.....	28	EUA PATIENT ASSESSMENT.....	119	<i>fenofibric acid</i>	56
ERBITUX.....	33	EUCRISA.....	69	<i>fenoprofen calcium</i>	8
<i>ergocalciferol</i>	84	EULEXIN.....	33	<i>fenopron</i>	8
ERGOMAR.....	30	EURAX.....	41	FENSOLVI (6 MONTH).....	96
<i>ergotamine-caffeine</i>	30	EVAMIST.....	99	<i>fentanyl</i>	4
<i>eribulin mesylate</i>	33	EVDI.....	33	<i>fentanyl citrate</i>	4
ERIVEDGE.....	33	<i>everolimus</i>	34, 106	FENTANYL CITRATE-NACL.....	4
ERLEADA.....	33	<i>evesse</i>	69	FERAHEME.....	84
<i>erlotinib hcl</i>	33	EVISTA.....	97	<i>ferric carboxymaltose</i>	84
<i>errin</i>	99	EVOMELA.....	34	<i>ferric citrate</i>	91
ERTACZO.....	28	EVOTAZ.....	46	FERRIPROX.....	84
<i>ertapenem sodium</i>	15	EVOXAC.....	66	FERRIPROX TWICE-A-DAY...	84
ERY PAD 2%.....	69	EVRYSDI.....	90	FERRLECIT.....	84
ERYPED 400.....	15	EXCILON AMD DRAIN.....		<i>ferumoxytol</i>	84
ERYTHROCIN.....		SPONGES.....	119	<i>fesoterodine fumarate er</i>	91
LACTOBIONATE.....	15	EXELDERM.....	28	FETROJA.....	15
<i>erythromycin</i>	15, 69, 125	EXELON.....	23	FETZIMA.....	24
<i>erythromycin base</i>	15	<i>exemestane</i>	34	FETZIMA TITRATION.....	24
<i>erythromycin ethylsuccinate</i>	15	EXJADE.....	84	FEXMID.....	134
<i>erythromycin lactobionate</i>	15	EXODERM.....	28	FIASP.....	80
ERZOFRI.....	43	EXPAREL.....	10	FIASP FLEXTOUCH.....	80
<i>escitalopram oxalate</i>	24	EYSUVIS.....	125	FIASP PENFILL.....	80
<i>eslicarbazepine acetate</i>	21	<i>ezetimibe</i>	56	FIASP PUMPCART.....	80
<i>esmolol hcl</i>	55	<i>ezetimibe-simvastatin</i>	56	<i>fidaxomicin</i>	16
ESMOLOL HCL.....	55	FABHALTA.....	51	FILKRI.....	51
<i>esomeprazole magnesium</i>	87	FABRAZYME.....	90	FILSPARI.....	91, 92
ESpumIL.....	119	<i>falmina</i>	99	FILSUVEZ.....	69
<i>estarylla</i>	99	<i>famciclovir</i>	46	FINACEA.....	69
<i>estazolam</i>	50	<i>famotidine</i>	87	<i>finasteride</i>	93
<i>estradiol</i>	99	<i>famotidine (pf)</i>	87	<i>fin golimod hcl</i>	64
<i>estradiol valerate</i>	99	<i>famotidine premixed</i>	87	FINTEPLA.....	21
<i>estradiol-norethindrone acet</i>	99	FANAPT.....	43	<i>finzala</i>	100
ESTRING.....	99	FANAPT TITRATION PACK A...	43	FIRMAGON.....	96
<i>estrogens conjugated</i>	99	FANAPT TITRATION PACK B...	43	FIRMAGON (240 MG DOSE)...	96
		FANAPT TITRATION PACK C...	43	FIRVANQ.....	16
		FARESTON.....	34	FLAREX.....	125
		FASENRA.....	130	FLAVOR BLEND.....	119
		FASENRA PEN.....	130	FLAVOR PLUS.....	119
				FLAVOR SWEET.....	119

FLAVOR SWEET DYE FREE	120	FONDIRCLE SINGLE USE		<i>gemfibrozil</i>	56
FLAVOR SWEET SF DYE		LANCETS	75	<i>gemmily</i>	100
FREE	120	FOOD COLOR BLUE	120	<i>generlac</i>	88
<i>flavoxate hcl</i>	92	FORA D40		<i>gengraf</i>	106
<i>flecainide acetate</i>	56	GLUCOSE/PRESSURE	120	<i>gentamicin in saline</i>	16
FLEXICHAMBER	120	FORA D40G		<i>gentamicin sulfate</i>	16, 125
FLEXICHAMBER ADULT		GLUCOSE/PRESSURE	120	GENTEEL CONTACT TIPS	
MASK/SMALL	120	FORA LANCING DEVICE	75	(BLUE)	75
FLEXICHAMBER CHILD		<i>formaldehyde</i>	120	GENTEEL CONTACT TIPS	
MASK/LARGE	120	<i>formoterol fumarate</i>	130	(CLEAR)	75
FLEXICHAMBER CHILD		FOSAMAX	112	GENTEEL CONTACT TIPS	
MASK/SMALL	120	FOSAMAX PLUS D	112	(GREEN)	75
FLOLIPID	56	<i>fosamprenavir calcium</i>	46	GENTEEL CONTACT TIPS	
<i>floxuridine</i>	34	<i>fosaprepitant dimeglumine</i>	26	(ORANGE)	76
<i>fluconazole</i>	28	<i>foscarnet sodium</i>	46	GENTEEL CONTACT TIPS	
<i>fluconazole in sodium chloride</i>	28	FOSCAVIR	46	(RAINBOW)	76
<i>flucytosine</i>	28	<i>fosfomycin tromethamine</i>	16	GENTEEL CONTACT TIPS	
<i>fludarabine phosphate</i>	34	<i>fosinopril sodium</i>	56	(VIOLET)	76
<i>fludrocortisone acetate</i>	93	<i>fosinopril sodium-hctz</i>	56	GENTEEL CONTACT TIPS	
<i>flumazenil</i>	120	<i>fosphenytoin sodium</i>	21	(YELLOW)	76
<i>fluocinolone acetonide</i>	69, 129	FOSRENOL	92	GENTEEL LANCING KIT	
<i>fluocinolone acetonide body</i>	69	FRAGMIN	19	(BLUE)	76
<i>fluocinolone acetonide scalp</i>	69	FRINDOVYX	34	GENTEEL NOZZLES	76
<i>fluocinonide</i>	69	<i>frovatriptan succinate</i>	30	GENTEEL PLUS LANCING	
<i>fluocinonide emulsified base</i>	69	FRUZAQLA	34	(BLACK)	76
<i>fluorometholone</i>	125	<i>ft naloxone hcl</i>	12	GENTEEL PLUS LANCING	
<i>fluorouracil</i>	34, 69	<i>fulvestrant</i>	34	(PURPLE)	76
<i>fluoxetine hcl</i>	24	<i>furosemide</i>	56	GENTEEL PLUS LANCING	
<i>fluoxetine hcl (pmdd)</i>	24	FUROSEMIDE IN SODIUM		(WHITE)	76
<i>fluphenazine decanoate</i>	44	CHLORIDE	56	GENTEEL PLUS LANCING	
<i>fluphenazine hcl</i>	44	FYARRO	34	DEV(BLUE)	76
<i>flurandrenolide</i>	69	<i>fyavolv</i>	100	GENTEEL PLUS LANCING	
<i>flurazepam hcl</i>	135	FYCOMPA	21	DEV(PINK)	76
<i>flurbiprofen</i>	8	<i>gabapentin</i>	21	GENVOYA	46
<i>flurbiprofen sodium</i>	125	<i>gabapentin (once-daily)</i>	65	GEODON	44
<i>fluticasone propionate</i>	70	GALAFOLD	90	GILENYA	64
<i>fluticasone propionate hfa</i>	130	<i>galantamine hydrobromide</i>	23	GILOTRIF	34
<i>fluticasone-salmeterol</i>	130	<i>galantamine hydrobromide er</i>	23	GLASSIA	131
<i>fluvastatin sodium</i>	56	<i>galbriela</i>	100	<i>glatiramer acetate</i>	64, 65
<i>fluvastatin sodium er</i>	56	<i>gallifrey</i>	100	<i>glatopa</i>	65
<i>fluvoxamine maleate</i>	24	GALZIN	84	GLEOSTINE	34
<i>fluvoxamine maleate er</i>	24	GAMIFANT	106	<i>glimepiride</i>	73
FML FORTE	125	<i>ganciclovir sodium</i>	46	<i>glipizide er</i>	73
FML LIQUIFILM	125	GASTROCROM	88	<i>glipizide ir</i>	73
FOAMIL	120	<i>gatifloxacin</i>	125	<i>glipizide-metformin hcl</i>	73
FOCINVEZ	26	GATTEX	88	GLOBAL LANCING DEVICE	76
<i>folic acid</i>	84	<i>gavilyte-c</i>	88	<i>glucagon emergency kit</i>	78
FOLIC ACID	84	<i>gavilyte-g</i>	88	GLUCAGON EMERGENCY	
FOLOTYN	34	<i>gavilyte-n with flavor pack</i>	88	KIT	78
<i>fomepizole</i>	120	GAVRETO	34	GLUCOCOM AUTOLINK	
<i>fondaparinux sodium</i>	19	GAZYVA	34	TELEMONITOR	76
FONDIRCLE LANCING		<i>gefitinib</i>	34	GLUCOTROL XL	73
DEVICE	75	<i>gemcitabine hcl</i>	34	<i>glutaraldehyde</i>	120

GLUTATHIONE.....	84	<i>hailey 24 fe.....</i>	100	<i>hydrocodone bit-homatrop mbr</i>	
<i>glyburide.....</i>	73	<i>hailey fe 1.5/30.....</i>	100		129
<i>glyburide-metformin.....</i>	73	<i>hailey fe 1/20.....</i>	100	<i>hydrocodone-acetaminophen.....</i>	4
GLYCAT.....	88	HALAVEN.....	34	<i>hydrocodone-ibuprofen.....</i>	4
<i>glycerol phenylbutyrate.....</i>	90	<i>halcinonide.....</i>	70	<i>hydrocortisone.....</i>	70, 93, 111
GLYCINE.....	84	<i>halobetasol propionate.....</i>	70	<i>hydrocortisone (perianal).....</i>	111
GLYCOPHOS.....	84	HALOG.....	70	<i>hydrocortisone ace-pramoxine.....</i>	111
<i>glycopyrrolate.....</i>	88	<i>haloperidol.....</i>	44	<i>hydrocortisone butyrate.....</i>	70
GLYCOPYRROLATE.....	88, 89	<i>haloperidol decanoate.....</i>	44	<i>hydrocortisone sod suc (pf).....</i>	94
<i>glycopyrrolate pf.....</i>	89	<i>haloperidol lactate.....</i>	44	<i>hydrocortisone valerate.....</i>	70
<i>glycopyrrolate pf +rfid.....</i>	88	<i>heather.....</i>	100	<i>hydrocortisone-acetic acid.....</i>	129
<i>glydo.....</i>	10	H-E-B INCONTROL ADV		HYDROFERA BLUE 4"X4".....	70
GLYRX-PF.....	89	LANCING.....	76	HYDROFERA BLUE 6"X6".....	70
GLYXAMBI.....	73	HEMABATE.....	96	HYDROFERA BLUE FOAM	
GNP LANCING SYSTEM		HEMANGEOL.....	56	DRESSING.....	70
DEVICE.....	76	HEMATINIC/FOLIC ACID.....	84	HYDROFERA BLUE	
<i>gnp naloxone hcl.....</i>	12	HEMLIBRA.....	51	FOAM/TUNNELING.....	70
GNP PEN NEEDLES.....	80	<i>heparin (porcine) in nacl.....</i>	19	HYDROFERA BLUE MRF	
GNP ULTIGUARD SAFEPAK		HEPARIN (PORCINE) IN		DRESSING.....	70
NEEDLE.....	80	NACL.....	19	HYDROFERA BLUE READY	
GOHIBIC.....	120	<i>heparin sod (porcine) in d5w.....</i>	19	FOAM.....	70
GOJJI LANCING		<i>heparin sodium (porcine).....</i>	19	<i>hydrogen peroxide.....</i>	16
DEVICE/CLEAR CAP.....	76	<i>heparin sodium (porcine) +rfid..</i>	19	<i>hydromorphone hcl.....</i>	5
GOJJI STERILE LANCETS.....	76	<i>heparin sodium (porcine) pf.....</i>	19	HYDROMORPHONE HCL.....	5
GOMEKLI.....	34	HEPCLUDEX.....	46	<i>hydromorphone hcl er.....</i>	5
GOODSENSE ALCOHOL		HERNEXEOS.....	34	<i>hydromorphone hcl pf.....</i>	5
SWABS.....	120	<i>hetastarch-nacl.....</i>	51	HYDROMORPHONE HCL-	
GORDOFILM.....	70	HEXTEND.....	51	NACL.....	5
GRALISE.....	65	HIDEX 6-DAY.....	93	<i>hydroxocobalamin acetate.....</i>	84
<i>granisetron hcl.....</i>	26	HOMATROPAIRE.....	128	<i>hydroxychloroquine sulfate.....</i>	41
GRANISOL.....	26	HUMALOG.....	80	<i>hydroxyurea.....</i>	34
GRASTEK.....	120	HUMALOG KWIKPEN.....	80	HYDROXYZINE HCL.....	50
<i>griseofulvin microsize.....</i>	28	HUMALOG MIX 50/50		<i>hydroxyzine hcl.....</i>	50
<i>griseofulvin ultramicrosize.....</i>	28	KWIKPEN.....	80	<i>hydroxyzine pamoate.....</i>	50
<i>guanfacine hcl.....</i>	56	HUMALOG MIX 75/25		HYLENEX.....	120
<i>guanfacine hcl er.....</i>	63	KWIKPEN.....	80	<i>hyoscyamine sulfate.....</i>	89
GUARDIAN 4 GLUCOSE		HUMALOG MIX 75/25 VIAL.....	80	<i>hyoscyamine sulfate er.....</i>	89
SENSOR.....	76	HUMALOG U-100 JUNIOR		<i>hyoscyamine sulfate sl.....</i>	89
GUARDIAN 4 TRANSMITTER.....	76	KWIKPEN.....	80	HYPERSAL.....	129
GUARDIAN REAL-TIME		HUMATIN.....	16	HYPOCYN ANTIPRURITIC.....	70
CHARGER.....	76	HUMULIN 70/30 KWIKPEN.....	80	HYPOLANCE AST LANCING... ..	76
GUARDIAN REAL-TIME TEST		HUMULIN 70/30 VIAL.....	80	HYRIMOZ.....	107
PLUG.....	76	HUMULIN N KWIKPEN.....	80	HYRIMOZ-CROHNS/UC	
GUARDIAN SENSOR 3.....	76	HUMULIN N VIAL.....	80	STARTER.....	107
GVOKE HYOPEN 1-PACK.....	78	HUMULIN R U-500 KWIKPEN..	80	HYRIMOZ-PED<40KG	
GVOKE HYOPEN 2-PACK.....	78	HUMULIN R VIAL.....	80	CROHN STARTER.....	107
GVOKE KIT.....	78	HYCAMTIN.....	34	HYRIMOZ-PED>=40KG	
GVOKE PFS.....	78	<i>hydralazine hcl.....</i>	56	CROHN START.....	107
GYNAZOLE-1.....	28	HYDREA.....	34	HYRIMOZ-PLAQ	
HADLIMA.....	107	<i>hydrochlorothiazide.....</i>	56	PSOR/UEIT START.....	107
HADLIMA PUSHTOUCH.....	106	<i>hydrocod poli-chlorphe poli er.</i>	129	HYRNUO.....	34
HAEGARDA.....	107	<i>hydrocodone bitartrate er.....</i>	4	<i>ibandronate sodium.....</i>	112
<i>hailey 1.5/30.....</i>	100			IBRANCE.....	34

IBTROZI.....	34	INSPIREASE RESERVOIR		<i>ivermectin</i>	41, 70
<i>ibuprofen</i>	8, 9	BAGS.....	120	IWILFIN.....	120
<i>ibuprofen lysine</i>	8	INSULIN GLARGINE-YFGN.....	80	IXEMPRA KIT.....	35
<i>ibutilide fumarate</i>	56	INSULIN LISPRO.....	80	JADENU.....	84
<i>icatibant acetate</i>	107	INSULIN LISPRO (1 UNIT		JADENU SPRINKLE.....	84
<i>iclevia</i>	100	DIAL).....	80	<i>jaimiess</i>	100
ICLUSIG.....	34	INSULIN LISPRO JUNIOR		JAKAFI.....	35
<i>icosapent ethyl</i>	56	KWIKPEN.....	80	JAKAFI XR.....	35
IDAMYCIN PFS.....	34	INSULIN LISPRO PROT &		JARDIANCE.....	73
<i>idarubicin hcl</i>	34	LISPRO.....	80	<i>jasmiel</i>	100
IDHIFA.....	34	INSULIN PEN NEEDLES.....	81	JAYPIRCA.....	35
IDVYNISO.....	47	INSULIN SYRINGES.....	81	<i>jaythari</i>	94
IFEX.....	35	INSUL-TOTE BACK-		JEMPERLI.....	35
<i>ifosfamide</i>	35	OPENING.....	76	<i>jencycla</i>	100
IGALMI.....	120	INSUL-TOTE JR.....	76	JENTADUETO.....	73
IHEALTH LANCING DEVICE...	76	INSUL-TOTE PEN-TOTE.....	76	JENTADUETO XR.....	73
ILUMYA.....	107	INSUL-TOTE ULTIMATE.....	76	JEVTANA.....	35
<i>imatinib mesylate</i>	35	INSUPEN32G EXTR3ME.....	81	<i>jinteli</i>	100
IMBRUVICA.....	35	INTELENCE.....	47	<i>jolessa</i>	100
IMDELLTRA.....	35	INTRALIPID.....	84	JORNAY PM.....	63
<i>imipenem-cilastatin</i>	16	<i>introvale</i>	100	JOURNAVX.....	5
<i>imipramine hcl</i>	24	INVEGA.....	44	<i>joyeaux</i>	100
<i>imipramine pamoate</i>	24	INVEGA HAFYERA.....	44	J-TIP KIT W/VIAL ADAPTERS	120
<i>imiquimod</i>	70	INVEGA SUSTENNA.....	44	JUBEREQ.....	112
<i>imiquimod pump</i>	70	INVEGA TRINZA.....	44	<i>juleber</i>	100
IMJUDO.....	35	INVELTYS.....	125	JULUCA.....	47
IMKELDI.....	35	<i>iodine strong</i>	84	<i>junel 1.5/30</i>	100
IMMPHENTIV.....	56	IOPIDINE.....	127	<i>junel 1/20</i>	100
IMPAVIDO.....	41	<i>ipratropium bromide</i>	129, 131	<i>junel fe 1.5/30</i>	100
IMURAN.....	107	<i>ipratropium bromide hfa</i>	131	<i>junel fe 1/20</i>	100
IMVEXXY MAINTENANCE		<i>ipratropium-albuterol</i>	131	<i>junel fe 24</i>	100
PACK.....	100	IQIRVO.....	89	JUXTAPID.....	57
IMVEXXY STARTER PACK...	100	<i>irbesartan</i>	56	JYLAMVO.....	107
IN TOUCH LANCING DEVICE.	76	<i>irbesartan-hydrochlorothiazide</i> ..	56	KABIVEN.....	84
INBRIJA.....	42	IRESSA.....	35	KADCYLA.....	35
<i>incassia</i>	100	<i>irinotecan hcl</i>	35	<i>kaitlib fe</i>	100
INCONTROL ULTICARE PEN		<i>iron sucrose</i>	84	KALBITOR.....	107
NEEDLES.....	80	ISENTRESS.....	47	KALETRA.....	47
INCRELEX.....	96	ISENTRESS HD.....	47	<i>kalliga</i>	100
<i>indapamide</i>	56	<i>isibloom</i>	100	KALYDECO.....	132
INDOCIN.....	9	<i>isoniazid</i>	30	KANUMA.....	90
<i>indomethacin</i>	9	<i>isoproterenol hcl</i>	131	<i>kariva</i>	100
<i>indomethacin er</i>	9	<i>isosorb dinitrate-hydralazine</i>	56	<i>kelnor 1/35</i>	100
<i>indomethacin sodium</i>	9	<i>isosorbide dinitrate</i>	57	KENALOG-80.....	94
INFED.....	84	<i>isosorbide mononitrate</i>	57	KENDALL ALGINATE 12"	
INFUMORPH 200.....	5	<i>isosorbide mononitrate er</i>	57	ROPE.....	70
INFUMORPH 500.....	5	<i>isotretinoin</i>	70	KENDALL ALGINATE DRESS	
INGREZZA.....	66	<i>isradipine</i>	57	2"X2".....	70
INJECTAFER.....	84	ISTALOL.....	127	KENDALL ALGINATE DRESS	
INLURIYO.....	35	ISTODAX.....	35	4"X8".....	70
INLYTA.....	35	ITOVEBI.....	35	KENDALL HYDROGEL	
INREBIC.....	35	<i>itraconazole</i>	28	GAUZE 2"X2".....	70
INSPIREASE.....	120	<i>ivabradine hcl</i>	57		

KENDALL HYDROGEL		KOURZEQ.....	66	<i>lederle leucovorin</i>	36
GAUZE 4"X4".....	70	K-PHOS.....	85	<i>leflunomide</i>	107
KENDALL HYDROGEL		KRAZATI.....	35	<i>lenalidomide</i>	36
GAUZE 4"X8".....	71	KRINTAFEL.....	41	LENTOCILIN.....	16
KENDALL HYDROGEL		KRISGEL 100.....	120	LENVIMA.....	36
WOUND DRESS.....	71	KRISTALOSE.....	89	<i>lessina</i>	101
KENDALL ZINC CA		KROGER AUTOLET		<i>letrozole</i>	36
ALGINATE 4"X4".....	71	LANCING DEVICE.....	76	<i>leucovorin calcium</i>	36
KENGREAL.....	43	KT TAPE CGM PATCH.....	76	LEUKERAN.....	36
KEPIVANCE.....	66	<i>kurvelo</i>	100	LEUKINE.....	51
KEPPRA.....	21	KYGEVVI.....	90	<i>leuprolide acetate</i>	96
KERALYT.....	71	KYLEENA.....	100	LEUPROLIDE ACETATE-	
KERENDIA.....	120	<i>kymbee</i>	94	BUPIVACAINE.....	96
KERLIX AMD		KYPROLIS.....	35	<i>levalbuterol hcl</i>	131
ANTIMICROBIAL.....	120	KYZATREX.....	95	<i>levetiracetam</i>	21
KERLIX AMD SUPER		<i>labetalol hcl</i>	57	<i>levetiracetam er</i>	21
SPONGES.....	120	LABETALOL HCL.....	57	<i>levetiracetam in nacl</i>	21
KESIMPTA.....	65	<i>lacosamide</i>	21	<i>levobunolol hcl</i>	127
<i>ketoconazole</i>	28	<i>lactic acid e</i>	71	LEVOCARNITINE.....	85
<i>ketodan</i>	28	<i>lactulose</i>	89	<i>levocarnitine</i>	85
KETO-DIASTIX.....	76	<i>lactulose encephalopathy</i>	89	<i>levocarnitine sf</i>	85
KETONE CARE.....	76	LAGEVRIO.....	47	<i>levofloxacin</i>	16, 126
KETONE TEST.....	76	LAMICTAL XR.....	21	<i>levofloxacin in d5w</i>	16
<i>ketoprofen</i>	9	<i>lamivudine</i>	47	<i>levoleucovorin calcium</i>	36
<i>ketoprofen er</i>	9	<i>lamivudine-zidovudine</i>	47	<i>levoleucovorin calcium pf</i>	36
<i>ketorolac tromethamine</i>	9, 125	<i>lamotrigine</i>	21	<i>levonest</i>	101
<i>ketorolac tromethamine +rfid</i>	9	<i>lamotrigine er</i>	21	<i>levonorgest-eth estrad 91-day</i>	101
KETOSTIX.....	76	<i>lamotrigine odt</i>	21	<i>levonorgest-eth estradiol-iron</i>	101
KEVEYIS.....	127	<i>lamotrigine starter kit-blue</i>	21	<i>levonorgestrel-ethinyl estrad...</i>	101
KEVZARA.....	107	<i>lamotrigine starter kit-green</i>	21	<i>levonorg-eth estrad triphasic...</i>	101
KHAPZORY.....	35	<i>lamotrigine starter kit-orange</i>	21	LEVOPHED.....	57
KIMMTRAK.....	35	LAMPIT.....	41	<i>levorphanol tartrate</i>	6
KIMYRSA.....	16	LANCETS.....	76, 77	<i>levothyroxine sodium</i>	104
KINERET.....	107	LANCETS 28G THIN.....	76	<i>levoxyl</i>	104
KIONEX.....	85	LANCETS SUPER THIN.....	77	LEVULAN KERASTICK.....	71
KIRSTY.....	81	LANCING DEVICE.....	77	<i>l-glutamine</i>	120
KISQALI (200 MG DOSE).....	35	LANGLARA.....	81	LIBRAX.....	89
KISQALI (400 MG DOSE).....	35	LANOLIN ANHYDROUS.....	120	LIBTAYO.....	36
KISQALI (600 MG DOSE).....	35	LANOXIN.....	57	<i>lidocaine</i>	10
KLARON.....	71	LANOXIN PEDIATRIC.....	57	<i>lidocaine hcl</i>	10
<i>klayesta</i>	28	<i>lanthanum carbonate</i>	92	LIDOCAINE HCL.....	10
KLISYRI (250 MG).....	71	LANZO.....	77	<i>lidocaine hcl (cardiac) pf</i>	10
KLISYRI (350 MG).....	71	<i>lapatinib ditosylate</i>	36	<i>lidocaine hcl (pf)</i>	10
<i>klor-con</i>	85	<i>larin 1.5/30</i>	100	<i>lidocaine hcl urethral/mucosal...</i>	10
<i>klor-con 10</i>	85	<i>larin 1/20</i>	100	<i>lidocaine in d5w</i>	10
<i>klor-con m10</i>	85	<i>larin 24 fe</i>	101	<i>lidocaine viscous hcl</i>	66
<i>klor-con m15</i>	85	<i>larin fe 1.5/30</i>	101	<i>lidocaine-epinephrine</i>	11
<i>klor-con m20</i>	85	<i>larin fe 1/20</i>	101	<i>lidocaine-epinephrine (pf)</i>	10
KLOXXADO.....	12	<i>latanoprost</i>	127	<i>lidocaine-prilocaine</i>	11
KOMZIFTI.....	35	LAZCLUZE.....	36	LIDOCAINE-SODIUM	
KORLYM.....	97	LEADER ADVANCED		BICARBONATE.....	11
KORSUVA.....	120	LANCING DEVICE.....	77	LIDOSPRA.....	11
KOSELUGO.....	35	LECITHIN ORGANOGEL.....	120	LIFYORLI (125 MG DOSE).....	36

LIFYORLI (150 MG DOSE).....	36	<i>loteprednol etabonate</i>	126	<i>magnesium chloride</i>	85
LILETTA (52 MG).....	101	<i>loteprednol-tobramycin</i>	128	<i>magnesium sulfate in d5w</i>	85
LINCOCIN.....	16	LOTRONEX.....	89	MAGNESIUM SULFATE-	
<i>lincomycin hcl</i>	16	<i>lovastatin</i>	57	NACL.....	85
<i>linezolid</i>	16	LOVENOX.....	19, 20	MALARONE.....	41
<i>linezolid in sodium chloride</i>	16	<i>low-ogestrel</i>	101	<i>malathion</i>	41
LINZESS.....	89	<i>loxapine succinate</i>	44	<i>mannitol</i>	57
<i>liomny</i>	104	LOZIBASE S.....	120	<i>maraviroc</i>	47
<i>liothyronine sodium</i>	104	<i>lo-zumandimine</i>	101	MARCAINE.....	11
LIPO.....	85	<i>lubiprostone</i>	89	MARCAINE PRESERVATIVE	
LIPO-C.....	85	LUCEMYRA.....	12	FREE.....	11
LIPOFEN.....	57	LUGOLS STRONG IODINE.....	16	MARCAINE/EPINEPHRINE.....	11
LIPOLAYER.....	120	<i>luizza 1.5/30</i>	101	MARCAINE/EPINEPHRINE	
<i>liraglutide</i>	73	<i>luizza 1/20</i>	101	PF.....	11
<i>lisdexamfetamine dimesylate</i>	63	LULICONAZOLE.....	28	MARGENZA.....	36
<i>lisinopril</i>	57	LUMAKRAS.....	36	MARINOL.....	26
<i>lisinopril-hydrochlorothiazide</i>	57	LUMIZYME.....	90	<i>marlissa</i>	101
LITE TOUCH LANCING PEN...	77	LUMVOA.....	96	MARPLAN.....	24
LITFULO.....	71	LUPRON DEPOT (1-MONTH)..	96	MATULANE.....	36
<i>lithium</i>	50	LUPRON DEPOT (3-MONTH)..	96	<i>matzim la</i>	57
<i>lithium carbonate</i>	50	LUPRON DEPOT (4-MONTH)		MAVYRET.....	47
<i>lithium carbonate er</i>	50	INTRAMUSCULAR KIT 30MG..	96	MAXIDEX.....	126
LITHOBID.....	50	LUPRON DEPOT (6-MONTH)		MAXITROL.....	126
LITHOSTAT.....	92	INTRAMUSCULAR KIT 45MG..	96	MAYZENT.....	65
LIVDELZI.....	89	LUPRON DEPOT-PED (1-		MAYZENT STARTER PACK....	65
LIVTENCITY.....	47	MONTH).....	96	<i>meclizine hcl</i>	26
LMD IN D5W.....	51	LUPRON DEPOT-PED (3-		<i>meclofenamate sodium</i>	9
LMD IN NACL.....	51	MONTH).....	96	MEDIHOL BASE.....	120
L-MESITRAN SOFT WOUND...	71	LUPRON DEPOT-PED (6-		MEDIHONEY WOUND/BURN	
LODINE.....	9	MONTH).....	96	DRESSING.....	71
LODOSYN.....	42	<i>lurasidone hcl</i>	44	MEDROL.....	94
LOFENA.....	9	LURBIRO.....	9	<i>medroxyprogesterone acetate</i>	101
<i>lofexidine hcl</i>	12	<i>lutura</i>	101	<i>mefenamic acid</i>	9
<i>lojaimiess</i>	101	LUXAMEND.....	71	<i>mefloquine hcl</i>	41
LOKELMA.....	85	LUZU.....	28	<i>megestrol acetate</i>	101
LOMOTIL.....	89	LYBALVI.....	44	MEKINIST.....	36
<i>lomustine</i>	36	<i>lyleq</i>	101	MEKTOVI.....	36
LONSURF.....	36	<i>lyllana</i>	101	<i>meleya</i>	101
<i>loperamide hcl</i>	89	LYNAVOY.....	120	<i>meloxicam</i>	9
LOPID.....	57	LYNPARZA.....	36	MELOXICAM.....	9
<i>lopinavir-ritonavir</i>	47	LYSINE HCL.....	85	<i>melphalan hcl</i>	36
LOPRESSOR.....	57	LYSODREN.....	36	<i>memantine hcl</i>	23
LOQTORZI.....	36	LYTGOBI (12 MG DAILY		<i>memantine hcl er</i>	23
<i>lorazepam</i>	50	DOSE).....	36	<i>memantine hcl-donepezil hcl er</i>	23
<i>lorazepam intensol</i>	50	LYTGOBI (16 MG DAILY		MENOSTAR.....	101
LORBRENA.....	36	DOSE).....	36	<i>meperidine hcl</i>	6
<i>loryna</i>	101	LYTGOBI (20 MG DAILY		<i>meprobamate</i>	50
<i>losartan potassium</i>	57	DOSE).....	36	MEPRON.....	41
<i>losartan potassium-hctz</i>	57	LYUMJEV KWIKPEN.....	81	MEPSEVII.....	90
LOTEMAX.....	126	LYUMJEV VIAL.....	81	<i>mercaptopurine</i>	36
LOTEMAX SM.....	126	<i>lyza</i>	101	<i>meropenem</i>	16
LOTENSIN.....	57	<i>macitentan</i>	133	MEROPENEM-SODIUM	
LOTENSIN HCT.....	57	MACROBID.....	16	CHLORIDE.....	16

<i>mesalamine</i>	111	<i>metoclopramide hcl +rfid</i>	26	MIRCERA.....	51
<i>mesalamine er oral capsule</i>		<i>metolazone</i>	57	MIRENA (52 MG).....	102
<i>0.375 gm</i>	111	<i>metoprolol succinate er</i>	57	<i>mirtazapine</i>	24
<i>mesalamine-cleanser</i>	111	<i>metoprolol tartrate</i>	57, 58	MIRVASO.....	71
<i>mesna</i>	36	METOPROLOL TARTRATE.....	58	<i>misoprostol</i>	87
MESNEX.....	36	<i>metoprolol-hydrochlorothiazide</i>	58	<i>mitigo</i>	6
MESTINON.....	30	<i>metronidazole</i>	16, 71	<i>mitomycin</i>	36
<i>metaxalone</i>	134	<i>metyrosine</i>	58	MITOSOL.....	126
<i>metformin hcl er</i>	73	<i>mexiletine hcl</i>	58	<i>mitoxantrone hcl</i>	36
<i>metformin hcl ir</i>	73	MI PASTE.....	66	MIUDELLA.....	102
<i>methadone hcl</i>	6	MI PASTE PLUS.....	66	MM LANCING DEVICE.....	77
<i>methadone hcl intensol</i>	6	MIACALCIN.....	112	MOBI CONNECT LANCING	
METHADOSE.....	6	<i>mibelas 24 fe</i>	101	DEVICE.....	77
<i>methadose</i>	6	<i>micafungin sodium</i>	28	MOBI CONNECT TWIST	
METHADOSE SUGAR-FREE.....	6	MICAFUNGIN SODIUM-NACL.....	28	LANCETS.....	77
<i>methamphetamine hcl</i>	63	MICONATATE.....	28	MOBILE LANCETS 30G.....	77
<i>methazolamide</i>	127	<i>miconazole 3</i>	28	<i>modafinil</i>	135
<i>methenamine hippurate</i>	16	MICONAZOLE-ZINC OXIDE-		MODEYSO.....	37
METHERGINE.....	120	PETROLAT.....	28	<i>moexipril hcl</i>	58
<i>methimazole</i>	104	MICROCHAMBER.....	121	<i>molindone hcl</i>	44
METHITEST.....	95	MICROCYN.....	71	<i>mometasone furoate</i>	71
<i>methocarbamol</i>	134	<i>microgestin 1.5/30</i>	101	MONDOXYNE NL.....	16
<i>methotrexate sodium</i>	107	<i>microgestin 1/20</i>	101	MONJUVI.....	37
<i>methotrexate sodium (pf)</i>	107	<i>microgestin fe 1.5/30</i>	101	MONOFERRIC.....	85
<i>methoxsalen rapid</i>	71	<i>microgestin fe 1/20</i>	101	MONOJECT BONE MARROW	
<i>methscopolamine bromide</i>	89	MICROLET NEXT LANCETS...	77	BIOPSY.....	11
<i>methsuximide</i>	21	MICROLET NEXT LANCING		<i>mono-lynyah</i>	102
METHYLCOBALAMIN.....	85	DEVICE.....	77	<i>montelukast sodium</i>	131
<i>methyldopa</i>	57	MICROSPACER.....	121	<i>morphine sulfate</i>	6
<i>methylene blue</i>	120	<i>midodrine hcl</i>	58	MORPHINE SULFATE.....	6
<i>methylene blue (antidote)</i>	120	MIEBO.....	128	<i>morphine sulfate (concentrate)</i> ...	6
<i>methylergonovine maleate</i>	121	MIFEPREX.....	97	<i>morphine sulfate (pf)</i>	6
METHYLIN.....	63	<i>mifepristone</i>	97	<i>morphine sulfate er</i>	6
<i>methylphenidate</i>	63	MIGERGOT.....	30	<i>morphine sulfate er beads</i>	6
METHYLPHENIDATE ER.....	63	<i>miglitol</i>	73	MORPHINE SULFATE-NACL.....	7
<i>methylphenidate hcl</i>	64	<i>miglustat</i>	90	MOTPOLY XR.....	21
<i>methylphenidate hcl er</i>	63, 64	<i>mili</i>	101	MOUNJARO.....	73
<i>methylphenidate hcl er (cd)</i>	63	<i>milnacipran hcl</i>	66	MOXIFLOXACIN HCL.....	16
<i>methylphenidate hcl er (la)</i>	63	<i>milophene</i>	96	<i>moxifloxacin hcl</i>	16, 126
<i>methylphenidate hcl er (osm)</i>	63	<i>milrinone lactate</i>	58	<i>moxifloxacin hcl (2x day)</i>	126
METHYLPHENIDATE HCL ER		<i>milrinone lactate in dextrose</i>	58	<i>moxifloxacin hcl in nacl</i>	16
(OSM).....	63	<i>mimvey</i>	101	MOZOBIL.....	51
<i>methylphenidate hcl er (xr)</i>	63	MINI LANCING DEVICE.....	77	MULPLETA.....	51
<i>methylprednisolone</i>	94	MINIMED INSTINCT GLUC		MULTAQ.....	58
METHYLPREDNISOLONE		SENSOR.....	77	MULTRYS.....	85
ACETATE.....	94	MINIVELLE.....	102	<i>mupirocin</i>	17
<i>methylprednisolone acetate</i>	94	MINOCIN.....	16	<i>mupirocin cream</i>	17
<i>methylprednisolone sodium</i>		<i>minocycline hcl</i>	16	MUTAMYCIN.....	37
<i>succ</i>	94	<i>minocycline hcl er</i>	16	MYALEPT.....	90
METHYLPREDNISOLONE-		<i>minoxidil</i>	58	<i>mycophenolate mofetil</i>	107
BUIVACAINE.....	94	<i>minzoya</i>	102	<i>mycophenolate mofetil hcl</i>	107
<i>methyltestosterone</i>	95	MIPLYFFA.....	121	<i>mycophenolate sodium</i>	107
<i>metoclopramide hcl</i>	26	<i>mirabegron er</i>	92	<i>mycophenolic acid</i>	107

MYFEMBREE.....	102	<i>neomycin-polymyxin-dexameth</i>	91
MYFORTIC.....	107		126
MYHIBBIN.....	108	<i>neomycin-polymyxin-</i>	
MYLERAN.....	37	<i>gramicidin</i>	128
MYLOTARG.....	37	<i>neomycin-polymyxin-hc..</i>	126, 129
MYQORZO.....	58	NEOPROFEN.....	9
MYSOLINE.....	21	NEORAL.....	108
MYTESI.....	89	NEO-SYNALAR.....	71
MYXREDLIN.....	81	NEOTUSS PLUS.....	129
<i>na ferric gluc cplx in sucrose</i>	85	NEREUS.....	26
<i>na sulfate-k sulfate-mg sulf</i>	89	NERLYNX.....	37
<i>nabumetone</i>	9	NESACAINE.....	11
<i>nadolol</i>	58	NESACAINE-MPF.....	11
<i>nafcillin sodium</i>	17	<i>neuac</i>	71
NAFCILLIN SODIUM IN		NEULASTA.....	51
DEXTROSE.....	17	NEULASTA ONPRO.....	51
<i>naftifine hcl</i>	28	NEUPRO.....	42
NAFTIN.....	28	NEUTEK 2TEK	
NAGLAZYME.....	91	GLUCOSE/PRESSURE.....	121
<i>nalbuphine hcl</i>	7	<i>nevirapine</i>	47
NALMEFENE HCL.....	12	<i>nevirapine er</i>	47
NALOCET.....	7	NEXAVAR.....	37
<i>naloxone hcl</i>	12	NEXAVIR.....	121
<i>naltrexone hcl</i>	12	NEXICLON XR.....	58
<i>naproxen</i>	9	NEXIUM.....	87
<i>naproxen dr</i>	9	NEXLETOL.....	58
<i>naproxen sodium</i>	9	NEXLIZET.....	58
<i>naproxen sodium er</i>	9	NEXPLANON.....	102
<i>naproxen-esomeprazole mg</i>	9	NEXTERONE.....	58
<i>naratriptan hcl</i>	30	NEXTSTELLIS.....	102
NARCAN.....	12	NEXVIAZYME.....	91
NARDIL.....	24	NGENLA.....	96
NAROPIN.....	11	<i>niacin (antihyperlipidemic)</i>	58
NASCOBAL.....	85	<i>niacin er (antihyperlipidemic)</i>	58
NATACYN.....	126	<i>niacor</i>	58
NATAZIA.....	102	<i>nicardipine hcl</i>	58
<i>nateglinide</i>	73	<i>nicardipine hcl in nacl</i>	58
NAYZILAM.....	21	NICARDIPINE HCL IN NACL...	58
<i>nebivolol hcl</i>	58	NICOTROL NS.....	12
NEBUPENT.....	41	<i>nifedipine</i>	58
NEBUSAL.....	129	<i>nifedipine er</i>	58
<i>necon 0.5/35 (28)</i>	102	<i>nifedipine er osmotic release</i>	58
<i>nefazodone hcl</i>	24	<i>nikki</i>	102
NEFFY.....	131	<i>nilotinib hcl</i>	37
<i>nelarabine</i>	37	<i>nilutamide</i>	37
NEMLUVIO.....	71	<i>nimodipine</i>	58
NEOKE ALCAR.....	85	NIMODIPINE.....	58
NEOKE MCT70.....	121	NINLARO.....	37
NEOKE RA LIPOIC.....	121	<i>nintedanib esylate</i>	131
<i>neomycin sulfate</i>	17	NIPENT.....	37
<i>neomycin-bacitracin zn-</i>		<i>nisoldipine er</i>	58
<i>polymyx</i>	128	<i>nitazoxanide</i>	41
		NITHIODOTE.....	121
		<i>nitisinone</i>	91
		<i>nitro-bid</i>	58
		NITRO-DUR.....	58
		<i>nitrofurantoin</i>	17
		<i>nitrofurantoin macrocrystal</i>	17
		<i>nitrofurantoin monohydrate</i>	
		<i>macrocrystals</i>	17
		<i>nitroglycerin</i>	58
		<i>nitroglycerin in d5w</i>	58
		NITROLINGUAL.....	59
		<i>nitroprusside sodium</i>	59
		NITYR.....	91
		NIVESTYM.....	51
		NON GELATIN CAPSULES	
		(EMPTY).....	121
		<i>nora-be</i>	102
		NORDITROPIN FLEXPPO.....	96
		<i>norelgestromin-eth estradiol...</i>	102
		<i>norepinephrine bitartrate</i>	59
		NOREPINEPHRINE-	
		DEXTROSE.....	59
		NOREPINEPHRINE-SODIUM	
		CHLORIDE.....	59
		<i>norethin ace-eth estrad-fe</i>	102
		<i>norethindrone</i>	102
		<i>norethindrone acetate</i>	102
		<i>norethindrone acet-ethinyl est</i>	102
		<i>norethindrone-eth estradiol</i>	102
		<i>norgestimate-eth estradiol</i>	102
		<i>norgestimate-ethinyl estradiol</i>	
		<i>triphasic</i>	102
		NORLIQVA.....	59
		<i>norlyroc</i>	102
		NORPACE.....	59
		NORPRAMIN.....	24
		NORTHERA.....	59
		<i>nortrel 0.5/35 (28)</i>	102
		<i>nortrel 1/35 (21)</i>	102
		<i>nortrel 1/35 (28)</i>	102
		<i>nortrel 7/7/7</i>	102
		<i>nortriptyline hcl</i>	24
		NORVIR.....	47
		NOURIANZ.....	42
		NOVA SUREFLEX LANCING	
		DEVICE.....	77
		NOVOFINE PEN NEEDLE.....	81
		NOVOFINE PLUS PEN	
		NEEDLE.....	81
		NOVOLIN 70/30 FLEXPEN.....	81
		NOVOLIN 70/30 FLEXPEN	
		RELION.....	81
		NOVOLIN 70/30 RELION.....	81
		NOVOLIN 70/30 VIAL.....	81

NOVOLIN N FLEXPEN.....	81	<i>olmesartan medoxomil-hctz</i>	59	ORALONE.....	66
NOVOLIN N FLEXPEN		<i>olmesartan-amlodipine-hctz</i>	59	ORAPENN SD ANHYD	
RELION.....	81	OLUMIANT.....	108	SWEETENED.....	121
NOVOLIN N RELION.....	81	<i>omega-3-acid ethyl esters</i>	59	ORA-PLUS.....	121
NOVOLIN N VIAL.....	81	OMNIFLEX DIAPHRAGM.....	121	ORAPRED ODT.....	94
NOVOLIN R FLEXPEN.....	81	OMNIPOD 5 DEXCOM INTRO		ORA-SWEET.....	121
NOVOLIN R FLEXPEN		KIT.....	121	ORA-SWEET SF.....	121
RELION.....	81	OMNIPOD 5 DEXCOM PODS	121	ORAVIG.....	29
NOVOLIN R RELION.....	81	OMNIPOD 5 LIBRE INTRO		ORBACTIV.....	17
NOVOLIN R VIAL.....	81	KIT.....	121	ORENCIA.....	108
NOVOLOG 70/30 FLEXPEN		OMNIPOD 5 LIBRE PODS.....	121	ORENCIA CLICKJECT.....	108
RELION.....	82	OMNIPOD DASH INTRO KIT.....	121	ORENITRAM.....	133
NOVOLOG FLEXPEN.....	82	OMNIPOD DASH PDM (GEN		ORENITRAM MONTH 1.....	133
NOVOLOG FLEXPEN		4).....	121	ORENITRAM MONTH 2.....	133
RELION.....	82	OMNIPOD DASH PODS.....	121	ORENITRAM MONTH 3.....	133
NOVOLOG MIX 70/30		OMNITROPE.....	96	ORFADIN.....	91
FLEXPEN.....	82	OMVOH.....	108	ORGOVYX.....	37
NOVOLOG MIX 70/30		OMVOH (300 MG DOSE).....	108	ORIAHNN.....	102
RELION.....	82	ONAPGO.....	42	ORILISSA.....	96
NOVOLOG MIX 70/30 VIAL.....	82	ONCASPAR.....	37	ORKAMBI.....	132
NOVOLOG PENFILL.....	82	<i>ondansetron hcl</i>	26	ORLADEYO.....	108
NOVOLOG RELION.....	82	<i>ondansetron hcl +rfid</i>	26	ORMALVI.....	127
NOVOLOG U-100 VIAL.....	82	<i>ondansetron odt</i>	26	<i>orphenadrine citrate</i>	134
NOVOPEN ECHO.....	82	ONETOUCH DELICA PLUS		<i>orphenadrine citrate er</i>	134
NOXAFIL.....	28	LANCING.....	77	<i>orphenadrine-aspirin-caffeine</i>	134
NPLATE.....	51	ONETOUCH DELICA SAFETY		<i>orquidea</i>	102
NUBEQA.....	37	LANCING.....	77	ORSERDU.....	37
NUCALA.....	131	ONEXTON.....	71	OSCIMIN.....	89
NUEDEXTA.....	66	ONGENTYS.....	42	<i>oseltamivir phosphate</i>	47
NULIBRY.....	91	ONIVYDE.....	37	OSENVELT.....	112
NULOJIX.....	108	ONPATTRO.....	66	OSMITROL.....	59
NUMYRA.....	11	ONUREG.....	37	OSPHENA.....	97
NUPLAZID.....	44	ONYDA XR.....	64	OSVYRTI.....	112
NURTEC.....	30	OPDUALAG.....	37	OTEZLA.....	108
NUTRILIPID.....	85	OPFOLDA.....	91	OTEZLA XR.....	108
NUZYRA.....	17	OPIPZA.....	44	OTEZLA/OTEZLA XR	
<i>nylia 1/35</i>	102	OPTICHAMBER DIAMOND....	121	INITIATION PK.....	108
<i>nylia 7/7/7</i>	102	OPTICHAMBER DIAMOND-		OTOVEL.....	129
NYMALIZE.....	59	LG MASK.....	121	OTULFI.....	108
<i>nystatin</i>	28	OPTICHAMBER DIAMOND-		OVIDE.....	41
<i>nystatin-triamcinolone</i>	28	MD MASK.....	121	<i>oxacillin sodium</i>	17
<i>nystop</i>	29	OPTICHAMBER DIAMOND-		OXACILLIN SODIUM IN	
<i>octreotide acetate</i>	96	SM MASK.....	121	DEXTROSE.....	17
OCUFLOX.....	126	OPVEE.....	12	<i>oxaliplatin</i>	37
ODACTRA.....	121	OPZELURA.....	71	<i>oxaprozin</i>	9
ODEFSEY.....	47	ORA-BLEND.....	121	<i>oxazepam</i>	50
ODOMZO.....	37	ORA-BLEND SF.....	121	<i>oxcarbazepine</i>	21
<i>ofloxacin</i>	17, 126, 129	ORABLOC.....	11	<i>oxcarbazepine er</i>	21
OGSIVEO.....	37	ORALAIR.....	121	OXERVATE.....	128
OJEMDA.....	37	ORALAIR ADULT STARTER		<i>oxiconazole nitrate</i>	29
<i>olanzapine</i>	44	PACK.....	121	OXISTAT.....	29
<i>olanzapine-fluoxetine hcl</i>	24	ORALAIR CHILDRENS		<i>oxybutynin chloride</i>	92
<i>olmesartan medoxomil</i>	59	STARTER PACK.....	121	<i>oxybutynin chloride er</i>	92

<i>oxycodone hcl</i>	7	PCCA LIPOSOMIC BASE		PETROLEUM GAUZE NON-	
OXYCODONE-		NORMAL.....	122	WOVEN 3X9".....	71
ACETAMINOPHEN.....	7	PCCA LIPOSOMIC BASE		PFIZERPEN.....	17
<i>oxycodone-acetaminophen</i>	7	OILY.....	122	PHEBURANE.....	91
<i>oxymetazoline hcl</i>	71	PCCA LIPOSOMIC BASE		<i>phenazopyridine hcl</i>	92
<i>oxymorphone hcl</i>	7	SENSITIVE.....	122	<i>phenelzine sulfate</i>	25
<i>oxymorphone hcl er</i>	7	PCCA SWEET-SF.....	122	PHENERGAN.....	27
<i>oxytocin</i>	96	PCCA SYRUP VEHICLE.....	122	<i>phenobarbital</i>	21
OXYTOCIN.....	96	PCCA-PLUS.....	122	<i>phenobarbital sodium</i>	22
<i>oxytocin +rfd</i>	96	PEDIATRIC PANDA MASK....	122	<i>phenoxybenzamine hcl</i>	59
OXYTOCIN-LACTATED		PEDMARK.....	122	<i>phentolamine mesylate</i>	59
RINGERS.....	96	<i>peg 3350-kcl-na bicarb-nacl</i>	89	<i>phenylephrine hcl</i>	59, 128
OXYTOCIN-SODIUM		PEG OINTMENT BASE.....	122	PHENYLEPHRINE HCL.....	59
CHLORIDE.....	97	<i>peg-3350/electrolytes</i>	89	PHENYLEPHRINE HCL-NACL.....	60
OXYTROL.....	92	<i>peg-3350/electrolytes/ascorbat</i>	89	<i>phenytek</i>	22
PACERONE.....	59	PEGASYS.....	47	<i>phenytoin</i>	22
<i>paclitaxel</i>	37	<i>peg-kcl-nacl-nasulf-na asc-c</i>	89	<i>phenytoin infatabs</i>	22
<i>paclitaxel protein-bound part</i>	37	PEG-PREP.....	89	<i>phenytoin sodium</i>	22
PADCEV.....	37	PEMETREXED.....	37	<i>phenytoin sodium extended</i>	22
<i>paliperidone er</i>	44	PEMETREXED DISODIUM.....	37	PHESGO.....	37
<i>palonosetron hcl</i>	27	<i>pemetrexed disodium</i>	37	<i>philith</i>	102
PAMELOR.....	24	PEMFEXY.....	37	PHOSPHOLINE IODIDE.....	127
<i>pamidronate disodium</i>	112	PEMGARDA.....	108	<i>phosphorous</i>	85
PANDA MASK LARGE.....	121	PEMRYDI RTU.....	37	PHOSPHO-TRIN 250	
PANDA MASK MEDIUM.....	121	PEN NEEDLE/5-BEVEL TIP....	82	NEUTRAL.....	85
PANDA MASK SMALL.....	121	<i>penciclovir</i>	47	PHOSPHO-TRIN K500.....	85
PANRETIN.....	37	<i>penicillamine</i>	92	PHOTOFRIN.....	37
<i>pantoprazole sodium</i>	87	PENICILLIN G POT IN		<i>phytonadione</i>	85
PANTOPRAZOLE SODIUM-		DEXTROSE.....	17	PIFELTRO.....	47
NACL.....	87	<i>penicillin g potassium</i>	17	<i>pilocarpine hcl</i>	66, 127
PARAGARD INTRAUTERINE		<i>penicillin g sodium</i>	17	<i>pimecrolimus</i>	71
COPPER.....	102	<i>penicillin v potassium</i>	17	<i>pimozide</i>	44
PARI VORTEX ADULT MASK	121	PENTAM.....	41	<i>pimtreea</i>	102
PARI VORTEX PEDIATRIC		<i>pentamidine isethionate</i>	41	<i>pindolol</i>	60
MASK.....	121	<i>pentazocine-naloxone hcl</i>	7	<i>pioglitazone hcl</i>	73
<i>paricalcitol</i>	113	PENTIPS GENERIC PEN		<i>pioglitazone hcl-glimepiride</i>	73
PARNATE.....	24	NEEDLES.....	82	<i>pioglitazone hcl-metformin hcl</i> ..	73
<i>paroxetine hcl</i>	25	<i>pentobarbital sodium</i>	21	PIP PEN NEEDLES 31G X	
<i>paroxetine hcl er</i>	24	<i>pentoxifylline er</i>	59	5MM.....	82
<i>paroxetine mesylate</i>	25	<i>perampanel</i>	21	PIP PEN NEEDLES 32G X	
PARSABIV.....	113	PERFECT POINT SAFETY		4MM.....	82
PAXLOVID (150/100).....	47	LANCETS.....	77	<i>piperacillin sod-tazobactam</i>	
PAXLOVID (300/100 &		PERFOROMIST.....	131	<i>sod</i>	17
150/100).....	47	PERIDEX.....	66	PIPERACILLIN-	
PAXLOVID (300/100).....	47	PERIKABIVEN.....	85	TAZOBACTAM-NACL.....	17
<i>pazopanib hcl</i>	37	<i>perindopril erbumine</i>	59	PIQRAY.....	38
PCCA ACACIA SYRUP BASE	122	<i>periogard</i>	66	<i>pirfenidone</i>	131
PCCA ANHYDROUS BASE...	122	PERJETA.....	37	<i>piroxicam</i>	9
PCCA COBASE #1.....	122	<i>permethrin</i>	41	<i>pitavastatin calcium</i>	60
PCCA ELLAGE VAGINAL.....	122	<i>perphenazine</i>	27	PITOCIN.....	97
PCCA LIPOSOMIC BASE		<i>perphenazine-amitriptyline</i>	25	PIVOT INSULIN PUMP	
DRY.....	122	PERSERIS.....	44	STARTER KIT.....	122
		PETROLATUM WHITE.....	122	PIVYA.....	17

PLENAMINE.....	85	<i>prednisone intensol</i>	94	PROLASTIN-C.....	131
<i>plerixafor</i>	51	<i>pregabalin</i>	66	PROLATE.....	7, 8
PLIAGLIS.....	11	<i>pregabalin er</i>	66	PROLEUKIN.....	38
PLO GEL - MEDIFLO.....	122	PREMARIN.....	102	<i>promethazine hcl</i>	27
PLO GEL - MEDIFLO 30.....	122	PREMASOL.....	86	<i>promethazine-codeine</i>	129
PLO GEL - MEDIFLO 30 PRE- MIXED.....	122	PREMPHASE.....	103	<i>promethazine-dm</i>	129
PLO GEL - MEDIFLO PRE- MIXED.....	122	PREMPRO.....	103	PROMETHEGAN.....	27
POCKET CHAMBER.....	122	PREPIDIL.....	92	<i>propafenone hcl</i>	60
POCKET SPACER.....	122	PRESTALIA.....	60	<i>propafenone hcl er</i>	60
PODOCON-25.....	71	PRETOMANID.....	31	<i>proparacaine hcl</i>	128
<i>podofilox</i>	71	<i>prevalite</i>	60	<i>propranolol hcl</i>	60
POLIVY.....	38	PREVYMIS.....	47	<i>propranolol hcl er</i>	60
POLOCAINE.....	11	PREZCOBIX.....	47	<i>propylthiouracil</i>	104
POLOCAINE-MPF.....	11	PREZISTA.....	47, 48	PROSCAR.....	93
POLYETHYLENE GLYCOL 8000.....	122	PRIFTIN.....	31	PROSOL.....	86
<i>polymyxin b sulfate</i>	17	<i>primaquine phosphate</i>	41	<i>protamine sulfate</i>	51
<i>polymyxin b-trimethoprim</i>	128	PRIMAXIN IV.....	17	PROTONIX.....	87
<i>pomalidomide</i>	38	<i>primidone</i>	22	PROTOPAM CHLORIDE.....	122
POMBILITI.....	91	PRISMASOL B22GK 4/0.....	86	<i>protriptyline hcl</i>	25
<i>portia-28</i>	102	PRISMASOL BGK 0/2.5.....	86	PROVAYBLUE.....	122
<i>posaconazole</i>	29	PRISMASOL BGK 2/0.....	86	PROVERA.....	103
POSFREA.....	27	PRISMASOL BGK 2/3.5.....	86	<i>prucalopride succinate</i>	89
<i>potassium acetate</i>	85	PRISMASOL BGK 4/2.5.....	86	PRUDOXIN.....	71
<i>potassium chloride</i>	85, 86	PRISMASOL BK 0/0/1.2.....	86	<i>pseudoephedrine-bromphen- dm</i>	129
<i>potassium chloride crys er</i>	85	PRO COMFORT SPACER ADULT.....	122	PULMOSAL.....	129
<i>potassium chloride er</i>	85	PRO COMFORT SPACER CHILD.....	122	PULMOZYME.....	132
<i>potassium citrate er</i>	86	PRO COMFORT SPACER INFANT.....	122	PURE COMFORT SAFETY LANCET 30G.....	77
<i>potassium iodide (expectorant)</i>	129	<i>probenecid</i>	29	PURE COMFORT SAFETY PEN NEEDLE.....	82
<i>potassium phosphates</i>	86	<i>procainamide hcl</i>	60	PURE COMFORT SPACER CHAMBER.....	122
<i>potassium phosphates (66 meq k)</i>	86	PROCARDIA XL.....	60	PURIFIED WATER.....	122
POTELIGEO.....	38	PROCARE SPACER/ADULT MASK.....	122	PURIXAN.....	38
POVIDONE-IODINE.....	126	PROCARE SPACER/CHILD MASK.....	122	PX ADVANCED LANCING DEVICE.....	77
PRADAXA.....	20	PROCENTRA.....	64	PYLERA.....	89
<i>pralatrexate</i>	38	PROCHAMBER VHC.....	122	<i>pyquvi</i>	94
<i>pramipexole dihydrochloride</i>	42	<i>prochlorperazine</i>	27	<i>pyrazinamide</i>	31
<i>pramipexole dihydrochloride er</i>	42	<i>prochlorperazine edisylate</i>	27	<i>pyridostigmine bromide</i>	30
PRAMOSONE.....	71	<i>prochlorperazine maleate</i>	27	<i>pyridostigmine bromide er</i>	30
PRAMOTIC.....	129	PROCRIT.....	51	PYRIDOSTIGMINE BROMIDE ER.....	122
<i>prasugrel hcl</i>	43	PROCTOCORT.....	112	<i>pyridoxine hcl</i>	86
<i>pravastatin sodium</i>	60	PROCTOFOAM HC.....	112	PYRIDOXINE HCL.....	86
<i>praziquantel</i>	41	<i>procto-med hc</i>	112	<i>pyrimethamine</i>	41
<i>prazosin hcl</i>	60	PROCTOSOL HC.....	112	PYROGALLIC ACID.....	71
PRED MILD.....	126	PROCTOZONE-HC.....	112	PYRUKYND.....	51
<i>prednisolone</i>	94	PROCYSBI.....	91	PYRUKYND TAPER PACK.....	51
<i>prednisolone acetate</i>	126	PRODIGY LANCING DEVICE..	77	QBRELIS.....	60
<i>prednisolone sodium phosphate</i>	94, 126	<i>progesterone</i>	103	QBREXZA.....	71
<i>prednisone</i>	94	PROGLYCEM.....	78		
		PROGRAF.....	108		

QC ADVANCED LANCING DEVICE.....	77	RESTASIS.....	128	ROPIVACAINE HCL-NACL.....	11
QFITLIA.....	51	RESTASIS MULTIDOSE.....	128	<i>rosuvastatin calcium</i>	61
QINLOCK.....	38	RESTORA RX.....	89	<i>rosyrah</i>	103
<i>quazepam</i>	50	RETACRIT.....	51	ROWASA.....	112
<i>quetiapine fumarate</i>	44	RETEVMO.....	38	<i>roweepra</i>	22
<i>quetiapine fumarate er</i>	44	RETROVIR.....	48	ROZEREM.....	135
QUICK TOUCH INSULIN PEN NEEDLE.....	82	REVCovi.....	91	ROZLYTREK.....	38
<i>quinapril hcl</i>	60	<i>revonto</i>	134	RUCONEST.....	109
<i>quinapril-hydrochlorothiazide</i>	60	REVUFORJ.....	38	<i>rufinamide</i>	22
<i>quinidine gluconate er</i>	60	REXTOVY.....	12	RUKOBIA.....	48
<i>quinidine sulfate</i>	61	REXULTI.....	44	RYANODEX.....	134
<i>quinine sulfate</i>	41	REYATAZ.....	48	RYDAPT.....	38
QUIOFIC.....	86	REZVOGLAR KWIKPEN.....	82	RYKINDO.....	45
QULIPTA.....	30	REZZAYO.....	29	RYSTIGGO.....	123
QVAR REDIHALER.....	131	RHEOSPRAY.....	123	RYTELO.....	38
RADIAPLEXRX.....	71	RHOPRESSA.....	127	<i>sacubitril-valsartan</i>	61
RADICAVA ORS.....	66	<i>ribavirin</i>	48	SAFETY PEN NEEDLES.....	82
RADICAVA ORS STARTER KIT.....	66	RIDAURA.....	109	SALAGEN.....	67
RADIOGARDASE.....	122	<i>rifabutin</i>	31	<i>saline bacteriostatic</i>	123
RAGWITEK.....	122	RIFADIN.....	31	SALINE-PHENOL.....	123
RALDESY.....	25	<i>rifampin</i>	31	SAMSCA.....	86
<i>raloxifene hcl</i>	97	<i>rifapentine</i>	31	SANDIMMUNE.....	109
<i>ramelteon</i>	135	RIGHTEST ALTERNATE SITE ADAPT.....	77	SANTYL.....	71
<i>ramipril</i>	61	RIGHTEST GD500 LANCING DEVICE.....	77	SAPHNELO.....	109
<i>ranolazine er</i>	61	<i>rilpivirine hcl</i>	48	SAPHNELO PEN.....	109
RAPIVAB.....	48	<i>riluzole</i>	66	<i>sapropterin dihydrochloride</i>	91
<i>rasagiline mesylate</i>	42	<i>rimantadine hcl</i>	48	SARCLISA.....	38
RASPBERRY SYRUP.....	122	RINVOQ.....	109	SAVAYSA.....	20
RASUVO.....	108, 109	RINVOQ LQ.....	109	<i>saxagliptin hcl</i>	73
RAYA SURE PEN NEEDLE.....	82	RIOMET.....	73	<i>saxagliptin-metformin er</i>	74
RAYALDEE.....	113	<i>risedronate sodium</i>	112	SCSEMBLIX.....	38
REBYOTA.....	89	RISPERDAL CONSTA.....	44	SCENESSE.....	71
RECARBRIO.....	17	<i>risperidone</i>	45	<i>scopolamine</i>	27
<i>reclipsen</i>	103	<i>risperidone microspheres er</i>	44	SELECT-LITE LANCING DEVICE.....	77
RECTIV.....	61	RITEFLO.....	123	<i>selegiline hcl</i>	42
REGENECARE.....	71	<i>ritonavir</i>	48	<i>selenium sulfide</i>	72
REGLAN.....	27	<i>rivaroxaban</i>	20	SELZENTRY.....	48
REGONOL.....	30	<i>rivastigmine</i>	23	SENSILANCE SAFETY LANCETS 21G.....	77
RELENZA DISKHALER.....	48	<i>rivastigmine tartrate</i>	23	SENSILANCE SAFETY LANCETS 26G.....	77
RELEXXII.....	64	<i>rivelsa</i>	103	SENSILANCE SAFETY LANCETS 28G.....	77
RELGAABI.....	22	RIVFLOZA.....	92	SENSORCAINE.....	11
RELION KETONE TEST.....	77	<i>rizatriptan benzoate</i>	30	SENSORCAINE/EPINEPHRIN E.....	11
RELION LANCING DEVICE.....	77	ROBAXIN.....	134	SENSORCAINE-MPF.....	11
REMERON.....	25	ROCKLATAN.....	127	SENSORCAINE- MPF/EPINEPHRINE.....	11
REMERON SOLTAB.....	25	<i>roflumilast</i>	131	SEREVENT DISKUS.....	131
REMESENSE.....	66	ROMIDEPSIN.....	38	SERNIVO.....	72
<i>remifentanil hcl</i>	8	<i>romidepsin</i>	38	SEROSTIM.....	90
REVELA.....	92	ROMVIMZA.....	38		
<i>repaglinide</i>	73	<i>ropinirole hcl</i>	42		
REPATHA SURECLICK.....	61	<i>ropinirole hcl er</i>	42		
		<i>ropivacaine hcl</i>	11		

<i>sertraline hcl</i>	25	SODIUM CITRATE-		<i>subvenite</i>	22
<i>setlakin</i>	103	GENTAMICIN SULF.....	20	<i>subvenite starter kit-blue</i>	22
<i>sevelamer carbonate</i>	92	SODIUM IODIDE I-131.....	104	<i>subvenite starter kit-green</i>	22
<i>sevelamer hcl</i>	92	<i>sodium nitrite</i>	123	<i>subvenite starter kit-orange</i>	22
SEYSARA.....	17	<i>sodium nitroprusside</i>	61	SUCRAID.....	91
SEZABY.....	22	<i>sodium oxybate</i>	135	<i>sucralfate</i>	87
<i>sharobel</i>	103	<i>sodium phenylbutyrate</i>	91	SUFLAVE.....	90
SIKLOS.....	38	<i>sodium phosphates</i>	86	SULAR.....	61
<i>sildenafil citrate</i>	133	<i>sodium polystyrene sulfonate</i> ...	86	SULCONAZOLE NITRATE.....	29
SILENOR.....	135	<i>sodium saccharin</i>	123	<i>sulfacetamide sodium</i>	126
SILIQ.....	109	<i>sodium thiosulfate</i>	123	<i>sulfacetamide sodium (acne)</i>	72
<i>silodosin</i>	93	SOFDRA.....	72	<i>sulfacetamide-prednisolone</i>	128
<i>silver sulfadiazine</i>	17	SOGROYA.....	97	<i>sulfadiazine</i>	17
SIMBRINZA.....	127	SOHONOS.....	123	<i>sulfamethoxazole-trimethoprim</i> ..	17
<i>simliya</i>	103	<i>solifenacin succinate</i>	92	SULFAMYLON.....	17
<i>simpesse</i>	103	SOLQUA.....	74	<i>sulfasalazine</i>	112
SIMPLE DIAGNOSTICS		SOLOSEC.....	17	<i>sulfatrim pediatric</i>	17
LANCING DEV.....	77	SOLTAMOX.....	38	<i>sulfurated lime</i>	41
SIMPLE SYRUP.....	123	SOLU-CORTEF.....	94	<i>sulindac</i>	9
SIMPLERA SENSOR.....	77	SOLU-MEDROL.....	94	<i>sumatriptan</i>	30
SIMPLERA SYNC SENSOR.....	77	SOLU-MEDROL (PF).....	94	<i>sumatriptan succinate</i>	30
SIMPLERA SYSTEM.....	77	SOLUS V2 LANCING DEVICE.....	77	<i>sumatriptan-naproxen sodium</i> ..	30
SIMPONI.....	109	SOMAVERT.....	97	<i>sunitinib malate</i>	38
SIMPONI ARIA.....	109	SOOLANTRA.....	72	SUNLENCA.....	48
SIMULECT.....	109	<i>sorafenib tosylate</i>	38	SUNOSI.....	135
<i>simvastatin</i>	61	<i>sotalol hcl</i>	61	SUPPRELIN LA.....	97
SINEMET.....	42	<i>sotalol hcl (af)</i>	61	SUPREME II CONFIDENCE	
<i>sirolimus</i>	109	SOTYLIZE.....	61	PADDLES.....	77
SIRTURO.....	31	SPEVIGO.....	110	SUPREP BOWEL PREP KIT....	90
<i>sitagliip phos-metformin hcl er</i> ...	74	<i>spinosad</i>	41	SURE COMFORT LANCING	
<i>sitagliptin phos-metformin hcl</i> ...	74	SPIRIVA RESPIMAT.....	131	PEN.....	77
<i>sitagliptin phosphate</i>	74	<i>spironolactone</i>	61	SUSPENDRX	
SIVEXTRO.....	17	<i>spironolactone-hctz</i>	61	W/BITTERBLOC SWEET.....	123
SKYCLARYS.....	62	SPORANOX.....	29	SUSPENDRX	
SKYLA.....	103	SPRAVATO (56 MG DOSE).....	25	W/BITTERBLOC UNSWEET..	123
SKYRIZI.....	109, 110	SPRAVATO (84 MG DOSE).....	25	SUSPENSION VEHICLE.....	123
SKYRIZI PEN.....	109	<i>sprintec 28</i>	103	SUSTOL.....	27
SKYTROFA.....	97	SPS (SODIUM		SUTAB.....	90
SMART DIABETES VANTAGE		POLYSTYRENE SULF).....	86	<i>syeda</i>	103
LANCING.....	77	<i>ssd</i>	17	SYLVANT.....	38
SMOFLIPID.....	86	STEQEYMA.....	110	SYMBICORT.....	131
<i>sod benz-sod phenylacet</i>	91	STERILE DILUENT FOR		SYMDEKO.....	132
<i>sod citrate-citric acid</i>	86	REMODULIN.....	123	SYMFI.....	48
<i>sodium acetate</i>	86	STERILE WATER FOR		SYMPAZAN.....	22
<i>sodium bicarbonate</i>	86	INJECTION.....	123	SYMPROIC.....	90
SODIUM BICARBONATE.....	86	STIOLTO RESPIMAT.....	131	SYMTUZA.....	48
<i>sodium chloride</i>	86, 129	STIVARGA.....	38	SYNALAR.....	72
<i>sodium chloride (pf)</i>	86	STRENSIQ.....	91	SYNAREL.....	97
<i>sodium chloride bacteriostatic</i> ..	123	<i>streptomycin sulfate</i>	17	SYNDROS.....	27
SODIUM CITRATE.....	20	STRIBILD.....	48	SYNJARDY.....	74
SODIUM CITRATE LOCK		STRIVERDI RESPIMAT.....	131	SYNJARDY XR.....	74
FLUSH.....	20	STROMECTOL.....	41	SYRPALTA.....	123
<i>sodium citrate-citric acid</i>	86	SUBLOCADE.....	12	SYRSPEND SF.....	123

SYRSPEND SF PH4.....	123	<i>tenofovir disoproxil fumarate</i>	48	TOBRADEX.....	126
SYRUP VEHICLE.....	123	TEPEZZA.....	97	TOBRADEX ST.....	126
SYRUP VEHICLE SF.....	123	TEPMETKO.....	39	<i>tobramycin</i>	126, 132, 133
TABLOID.....	38	<i>terazosin hcl</i>	93	<i>tobramycin sulfate</i>	18
TABRECTA.....	38	<i>terbinafine hcl</i>	29	<i>tobramycin-dexamethasone</i>	126
<i>tacrolimus</i>	72, 110	<i>terbutaline sulfate</i>	131	TOBREX.....	126
<i>tacrolimus er</i>	110	<i>terconazole</i>	29	TODAYS HEALTH LANCING	
<i>tadalafil</i>	92	<i>teriflunomide</i>	65	DEVICE.....	78
<i>tadalafil (pah)</i>	133	<i>teriparatide</i>	112	<i>tofacitinib citrate</i>	110
TAFINLAR.....	38	TERIPARATIDE.....	112	<i>tofacitinib citrate er</i>	110
<i>tafluprost (pf)</i>	127	<i>testosterone</i>	95	TOLAK.....	72
TAGRISSE.....	38	<i>testosterone cypionate</i>	95	<i>tolcapone</i>	42
TAKHZYRO.....	110	<i>testosterone enanthate</i>	95	TOLECTIN DS.....	9
TALICIA.....	90	<i>tetrabenazine</i>	66	<i>tolmetin sodium</i>	10
<i>tamoxifen citrate</i>	38	<i>tetracaine hcl</i>	128	<i>tolterodine tartrate</i>	92
<i>tamsulosin hcl</i>	93	<i>tetracycline hcl</i>	18	<i>tolterodine tartrate er</i>	92
<i>tanlor</i>	134	TETRACYCLINE HCL.....	18	<i>tolvaptan</i>	86
<i>tapentadol hcl</i>	8	TEVIMBRA.....	39	<i>tolvaptan (hyponatremia)</i>	87
TAPERDEX 12-DAY.....	94	TEXACORT.....	72	TOPFINE INSULIN PEN	
TAPERDEX 6-DAY.....	94	TEZSPIRE.....	132	NEEDLE.....	82
TAPERDEX 7-DAY.....	94	THALOMID.....	39	TOPICORT.....	72
TARGRETIN.....	38	THAM.....	86	<i>topiramate</i>	22
<i>tarina 24 fe</i>	103	THEO-24.....	132	<i>topiramate er</i>	22
<i>tarina fe 1/20 eq</i>	103	<i>theophylline</i>	132	<i>topotecan hcl</i>	39
<i>tasimelteon</i>	135	<i>theophylline er</i>	132	<i>toremifene citrate</i>	39
TASMAR.....	42	THIOLA.....	92	TORISEL.....	110
TAURINE.....	86	THIOLA EC.....	92	<i>torpenz</i>	39
<i>tavaborole</i>	29	<i>thioridazine hcl</i>	45	<i>torsemide</i>	61
TAVALISSE.....	51	<i>thiothixene</i>	45	<i>tovet</i>	72
<i>taysofy</i>	103	THYMOGLOBULIN.....	110	TPOXX.....	48
TAYTULLA.....	103	<i>tiadylt er</i>	61	TRACER II 3 VOLT BATTERY.....	78
<i>tazarotene</i>	72	<i>tiagabine hcl</i>	22	TRADJENTA.....	74
<i>tazicef</i>	18	TIAZAC.....	61	TRALEMENT.....	87
TAZICEF.....	18	TIBSOVO.....	39	<i>tramadol hcl (er biphasic)</i>	8
TECHLITE LANCETS 26G.....	78	<i>ticagrelor</i>	43	<i>tramadol hcl er</i>	8
TECHLITE PLUS PEN		TIGAN.....	27	<i>tramadol hcl ir</i>	8
NEEDLES.....	82	<i>tigecycline</i>	18	<i>tramadol-acetaminophen</i>	8
TEFLARO.....	18	TIGLUTIK.....	66	<i>trandolapril</i>	61
TEGLUTIK.....	66	<i>tilia fe</i>	103	<i>trandolapril-verapamil hcl er</i>	61
TEKTURNA.....	61	<i>timolol hemihydrate</i>	127	<i>tranexamic acid</i>	52
TELFA AMD ISLAND		<i>timolol maleate</i>	61, 127	<i>tranexamic acid-nacl</i>	52
DRESSING.....	123	<i>timolol maleate (once-daily)</i>	127	TRANSDERM SCOP.....	27
TELFA AMD NON-		<i>timolol maleate ocudose</i>	127	<i>tranylcypromine sulfate</i>	25
ADHERENT.....	123	<i>timolol maleate pf</i>	127	TRAVASOL.....	87
<i>telmisartan</i>	61	<i>tinidazole</i>	18	<i>travoprost (bak free)</i>	127
<i>telmisartan-amlodipine</i>	61	<i>tiopronin</i>	92	<i>trazodone hcl</i>	25
<i>telmisartan-hctz</i>	61	<i>tiotropium bromide</i>	132	TRELEGY ELLIPTA.....	132
<i>temazepam</i>	135	<i>tirofiban hcl in nacl</i>	43	TRELSTAR MIXJECT.....	97
TEMBEXA.....	48	TIVDAK.....	39	TREMFYA.....	110
TEMODAR.....	39	TIVICAY.....	48	TREMFYA ONE-PRESS.....	110
<i>temozolomide</i>	39	TIVICAY PD.....	48	TREMFYA PEN.....	110
<i>temsirolimus</i>	110	<i>tizanidine hcl</i>	134	TREMFYA-CD/UC	
TENCON.....	8	TOBI PODHALER.....	132	INDUCTION.....	111

<i>treprostinil</i>	133	TRUEFLORA.....	90	UNITUXIN.....	39
<i>tretinoin</i>	39	TRULICITY.....	74	UPLIZNA.....	111
TREXALL.....	111	TRUQAP.....	39	UPNEEQ.....	126
TREZIX.....	8	TRYNGOLZA.....	61	UPTRAVI.....	133
<i>triamcinolone acetonide</i> 67, 72, 94		TRYPTYR.....	128	UPTRAVI TITRATION.....	133
TRIAMCINOLONE		TRYVIO.....	61	<i>urea</i>	72
DIACETATE.....	94	TUKYSA.....	39	URESTA STARTER KIT.....	123
<i>triamcinolone in absorbase</i>	72	TURALIO.....	39	UROCIT-K 10.....	87
TRIAMCINOLONE-		<i>turqoz</i>	103	UROCIT-K 15.....	87
BUPIVACAINE.....	95	TUXARIN ER.....	129	UROXATRAL.....	93
TRI-AMINO.....	87	TYBLUME.....	103	URSO FORTE.....	90
<i>triamterene</i>	61	<i>tydemy</i>	103	<i>ursodiol</i>	90
<i>triamterene-hctz</i>	61	TYGACIL.....	18	UVADEX.....	39
<i>triazolam</i>	50	TYKERB.....	39	UZEDY.....	45
TRICHOSOL.....	123	TYMLOS.....	112	VABOMERE.....	18
TRICITRASOL.....	20	TYRUKO.....	65	<i>valacyclovir hcl</i>	48
<i>triderm</i>	72	TYRVAYA.....	128	VALCHLOR.....	39
<i>trientine hcl</i>	87	TYSABRI.....	65	VALCYTE.....	48
<i>tri-estarylla</i>	103	TYVASO.....	133	<i>valganciclovir hcl</i>	48
<i>trifluoperazine hcl</i>	45	TYVASO DPI INSTITUTIONAL		<i>valproate sodium</i>	22
<i>trifluridine</i>	126	KIT.....	133	<i>valproic acid</i>	22
<i>trihexyphenidyl hcl</i>	42	TYVASO DPI MAINTENANCE		<i>valsartan</i>	61
TRIJARDY XR.....	74	KIT.....	133	<i>valsartan-hydrochlorothiazide</i> ...	61
TRIKAFTA.....	133	TYVASO DPI TITRATION KIT	133	VALTOCO 10 MG DOSE.....	22
<i>tri-legest fe</i>	103	TYVASO REFILL KIT.....	133	VALTOCO 15 MG DOSE.....	22
<i>tri-lynyah</i>	103	TYVASO STARTER KIT.....	133	VALTOCO 20 MG DOSE.....	22
<i>trilitas</i>	72	TYZAVAN.....	18	VALTOCO 5 MG DOSE.....	22
<i>tri-lo-estarylla</i>	103	UBRELVY.....	30	<i>valtya 1/35</i>	103
<i>tri-lo-marzia</i>	103	UCERIS.....	112	<i>valtya 1/50</i>	103
<i>tri-lo-mili</i>	103	UDENYCA.....	52	VANCOCIN.....	18
<i>tri-lo-sprintec</i>	103	UDENYCA ONBODY.....	52	<i>vancomycin hcl</i>	18
<i>trimethobenzamide hcl</i>	27	UDSX MEDICATED SYSTEM	123	VANCOMYCIN HCL IN	
<i>trimethoprim</i>	18	UDSXMP MEDICATED		DEXTROSE.....	18
<i>tri-mili</i>	103	SYSTEM.....	123	<i>vancomycin hcl in dextrose</i>	18
<i>trimipramine maleate</i>	25	ULORIC.....	29	<i>vancomycin hcl in nacl</i>	18
TRIMO-SAN.....	92	ULTICARE INSULIN SYR 1/2		VANCOMYCIN HCL IN NACL..	18
TRINTELLIX.....	25	UNIT.....	82	VANDAZOLE.....	18
TRIPTODUR.....	97	ULTIGUARD SAFEPACK		VANFLYTA.....	39
TRISENOX.....	39	SYR/NEEDLE.....	82	VANRAFIA.....	92
<i>tri-sprintec</i>	103	ULTI-LANCE AUTOMATIC.....	78	<i>varenicline tartrate</i>	12
TRIUMEQ.....	48	ULTIVA.....	8	<i>varenicline tartrate (starter)</i>	12
TRIUMEQ PD.....	48	ULTRA-CARE SAFETY		<i>varenicline tartrate(continue)</i>	12
<i>tri-vyllibra</i>	103	LANCETS 30G.....	78	VARITHENA.....	61
<i>tri-vyllibra lo</i>	103	UMECLIDINIUM ELLIPTA.....	132	VARUBI (180 MG DOSE).....	27
TROGARZO.....	48	U-MILD.....	123	VASCEPA.....	61
<i>tromethamine</i>	87	UNASYN.....	18	VASELINE.....	123
TROPHAMINE.....	87	UNIFINE OTC PEN NEEDLES.....	82	VASERETIC.....	62
<i>tropium chloride</i>	92	UNIFINE PROTECT PEN		<i>vasopressin</i>	97
<i>tropium chloride er</i>	92	NEEDLE.....	82	<i>vasopressin +rfid</i>	97
TRUE COMFORT SAFETY		UNISPEND ANHYDROUS		VASOPRESSIN-SODIUM	
PEN NEEDLE.....	82	SWEETENED.....	123	CHLORIDE.....	97
TRUEDRAW LANCING		UNISTIK NORMAL.....	78	VASOSTRICT.....	97
DEVICE.....	78	<i>unithroid</i>	104	VASOTEC.....	62

VECAMYL.....	62	VERSAPLUS.....	124	VYALEV.....	42
VECTIBIX.....	39	VERSAPRO.....	124	VYEPTI.....	30
VEGETABLE CAPSULE #0		VERZENIO.....	39	<i>vyfemla</i>	104
GREEN.....	124	<i>vestura</i>	104	VYKAT XR.....	124
VEGETABLE CAPSULE #0		VEVYE.....	128	<i>vylibra</i>	104
WHITE.....	124	VFEND.....	29	VYLOY.....	40
VEGETABLE CAPSULE #00		VFEND IV.....	29	VYNDAMAX.....	62
WHITE.....	124	VIBATIV.....	18	VYVANSE.....	64
VEGETABLE CAPSULE #1		VIBERZI.....	90	VYXEOS.....	40
WHITE.....	124	VIDAZA.....	39	WAINUA.....	66
VEGETABLE CAPSULE #2		<i>vienva</i>	104	WAKIX.....	135
WHITE.....	124	<i>vigabatrin</i>	22	<i>warfarin sodium</i>	20
VEGETABLE CAPSULE #3		VIGAFYDE.....	22	WATER BASE GEL.....	124
WHITE.....	124	VIJOICE.....	39	WELIREG.....	40
VEGETABLE CAPSULE #4		<i>vilazodone hcl</i>	25	<i>wera</i>	104
WHITE.....	124	VIMIZIM.....	91	WHITE PETROLATUM.....	124
VEKLURY.....	48	<i>vinblastine sulfate</i>	39	WIDE-SEAL DIAPHRAGM 60	124
VELCADE.....	39	<i>vincristine sulfate</i>	39	WIDE-SEAL DIAPHRAGM 65	124
VELETRI.....	133	<i>vinorelbine tartrate</i>	39	WIDE-SEAL DIAPHRAGM 70	124
<i>velivet</i>	103	<i>viorele</i>	104	WIDE-SEAL DIAPHRAGM 75	124
VELSIPITY.....	111	VIRACEPT.....	48	WIDE-SEAL DIAPHRAGM 80	124
VELTASSA.....	87	VIREAD.....	49	WIDE-SEAL DIAPHRAGM 85	124
VENCLEXTA.....	39	VISTOGARD.....	124	WIDE-SEAL DIAPHRAGM 90	124
VENCLEXTA STARTING		VISUDYNE.....	128	WIDE-SEAL DIAPHRAGM 95	124
PACK.....	39	<i>vitamin d (ergocalciferol)</i>	87	WINREVAIR.....	133
VENELEX.....	72	<i>vitamin k1</i>	87	<i>wixela inhub</i>	132
VENIPUNCTURE PX1		VITRAKVI.....	39	<i>wymzya fe</i>	104
PHLEBOTOMY.....	11	VIVAGUARD LANCETS 30G...	78	WYNZORA.....	72
<i>venlafaxine hcl</i>	25	VIVAGUARD LANCING		XACDURO.....	18
<i>venlafaxine hcl er</i>	25	DEVICE.....	78	XACIATO.....	18
VENOFER.....	87	VIVAGUARD SAFETY		XADAGO.....	42
VEPPANU.....	39	LANCETS 28G.....	78	XALIX.....	72
<i>verapamil hcl</i>	62	VIVITROL.....	12	<i>xarah fe</i>	104
<i>verapamil hcl er</i>	62	<i>volnea</i>	104	XARELTO.....	20
VEREGEN.....	72	VONJO.....	39	XARELTO STARTER PACK....	20
VERIFINE INSULIN PEN		VOQUEZNA DUAL PAK.....	90	XATMEP.....	111
NEEDLE.....	82	VOQUEZNA TRIPLE PAK.....	90	XCOPRI.....	22
VERIFINE INSULIN SYRINGE	82	VORANIGO.....	40	XELPROS.....	127
VERIFINE PLUS PEN		VORAXAZE.....	40	<i>xelria fe</i>	104
NEEDLE.....	82	<i>voriconazole</i>	29	XELSTRYM.....	64
VERIFINE SAFE LANCET		VORTEX VALVE CHAMBER-		XENAZINE.....	66
MINI 21G.....	78	PEDI MASK.....	124	XEPI.....	18
VERIFINE SAFE LANCET		VORTEX VALVED HOLDING		XERAC AC.....	72
MINI 23G.....	78	CHAMBER.....	124	XERAVA.....	18
VERIFINE SAFE LANCET		VOSEVI.....	49	XERESE.....	49
MINI 28G.....	78	VOXZOGO.....	91	XERMELO.....	90
VERIFINE SAFE LANCET		VOYDEYA.....	52	XIFAXAN.....	19
MINI 30G.....	78	VOYXACT.....	92	XIIDRA.....	128
VERISAFE SAFETY INSULIN		VPRIV.....	91	XOCOVA.....	49
SYR.....	82	VRAYLAR.....	45	XOFIGO.....	40
VERQUVO.....	62	VTAMA.....	72	XOFLUZA (40 MG DOSE).....	49
VERSACLOZ.....	45	VUMERITY.....	65	XOFLUZA (80 MG DOSE).....	49
VERSAFREE.....	124	VUSION.....	29	XOLAIR.....	132

XOLREMDI.....	52	<i>zafemy</i>	104	ZORYVE.....	72
XOSPATA.....	40	<i>zafirlukast</i>	132	ZOSYN.....	19
XPOVIO (100 MG ONCE		<i>zaleplon</i>	135	<i>zovia 1/35 (28)</i>	104
WEEKLY).....	40	ZALTRAP.....	40	ZTALMY.....	23
XPOVIO (40 MG ONCE		ZARONTIN.....	22	ZUBSOLV.....	12
WEEKLY).....	40	ZARXIO.....	52	<i>zumandimine</i>	104
XPOVIO (40 MG TWICE		ZAVESCA.....	91	ZURZUVAE.....	25
WEEKLY).....	40	ZAVZPRET.....	30	ZYCUBO.....	87
XPOVIO (60 MG ONCE		ZEJULA.....	40	ZYDELIG.....	40
WEEKLY).....	40	ZELAPAR.....	42	ZYKADIA.....	40
XPOVIO (60 MG TWICE		ZELBORAF.....	40	ZYLET.....	128
WEEKLY).....	40	ZELSUVMI.....	72	ZYNRELEF.....	10
XPOVIO (80 MG ONCE		<i>zelvysia</i>	91	ZYPREXA RELPREVV.....	45
WEEKLY).....	40	ZEMAIRA.....	132	ZYPREXA ZYDIS.....	45
XPOVIO (80 MG TWICE		ZEMDRI.....	19	ZYVOX.....	19
WEEKLY).....	40	ZEMPLAR.....	113		
XROMI.....	40	<i>zenatane</i>	72		
XTAMPZA ER.....	8	ZENPEP.....	91		
XTANDI.....	40	ZEPOSIA.....	65		
XTORO.....	129	ZEPOSIA 7-DAY STARTER			
<i>xulane</i>	104	PACK.....	65		
XULTOPHY.....	74	ZEPOSIA STARTER KIT.....	65		
XURIDEN.....	91	ZEPZELCA.....	40		
XYLOCAINE.....	11	ZESTORETIC.....	62		
XYLOCAINE MPF +RFID.....	11	ZEVALIN Y-90.....	40		
XYLOCAINE/EPINEPHRINE.....	11	ZEVTERA.....	19		
XYLOCAINE-MPF.....	11	ZIAGEN.....	49		
XYLOCAINE-MPF +RFID.....	11	<i>zidovudine</i>	49		
XYLOCAINE-		ZIIHERA.....	40		
MPF/EPINEPHRINE.....	11	ZILBRYSQ.....	125		
<i>xyvona</i>	8	<i>zileuton er</i>	132		
XYWAV.....	135	ZILXI.....	72		
<i>yargesa</i>	91	<i>zinc chloride</i>	87		
YELLOW PETROLATUM.....	124	<i>zinc sulfate</i>	87		
YERVOY.....	40	ZINPLAVA.....	111		
YESINTEK.....	111	<i>ziprasidone hcl</i>	45		
YONDELIS.....	40	<i>ziprasidone mesylate</i>	45		
YONI FIT BLADDER		ZIRGAN.....	126		
SUPPORT KIT 1.....	124	ZITHROMAX.....	19		
YONI FIT BLADDER		ZITHROMAX TRI-PAK.....	19		
SUPPORT KIT 2.....	124	ZITHROMAX Z-PAK.....	19		
YONI FIT BLADDER		ZOKINVY.....	125		
SUPPORT KIT 3.....	124	ZOLADEX.....	97		
YONI FIT BLADDER		ZOLINZA.....	40		
SUPPORT KIT 4.....	124	<i>zolmitriptan</i>	30		
YONI FIT BLADDER		<i>zolpidem tartrate</i>	135		
SUPPORT KIT 5.....	124	<i>zolpidem tartrate er</i>	135		
YORVIPATH.....	125	ZOLYMBUS.....	127		
<i>yulithira</i>	40	ZOMIG.....	30		
YUPELRI.....	132	ZONALON.....	72		
YUTREPIA.....	133, 134	<i>zonisamide</i>	23		
<i>yuvafem</i>	104	ZONTIVITY.....	43		
YUVIWEL.....	91	ZORTRESS.....	111		