



# 2024 Standard Choice Quality Individual (IA/MN/WI) Drug Formulary

**QuartzBenefits.com**

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

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



April 1, 2024

# 2024 Quartz Standard Choice Quality Individual (IA/MN/WI) Drug Formulary Information

This Formulary serves members with an employer-sponsored health plan (less than 50 employees) or an individual/family health plan based in Iowa, Minnesota, or Wisconsin whose pharmacy benefits have a three or four tier cost share structure and an additional value tier cost share. Some plans may have a deductible that must be met before tiered cost shares apply.

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

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

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

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

- what state your employer is based in

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

For information about drug coverage on the medical benefit, please go to the [clinic-administered drug](#) page on the Quartz website.

## Using the Formulary Document

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

Each page of the formulary has three columns: **Drug Name**, **Drug Tier**, and **Notes**. Drugs are grouped by therapeutic category and class and listed alphabetically within the class. Brand names are listed in all capit

al letters. Generic drug names are included in lowercase font. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (Fulphila, Semglee (yfgn), etc.), are also listed in capitalized text.

The **Drug Tier** column identifies which cost sharing tier applies to the drug and **Notes** contains indicators that may limit coverage of specific drugs. Medications listed as T1, T2, or T4P are preferred while medications listed as Tier 3 and T4NP are nonpreferred.

## General Drug Coverage Concepts

**90-Day Supplies:** Drugs **MAY** qualify for a 3-month supply fill at the pharmacy. The drug must cost less than \$1,000 per month. 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 Choice90.

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

**Nonformulary (NF):** Nonformulary drugs are not covered under the pharmacy benefit. In most cases drugs listed as nonformulary have covered formulary alternatives (e.g. a brand drug listed as NF when the generic equivalent is covered). Refer to the Quartz formulary drug list and plan documents to see covered alternatives. Requests for coverage of nonformulary drugs follow the exceptions review process and coverage determinations are based on Medical Necessity. Nonformulary drugs are not covered unless a formulary exception request has been approved by Quartz. **The number following NF in the Drug Tier column indicates the cost share that will be applied if a formulary exception is approved (e.g. 0 = \$0 cost share, 3 = Tier 3 cost share, etc.).**

**Oral Oncology Drug cost share:** For drugs taken at home to treat cancer, the state of Wisconsin has stated that the maximum cost share that can be applied to these medications is \$100 per 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 determined this cost share to be \$0 after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed at on the formulary document.

**Over-the-Counter Drug (OTC):** Drugs that do not require a prescription from a doctor are not covered under the pharmacy benefit unless specifically listed on the formulary as approved by the Quartz Pharmacy & Therapeutics Committee.

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

**Tier 4 cost share (T4P/T4NP):** Members may have benefits that require a Tier 4 cost share for some drugs. **For members without a 4-tier benefit, drugs designated as "Tier 4" will default to their Tier 1 cost share for preferred generic drugs, the Tier 2 cost share for preferred brand drugs, and to the Tier 3 cost share for nonpreferred drugs.** Some benefits may process differently. Please refer to your Schedule of Benefits for your specific benefit.

**Value Tier/RX Outcomes (VBB):** Some drugs have been shown to improve the overall health of people with health problems like high blood pressure, high blood sugars (diabetes mellitus), and breathing difficulties (asthma) when taken daily. For members whose plan includes the Value Tier/RX Outcomes benefit, the drugs noted as VBB in the **Drug Tier** section will process with a value tier copay. This only applies to plans with the value tier benefit. Please refer to the plan Summary of Benefits documents for your specific benefit.

## Formulary Coverage Indicators

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

**Age Limits (AL):** Drugs with AL are covered without prior authorization or at specific cost shares within the designated age limits. Consideration for coverage of medications with age limits may be made for those outside the age limits by submitting a medication coverage request form.

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

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

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

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

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

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 Coverage Request form for consideration of coverage.

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

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

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

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
<i>acetaminophen-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>apap-caff-dihydrocodeine</i>	T3	AL (AGE MIN 12 YEARS)
<i>ascomp-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>bac</i>	T1	
BELBUCA	T3	
<i>buprenorphine</i>	T1	
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	T3	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	T3	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T3	AL (AGE MIN 12 YEARS)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	AL (AGE MIN 12 YEARS)
<i>butalbital-apap-caffeine oral tablet</i>	T1	
<i>butalbital-asa-caff-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>butalbital-aspirin-caffeine</i>	T1	
<i>butorphanol tartrate nasal</i>	T1	QL (10 ML IN 30 DAYS)
<i>codeine sulfate</i>	T1	AL (AGE MIN 12 YEARS)
<i>endocet</i>	T1	
<i>fentanyl citrate buccal lozenge on a handle</i>	T3	PA; QL (4 IN 1 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (10 IN 30 DAYS)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T3	QL (10 IN 30 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (2 IN 1 DAYS)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen</i>	T3	
<i>hydromorphone hcl er</i>	T3	
<i>hydromorphone hcl oral</i>	T1	
<i>mepidine hcl oral</i>	T1	
<i>methadone hcl intensol</i>	T1	
<i>methadone hcl oral</i>	T1	
<i>methadose oral tablet soluble</i>	T1	

Drug Name	Drug Tier	Notes
<i>morphine sulfate (concentrate)</i>	T1	
<i>morphine sulfate er beads</i>	T3	PA; QL (1 IN 1 DAYS)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	T1	PA
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
NUCYNTA	T3	QL (120 IN 30 DAYS)
NUCYNTA ER	T3	QL (2 IN 1 DAYS)
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	T2	QL (3 IN 1 DAYS)
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG	T2	QL (5 IN 1 DAYS)
<i>oxycodone hcl oral</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxymorphone hcl</i>	T3	PA
<i>oxymorphone hcl er</i>	T3	PA; QL (2 IN 1 DAYS)
<i>pentazocine-naloxone hcl</i>	T1	
TENCON	T2	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T3	QL (1 IN 1 DAYS; AGE MIN 12 YEARS)
<i>tramadol hcl er</i>	T3	QL (1 IN 1 DAYS; AGE MIN 12 YEARS)
<i>tramadol hcl oral tablet 50 mg</i>	T1	AL (AGE MIN 12 YEARS)
<i>tramadol-acetaminophen</i>	T1	AL (AGE MIN 12 YEARS)
<b>Analgesics - Drugs for Pain and Inflammation</b>		
<i>aspirin 81 oral tablet delayed release</i>	\$0	
<i>aspirin adult low dose</i>	\$0	
<i>aspirin adult low strength</i>	\$0	
<i>aspirin childrens</i>	\$0	
<i>aspirin ec low dose</i>	\$0	
<i>aspirin ec low strength</i>	\$0	
<i>aspirin low dose</i>	\$0	
<i>aspirin oral tablet chewable</i>	\$0	
<i>aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin regimen</i>	\$0	
<i>celecoxib oral</i>	T1	QL (2 IN 1 DAYS)
DICLOFENAC PATCH 1.3%	T3	

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Drug Name	Drug Tier	Notes
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external solution</i>	T3	PA
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol</i>	T1	
<i>diflunisal oral</i>	T1	
<i>ec-naproxen</i>	T3	
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral capsule 400 mg</i>	T1	
<i>fenoprofen calcium oral tablet</i>	T1	
<i>flurbiprofen oral tablet 100 mg</i>	T1	
<i>ft aspirin low dose</i>	\$0	
<i>goodsense aspirin low dose</i>	\$0	
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	T4NP	PA; QL (3 IN 1 DAYS)
<i>indomethacin er</i>	T1	
<i>indomethacin oral</i>	T1	
<i>ketoprofen er</i>	T1	
<i>ketoprofen oral capsule 50 mg</i>	T1	
<i>ketorolac tromethamine injection</i>	T3	QL (20 ML IN 30 DAYS)
<i>ketorolac tromethamine intramuscular</i>	T3	QL (40 ML IN 30 DAYS)
<i>ketorolac tromethamine oral</i>	T1	QL (20 IN 30 DAYS)
<i>meclofenamate sodium oral</i>	T1	
<i>mefenamic acid oral</i>	T3	
MELOXICAM ORAL SUSPENSION	T2	
<i>meloxicam oral tablet</i>	T1	
<i>mm aspirin</i>	\$0	
<i>nabumetone oral</i>	T1	
<i>naproxen dr</i>	T3	
<i>naproxen oral suspension</i>	T1	AL (AGE MAX 12 YEARS)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T3	PA; QL (2 IN 1 DAYS)
<i>oxaprozin oral tablet</i>	T1	

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Drug Name	Drug Tier	Notes
<i>piroxicam oral</i>	T1	
ST JOSEPH LOW DOSE	\$0	
<i>sulindac oral</i>	T1	
<b>Anesthetics</b>		
<i>glydo</i>	T1	
<i>lidocaine external ointment 5 %</i>	T1	QL (120 GM IN 30 DAYS)
<i>lidocaine external patch 5 %</i>	T1	QL (3 IN 1 DAYS)
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl urethral/mucosal</i>	T1	
<i>lidocaine-prilocaine external cream</i>	T1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium</i>	T1	
<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
<i>disulfiram oral</i>	T1	
<i>ft nicotine</i>	T1	\$0 for 180 days/year
<i>ft nicotine mini</i>	T1	\$0 for 180 days/year
<i>goodsense nicotine mouth/throat gum 2 mg</i>	T1	\$0 for 180 days/year
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	T1	\$0 for 180 days/year
<i>habitrol</i>	T1	\$0 for 180 days/year
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	QL (16 IN 30 DAYS)
<i>naltrexone hcl oral</i>	T1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG	T2	\$0 for 180 days/year
NICORETTE MOUTH/THROAT GUM 2 MG	T2	\$0 for 180 days/year
NICORETTE MOUTH/THROAT LOZENGE	T2	\$0 for 180 days/year
<i>nicotine mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mouth/throat</i>	T1	\$0 for 180 days/year
<i>nicotine step 1</i>	T1	\$0 for 180 days/year
<i>nicotine step 2</i>	T1	\$0 for 180 days/year
<i>nicotine step 3</i>	T1	\$0 for 180 days/year
<i>nicotine transdermal kit</i>	T1	\$0 for 180 days/year
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	T1	\$0 for 180 days/year
NICOTROL	T2	PA; \$0 for 180 days/year

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Drug Name	Drug Tier	Notes
NICOTROL NS	T2	PA; QL (40 IN 30 DAYS); \$0 for 180 days/year
OPVEE	T2	
<i>varenicline tartrate</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate (starter)</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate(continue)</i>	T1	\$0 for 180 days/year
ZIMHI	T2	QL (4 IN 30 DAYS)
ZUBSOLV	T2	
<b>Antibacterials</b>		
AEMCOLO	T3	
<i>amoxicillin</i>	T1	
<i>amoxicillin-potassium clavulanate</i>	T1	
<i>amoxicillin-potassium clavulanate er</i>	T1	
<i>ampicillin</i>	T1	
ARIKAYCE	T4NP	PA; QL (8.4 ML IN 1 DAYS)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	T2	
<i>azithromycin oral packet</i>	T3	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet</i>	T1	
BAXDELA ORAL	T3	PA
<i>cefaclor</i>	T1	
<i>cefaclor er</i>	T1	
<i>cefadroxil</i>	T1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	T1	PA
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	T1	PA
<i>cefdinir</i>	T1	
<i>cefixime</i>	T3	
<i>cefepodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T3	
CIPRO ORAL SUSPENSION RECONSTITUTED	T2	
<i>ciprofloxacin hcl oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
CLEOCIN VAGINAL SUPPOSITORY	T2	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T2	
<i>colistimethate sodium (cba)</i>	T1	
<i>demeclocycline hcl</i>	T3	
<i>dicloxacillin sodium</i>	T1	
DIFICID ORAL SUSPENSION RECONSTITUTED	T2	PA; QL (10 ML IN 1 DAYS)
DIFICID ORAL TABLET	T2	PA; QL (2 IN 1 DAYS)
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
E.E.S. 400	T2	
ERYTHROCIN STEARATE	T2	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral</i>	T1	
<i>erythromycin oral</i>	T1	
<i>fosfomicin tromethamine</i>	T3	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>linezolid oral</i>	T1	
<i>mafenide acetate external</i>	T3	
<i>methenamine hippurate</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet</i>	T3	
<i>mondoxyne nl</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin calcium</i>	T1	

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Drug Name	Drug Tier	Notes
<i>mupirocin external</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>neomycin-polymyxin b gu</i>	T3	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T1	
NUZYRA ORAL	T3	PA; QL (3 IN 1 DAYS)
<i>ofloxacin oral</i>	T3	
<i>penicillin v potassium</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO ORAL	T2	PA
SOLOSEC	T3	PA; QL (1 IN 30 DAYS)
<i>ssd</i>	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
SULFAMYLON EXTERNAL CREAM	T3	
<i>sulfatrim pediatric</i>	T1	
<i>tetracycline hcl oral capsule</i>	T3	
<i>tinidazole oral</i>	T3	
<i>tobramycin sulfate injection solution</i>	T3	
<i>trimethoprim oral</i>	T1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	T1	
<i>vancomycin hcl oral capsule</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	T1	
XEPI	T3	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	
<b>Anticoagulants</b>		
ANTICOAGULANT SODIUM CITRATE	T3	
<i>bd heparin posiflush</i>	T1	
<i>dabigatran etexilate mesylate</i>	T3	QL (2 IN 1 DAYS)
ELIQUIS	T2	
ELIQUIS DVT/PE STARTER PACK	T2	
<i>enoxaparin sodium injection solution</i>	T1	QL (0.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	T1	QL (2 ML IN 1 DAYS)



Drug Name	Drug Tier	Notes
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	T1	QL (1.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	T1	QL (0.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	T1	QL (0.8 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	T1	QL (1.2 ML IN 1 DAYS)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	T3	QL (1.6 ML IN 1 DAYS)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	T3	QL (1 ML IN 1 DAYS)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	T3	QL (0.8 ML IN 1 DAYS)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	T3	QL (1.2 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	T4P	QL (8 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T4P	QL (16 ML IN 30 DAYS; MAX 30 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	T4P	QL (0.6 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T4P	QL (0.4 ML IN 1 DAYS)
<i>heparin na (pork) lock flsh pf</i>	T1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml</i>	T1	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf</i>	T1	
<i>jantoven</i>	VBB	
PRADAXA ORAL CAPSULE 110 MG	T3	QL (2 IN 1 DAYS)
PRADAXA ORAL PACKET	T4NP	ST
SODIUM CITRATE IN VITRO	T3	
SODIUM CITRATE LOCK FLUSH	T3	
<i>warfarin sodium oral</i>	VBB	
XARELTO	T2	
XARELTO STARTER PACK	T2	

Drug Name	Drug Tier	Notes
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	T2	QL (1 IN 1 DAYS)
APTIOM ORAL TABLET 600 MG, 800 MG	T2	
BRIVIACT ORAL SOLUTION	T3	ST
BRIVIACT ORAL TABLET	T3	ST; QL (2 IN 1 DAYS)
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral</i>	T1	
<i>clobazam</i>	T3	
DIACOMIT ORAL CAPSULE 250 MG	T3	PA; QL (12 IN 1 DAYS)
DIACOMIT ORAL CAPSULE 500 MG	T3	PA; QL (6 IN 1 DAYS)
DIACOMIT ORAL PACKET 250 MG	T3	PA; QL (12 IN 1 DAYS)
DIACOMIT ORAL PACKET 500 MG	T3	PA; QL (6 IN 1 DAYS)
<i>diazepam rectal</i>	T3	
DILANTIN	T2	
DILANTIN INFATABS	T2	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T4P	
<i>epitol</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
FYCOMPA ORAL SUSPENSION	T3	ST
FYCOMPA ORAL TABLET	T3	ST; QL (1 IN 1 DAYS)
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<i>lacosamide oral solution</i>	T3	ST
<i>lacosamide oral tablet</i>	T3	ST; QL (2 IN 1 DAYS)
<i>lamotrigine er</i>	T3	QL (1 IN 1 DAYS)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T3	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<i>methsuximide</i>	T1	
NAYZILAM	T3	QL (6 IN 28 DAYS)
<i>oxcarbazepine</i>	T1	
OXTELLAR XR	T3	

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Drug Name	Drug Tier	Notes
<i>phenobarbital oral</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>primidone oral tablet 250 mg, 50 mg</i>	T1	
<i>rufinamide</i>	T3	
SPRITAM	T3	
<i>subvenite</i>	T1	
TEGRETOL-XR	T2	
<i>tiagabine hcl</i>	T3	
<i>topiramate oral</i>	T1	
<i>valproic acid oral</i>	T1	
VALTOCO	T3	PA; QL (6 IN 28 DAYS)
<i>vigabatrin</i>	T4NP	
<i>vigadrone oral packet</i>	T4NP	
<i>vigpoder</i>	T4NP	
XCOPRI	T3	ST; QL (2 IN 1 DAYS)
ZONISADE	T3	PA
<i>zonisamide oral</i>	T1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil hcl oral tablet 23 mg</i>	T1	QL (1 IN 1 DAYS)
<i>donepezil hcl oral tablet dispersible</i>	T1	
<i>galantamine hydrobromide er</i>	T1	QL (1 IN 1 DAYS)
<i>galantamine hydrobromide oral solution</i>	T1	
<i>galantamine hydrobromide oral tablet 12 mg</i>	T1	
<i>galantamine hydrobromide oral tablet 4 mg, 8 mg</i>	T1	QL (2 IN 1 DAYS)
<i>memantine hcl</i>	T1	
<i>memantine hcl er</i>	T3	QL (1 IN 1 DAYS)
<i>rivastigmine</i>	T3	
<i>rivastigmine tartrate</i>	T1	
<b>Antidepressants</b>		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
AUVELITY	T3	ST; QL (2 IN 1 DAYS)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>bupropion hcl er (sr)</i>	VBB	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	VBB	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	VBB	QL (1 IN 1 DAYS)
<i>bupropion hcl oral</i>	VBB	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral solution</i>	VBB	HDHP
<i>citalopram hydrobromide oral tablet</i>	VBB	HDHP
<i>clomipramine hcl oral</i>	T1	PA
<i>desipramine hcl oral</i>	T1	
<i>desvenlafaxine succinate er</i>	T3	QL (1 IN 1 DAYS)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	
EMSAM	T3	QL (1 IN 1 DAYS)
<i>escitalopram oxalate oral</i>	VBB	HDHP
FETZIMA	T3	ST; QL (1 IN 1 DAYS)
FETZIMA TITRATION	T3	PA; QL (1 IN 1 DAYS)
<i>fluoxetine hcl (pmd) oral tablet 10 mg</i>	T3	PA
<i>fluoxetine hcl oral capsule</i>	VBB	HDHP
<i>fluoxetine hcl oral solution</i>	VBB	HDHP
<i>fluoxetine hcl oral tablet 10 mg</i>	T3	PA
<i>fluvoxamine maleate er</i>	T3	QL (2 IN 1 DAYS)
<i>fluvoxamine maleate oral tablet 100 mg</i>	T1	
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	T1	QL (3 IN 1 DAYS)
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate</i>	T3	
MARPLAN	T3	
<i>mirtazapine oral</i>	VBB	
<i>nefazodone hcl</i>	T1	
<i>nortriptyline hcl oral</i>	T1	
<i>paroxetine hcl er</i>	T3	
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	VBB	HDHP
<i>perphenazine-amitriptyline</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>protriptyline hcl</i>	T1	

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Drug Name	Drug Tier	Notes
<i>sertraline hcl oral concentrate</i>	VBB	HDHP
<i>sertraline hcl oral tablet</i>	VBB	HDHP
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral</i>	VBB	
<i>trimipramine maleate oral</i>	T1	
TRINTELLIX	T3	ST; QL (1 IN 1 DAYS)
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	VBB	
<i>vilazodone hcl</i>	T3	QL (1 IN 1 DAYS)
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	T3	QL (2 IN 30 DAYS; 1 FILL IN 23 DAYS)
<i>aprepitant oral</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 125 mg</i>	T1	QL (2 IN 30 DAYS)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (1 IN 30 DAYS)
<i>aprepitant pak 80 &amp; 125mg</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (4 IN 30 DAYS)
<i>compro</i>	T1	
<i>dronabinol</i>	T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T2	QL (2 IN 30 DAYS)
<i>granisetron hcl oral</i>	T1	QL (30 IN 30 DAYS)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>metoclopramide hcl oral solution</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron odt</i>	T1	
<i>perphenazine oral</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>promethazine hcl oral</i>	T1	
<i>promethazine hcl rectal</i>	T1	
<i>promethegan</i>	T1	
<i>scopolamine</i>	T1	QL (10 IN 30 DAYS)
<i>trimethobenzamide hcl oral</i>	T1	
VARUBI (180 MG DOSE)	T3	QL (4 IN 30 DAYS)

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Drug Name	Drug Tier	Notes
<b>Antifungals</b>		
<i>amphotericin b intravenous</i>	T1	
<i>ciclopirox external gel</i>	T1	
<i>ciclopirox external shampoo</i>	T1	
<i>ciclopirox external solution</i>	T3	
<i>ciclopirox olamine external</i>	T1	
<i>clotrimazole external</i>	T1	
<i>clotrimazole mouth/throat</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T3	
CRESEMBA ORAL	T4P	PA
<i>econazole nitrate external</i>	T1	
ECOZA	T3	
ERTACZO	T3	
EXELDERM	T2	
EXODERM	T3	
<i>fluconazole oral</i>	T1	
<i>flucytosine oral</i>	T3	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T1	
GYNAZOLE-1	T2	
<i>itraconazole oral</i>	T1	PA
JUBLIA	T3	PA
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external shampoo</i>	T1	
<i>ketoconazole oral</i>	T1	
<i>klayesta</i>	T1	
LULICONAZOLE	T3	
<i>miconazole 3</i>	T1	
<i>naftifine hcl</i>	T3	
<i>nyamyc</i>	T1	
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	QL (480 ML IN 30 DAYS)
<i>nystatin oral</i>	T1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T3	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T1	

Drug Name	Drug Tier	Notes
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T3	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T1	
<i>nystop</i>	T1	
ORAVIG	T3	
<i>oxiconazole nitrate</i>	T1	
OXISTAT EXTERNAL LOTION	T2	
<i>posaconazole oral suspension</i>	T3	PA
<i>posaconazole oral tablet delayed release</i>	T1	PA
SULCONAZOLE NITRATE	T2	
<i>tavaborole</i>	T3	PA
<i>terbinafine hcl oral</i>	T1	
<i>terconazole</i>	T1	
TOLSURA	T3	PA
VIVJOA	T3	PA; QL (18 IN 84 DAYS)
<i>voriconazole oral suspension reconstituted</i>	T1	PA
<i>voriconazole oral tablet 200 mg</i>	T1	PA
<i>voriconazole oral tablet 50 mg</i>	T1	PA; QL (3 IN 1 DAYS)
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>febuxostat oral tablet 40 mg</i>	T1	ST; QL (1 IN 1 DAYS)
<i>febuxostat oral tablet 80 mg</i>	T1	ST
<i>probenecid</i>	T1	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
AJOVY	T3	PA; QL (1.5 ML IN 28 DAYS)
<i>almotriptan malate</i>	T3	QL (12 IN 30 DAYS)
<i>diclofenac potassium(migraine)</i>	T3	PA
<i>dihydroergotamine mesylate nasal</i>	T1	QL (16 ML IN 30 DAYS)
<i>eletriptan hydrobromide</i>	T3	QL (12 IN 30 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (3 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)

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Drug Name	Drug Tier	Notes
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T1	
<i>frovatriptan succinate</i>	T3	ST; QL (18 IN 30 DAYS)
MIGERGOT	T2	
<i>naratriptan hcl</i>	T1	QL (18 IN 30 DAYS)
NURTEC	T3	PA; QL (16 IN 30 DAYS)
QULIPTA	T3	PA; QL (1 IN 1 DAYS)
REYVOW	T3	ST; QL (16 IN 30 DAYS)
<i>rizatriptan benzoate</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan nasal</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan succinate oral</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	QL (9 ML IN 30 DAYS)
<i>sumatriptan succinate subcutaneous</i>	T1	QL (9 ML IN 30 DAYS)
UBRELVY	T3	ST; QL (16 IN 30 DAYS)
<i>zolmitriptan nasal</i>	T3	QL (12 IN 30 DAYS)
<i>zolmitriptan oral tablet</i>	T1	QL (12 IN 30 DAYS)
<i>zolmitriptan oral tablet dispersible</i>	T3	QL (12 IN 30 DAYS)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide er</i>	T1	
<i>pyridostigmine bromide oral solution</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<b>Antimycobacterials</b>		
<i>cycloserine oral</i>	T3	
<i>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
PRETOMANID	T3	QL (1 IN 1 DAYS)
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T3	
TRECTOR	T3	
<b>Antineoplastics - Drugs for Cancer</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	T4P	PA; QL (4 IN 1 DAYS); SP-QTZ
AKEEGA	T4NP	PA; QL (2 IN 1 DAYS)
ALECENSA	T4NP	PA; QL (8 IN 1 DAYS); SP-QTZ



Drug Name	Drug Tier	Notes
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
AYVAKIT	T4NP	PA; QL (1 IN 1 DAYS)
BALVERSA ORAL TABLET 3 MG	T4NP	PA; QL (3 IN 1 DAYS)
BALVERSA ORAL TABLET 4 MG, 5 MG	T4NP	PA; QL (2 IN 1 DAYS)
<i>bexarotene external</i>	T4NP	PA; SP-QTZ
<i>bexarotene oral</i>	T4NP	SP-QTZ
<i>bicalutamide</i>	T1	
BOSULIF ORAL CAPSULE	T4NP	PA; SP-QTZ
BOSULIF ORAL TABLET 100 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
BOSULIF ORAL TABLET 400 MG, 500 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
BRAFTOVI	T4NP	PA; QL (6 IN 1 DAYS)
BRUKINSA	T4NP	PA
CABOMETYX	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
CALQUENCE	T4NP	PA; QL (2 IN 1 DAYS)
<i>capecitabine</i>	T1	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4NP	PA; QL (2 IN 1 DAYS)
CAPRELSA ORAL TABLET 300 MG	T4NP	PA
COMETRIQ	T4NP	PA; SP-ORx
COPIKTRA	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
COTELLIC	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
DROXIA	T2	
EMCYT	T2	
ERIVEDGE	T4NP	PA; SP-QTZ
<i>erlotinib hcl</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etoposide oral</i>	T4P	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>everolimus oral tablet soluble</i>	T4NP	PA; SP-QTZ
<i>exemestane</i>	T1	\$0 for breast cancer PX
EXKIVITY	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
GILOTRIF	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
GLEOSTINE	T2	
HYCAMTIN ORAL CAPSULE 0.25 MG	T4NP	PA; SP-QTZ
HYCAMTIN ORAL CAPSULE 1 MG	T4NP	SP-QTZ
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ

Drug Name	Drug Tier	Notes
ICLUSIG	T4NP	PA; QL (1 IN 1 DAYS)
IDHIFA	T4NP	PA; QL (1 IN 1 DAYS)
<i>imatinib mesylate oral tablet 100 mg</i>	T1	QL (7 IN 1 DAYS); SP-QTZ
<i>imatinib mesylate oral tablet 400 mg</i>	T1	QL (2 IN 1 DAYS); SP-QTZ
IMBRUVICA ORAL CAPSULE 140 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
IMBRUVICA ORAL CAPSULE 70 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
IMBRUVICA ORAL SUSPENSION	T4NP	PA; QL (324 ML IN 30 DAYS); SP-QTZ
IMBRUVICA ORAL TABLET 420 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
INLYTA ORAL TABLET 1 MG	T4NP	PA; QL (8 IN 1 DAYS); SP-QTZ
INLYTA ORAL TABLET 5 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
INQOVI	T4NP	PA; QL (2 IN 28 DAYS); SP-ORx
JAKAFI	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
JAYPIRCA ORAL TABLET 100 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
JAYPIRCA ORAL TABLET 50 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
KISQALI FEMARA	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
KISQALI ORAL TABLET THERAPY PACK 200 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
KOSELUGO ORAL CAPSULE 10 MG	T4NP	PA; QL (10 IN 1 DAYS); SP-QTZ
KOSELUGO ORAL CAPSULE 25 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
KRAZATI	T4NP	PA; QL (6 IN 1 DAYS)
<i>lapatinib ditosylate</i>	T4P	PA; SP-QTZ
<i>lenalidomide</i>	T4P	PA; QL (1 IN 1 DAYS); 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	T4NP	PA; SP-ORx
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	T3	
<i>leucovorin calcium oral tablet 5 mg</i>	T1	
LEUKERAN	T2	
LONSURF	T4NP	PA; SP-QTZ
LUMAKRAS ORAL TABLET 120 MG	T4NP	PA; QL (8 IN 1 DAYS); SP-ORx
LUMAKRAS ORAL TABLET 320 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
LYNPARZA ORAL TABLET 100 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
LYNPARZA ORAL TABLET 150 MG	T4NP	PA; SP-QTZ
LYSODREN	T4P	
LYTGOBI (12 MG DAILY DOSE)	T4NP	PA; QL (5 IN 1 DAYS)
LYTGOBI (16 MG DAILY DOSE)	T4NP	PA; QL (5 IN 1 DAYS)

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Drug Name	Drug Tier	Notes
LYTGOBI (20 MG DAILY DOSE)	T4NP	PA; QL (5 IN 1 DAYS)
MATULANE	T4P	
MEKINIST ORAL SOLUTION RECONSTITUTED	T4NP	PA; QL (42 ML IN 1 DAYS); SP-QTZ
MEKINIST ORAL TABLET 0.5 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
MEKINIST ORAL TABLET 2 MG	T4NP	PA; SP-QTZ
MEKTOVI	T4NP	PA; QL (6 IN 1 DAYS)
<i>melphalan</i>	T1	
<i>mercaptopurine oral</i>	T1	
MESNEX ORAL	T2	
MYLERAN	T4P	
NERLYNX	T4NP	PA; QL (6 IN 1 DAYS); SP-ORx
<i>nilutamide</i>	T4P	SP-QTZ
NINLARO	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
ODOMZO	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ONUREG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ORGOVYX	T3	PA; QL (1 IN 1 DAYS)
ORSERDU ORAL TABLET 345 MG	T4NP	PA; QL (1 IN 1 DAYS)
ORSERDU ORAL TABLET 86 MG	T4NP	PA; QL (3 IN 1 DAYS)
PANRETIN	T2	
<i>pazopanib hcl</i>	T4NP	PA; SP-QTZ
PEMAZYRE	T4NP	PA; QL (1 IN 1 DAYS)
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
PIQRAY ORAL TABLET THERAPY PACK 200 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
POMALYST	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
PURIXAN	T3	
QINLOCK	T4NP	PA; QL (3 IN 1 DAYS)
RETEVMO ORAL CAPSULE 40 MG	T4NP	PA; QL (6 IN 1 DAYS); SP-QTZ
RETEVMO ORAL CAPSULE 80 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
REZLIDHIA	T4NP	PA; QL (2 IN 1 DAYS)
ROZLYTREK ORAL CAPSULE 100 MG	T4NP	PA; QL (5 IN 1 DAYS); SP-QTZ
ROZLYTREK ORAL CAPSULE 200 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
ROZLYTREK ORAL PACKET	T4NP	PA; QL (12 IN 1 DAY); SP-QTZ
RUBRACA	T4NP	PA; SP-QTZ
RYDAPT	T4NP	PA; QL (8 IN 1 DAYS)
SOLTAMOX	T2	\$0 for breast cancer PX
<i>sorafenib tosylate</i>	T4P	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
SPRYCEL ORAL TABLET 20 MG	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
STIVARGA	T4NP	PA; SP-QTZ
<i>sunitinib malate</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
TABLOID	T2	
TABRECTA	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAFINLAR ORAL CAPSULE	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAFINLAR ORAL TABLET SOLUBLE	T4NP	PA; QL (30 IN 1 DAYS); SP-QTZ
TAGRISSE	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
TALZENNA	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TASIGNA	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAZVERIK	T4NP	SP-QTZ
<i>temozolomide</i>	T1	QL (1 IN 1 DAYS)
THALOMID	T4NP	SP-QTZ
TIBSOVO	T4NP	PA; QL (2 IN 1 DAYS)
<i>toremifene citrate</i>	T1	
<i>tretinoin oral</i>	T3	
TUKYSA ORAL TABLET 150 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TUKYSA ORAL TABLET 50 MG	T4NP	PA; QL (12 IN 1 DAYS); SP-QTZ
TURALIO	T4NP	PA; QL (4 IN 1 DAYS)
VALCHLOR	T4NP	SP-ORx
VANFLYTA	T4NP	PA; QL (2 IN 1 DAYS)
VENCLEXTA ORAL TABLET 10 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
VENCLEXTA ORAL TABLET 100 MG	T4NP	PA; SP-QTZ
VENCLEXTA ORAL TABLET 50 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
VENCLEXTA STARTING PACK	T4NP	PA; SP-QTZ
VERZENIO	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
WELIREG	T4NP	PA; QL (3 IN 1 DAYS)
XALKORI ORAL CAPSULE	T4NP	PA; SP-QTZ
XALKORI ORAL CAPSULE SPRINKLE 150 MG	T4NP	PA; QL (6 IN 1 DAY); SP-QTZ
XALKORI ORAL CAPSULE SPRINKLE 20 MG	T4NP	PA; QL (8 IN 1 DAY); SP-QTZ
XALKORI ORAL CAPSULE SPRINKLE 50 MG	T4NP	PA; QL (4 IN 1 DAY); SP-QTZ
XOSPATA	T4NP	PA; QL (3 IN 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (40 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (40 MG TWICE WEEKLY)	T4NP	PA

Drug Name	Drug Tier	Notes
XPOVIO (60 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (60 MG TWICE WEEKLY)	T4NP	PA
XPOVIO (80 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (80 MG TWICE WEEKLY)	T4NP	PA
XTANDI	T4P	PA; SP-QTZ
ZEJULA ORAL TABLET 200 MG, 300 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZELBORAF	T4NP	PA; SP-QTZ
ZOLINZA	T4P	PA; SP-QTZ
ZYDELIG	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
ZYKADIA	T4NP	PA; SP-QTZ
<b>Antiparasitics</b>		
<i>albendazole oral</i>	T1	
ALINIA ORAL SUSPENSION RECONSTITUTED	T3	
ARAKODA	T3	
<i>atovaquone</i>	T1	
<i>atovaquone-proguanil hcl</i>	T1	QL (MAX 60 DAYS)
BENZNIDAZOLE	T2	
<i>chloroquine phosphate oral</i>	T1	QL (MAX 60 DAYS)
COARTEM	T3	
CROTAN	T2	
EMVERM	T2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
IMPAVIDO	T3	
<i>ivermectin oral</i>	T1	QL (8 IN 30 DAYS)
KRINTAFEL	T3	
<i>malathion</i>	T3	
<i>mefloquine hcl</i>	T1	QL (MAX 60 DAYS)
<i>nitazoxanide oral</i>	T3	
<i>pentamidine isethionate inhalation</i>	T1	
<i>permethrin external</i>	T1	
<i>praziquantel oral</i>	T1	
<i>primaquine phosphate</i>	T3	
<i>pyrimethamine oral</i>	T3	
<i>quinine sulfate</i>	T3	
<i>spinosad</i>	T3	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl oral</i>	T1	

Drug Name	Drug Tier	Notes
<i>apomorphine hcl subcutaneous</i>	T4NP	SP-ORx
<i>benztropine mesylate oral</i>	T1	
<i>bromocriptine mesylate oral</i>	T1	
<i>carbidopa oral</i>	T1	
<i>carbidopa-levodopa er</i>	T1	
<i>carbidopa-levodopa oral tablet</i>	T1	
<i>carbidopa-levodopa oral tablet dispersible</i>	T3	
<i>carbidopa-levodopa-entacapone</i>	T3	
<i>entacapone</i>	T3	
INBRIJA	T4NP	PA; QL (10 IN 1 DAYS)
NEUPRO	T3	
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T3	QL (1 IN 1 DAYS)
<i>rasagiline mesylate oral</i>	T1	QL (1 IN 1 DAYS)
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T3	
<i>selegiline hcl oral</i>	T1	
<i>tolcapone</i>	T4NP	
<i>trihexyphenidyl hcl</i>	T1	
ZELAPAR	T3	
<b>Antiplatelets</b>		
<i>aspirin-dipyridamole er</i>	T3	
BRILINTA	T2	
CABLIVI	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	VBB	
<i>dipyridamole oral</i>	T1	
<i>prasugrel hcl oral tablet 10 mg</i>	T1	
<i>prasugrel hcl oral tablet 5 mg</i>	T1	QL (1 IN 1 DAYS)
ZONTIVITY	T3	PA; QL (1 IN 1 DAYS)
<b>Antipsychotics - Drugs for Mood Disorders</b>		
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	T1	QL (1 IN 1 DAYS)
<i>aripiprazole oral tablet dispersible</i>	T3	ST; QL (1 IN 1 DAYS)
<i>asenapine maleate</i>	T3	ST; QL (2 IN 1 DAYS)
CAPLYTA	T3	ST; QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
<i>chlorpromazine hcl oral concentrate</i>	T3	
<i>chlorpromazine hcl oral tablet</i>	T1	
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
FANAPT	T3	ST; QL (2 IN 1 DAYS)
FANAPT TITRATION PACK	T3	ST
<i>fluphenazine hcl oral</i>	T1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
<i>loxapine succinate</i>	T1	
<i>lurasidone hcl</i>	T3	ST; QL (1 IN 1 DAYS)
<i>molindone hcl</i>	T1	
NUPLAZID	T3	PA; QL (1 IN 1 DAYS)
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T3	QL (1 IN 1 DAYS)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	QL (1 IN 1 DAYS)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	QL (2 IN 1 DAYS)
<i>pimozide oral tablet 1 mg</i>	T3	
<i>pimozide oral tablet 2 mg</i>	T1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (1 IN 1 DAYS)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (2 IN 1 DAYS)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 150 mg</i>	T3	QL (2 IN 1 DAYS)
REXULTI	T3	ST; QL (1 IN 1 DAYS)
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible</i>	T3	
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T1	
<i>trifluoperazine hcl</i>	T1	
VERSACLOZ	T3	
VRAYLAR ORAL CAPSULE	T3	ST; QL (1 IN 1 DAYS)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3	PA; QL (1 IN 1 DAYS)
<i>ziprasidone hcl</i>	T1	

Drug Name	Drug Tier	Notes
<b>Antivirals</b>		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ
<i>acyclovir external ointment</i>	T3	
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T1	
APTIVUS	T4NP	SP-QTZ
<i>atazanavir sulfate oral capsule 150 mg</i>	T1	QL (1 IN 1 DAYS); SP-QTZ
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i>	T1	SP-QTZ
BARACLUDE ORAL SOLUTION	T2	
BIKTARVY	T4P	SP-QTZ
CIMDUO	T4P	SP-QTZ
COMPLERA	T4P	SP-QTZ
<i>darunavir</i>	T4P	SP-QTZ
DELSTRIGO	T4NP	SP-QTZ
DESCOVY	T4P	SP-QTZ; \$0 copay for HIV PX
DOVATO	T4P	QL (1 IN 1 DAYS); SP-QTZ
EDURANT	T4P	SP-QTZ
<i>efavirenz</i>	T1	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T1	
<i>efavirenz-lamivudine-tenofovir</i>	T4P	SP-QTZ
<i>emtricitabine</i>	T4P	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	T4P	QL (1 IN 1 DAYS); SP-QTZ; \$0 copay for HIV PX for MN plans
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T4P	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX
EMTRIVA ORAL SOLUTION	T4P	SP-QTZ
<i>entecavir</i>	T1	QL (1 IN 1 DAYS)
EPCLUSA	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etravirine</i>	T1	SP-QTZ
EVOTAZ	T4P	SP-QTZ
<i>famciclovir oral</i>	T3	
<i>fosamprenavir calcium</i>	T1	SP-QTZ
FUZEON	T4P	SP-QTZ
GENVOYA	T4P	SP-QTZ
HARVONI	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
INTELENCE ORAL TABLET 25 MG	T4P	SP-QTZ



Drug Name	Drug Tier	Notes
ISENTRESS	T2	SP-QTZ; \$0 copay for HIV PX for MN plans
ISENTRESS HD	T2	SP-QTZ
JULUCA	T4NP	SP-QTZ
LAGEVRIO	\$0	QL (40 IN 5 DAYS; AGE MIN 18 YEARS)
<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	T4NP	PA; QL (4 fills/365 days)
<i>lopinavir-ritonavir oral solution</i>	T1	SP-QTZ
<i>lopinavir-ritonavir oral tablet</i>	T4P	SP-QTZ
<i>maraviroc oral tablet 150 mg</i>	T4NP	QL (2 IN 1 DAYS); SP-QTZ
<i>maraviroc oral tablet 300 mg</i>	T4NP	SP-QTZ
MAVYRET	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>nevirapine</i>	T1	SP-QTZ
<i>nevirapine er</i>	T1	SP-QTZ
NORVIR ORAL PACKET	T4P	SP-QTZ
ODEFSEY	T4P	SP-QTZ
<i>oseltamivir phosphate oral capsule 30 mg</i>	T1	QL (20 IN 30 DAYS; 1 FILL IN 365 DAYS)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	T1	QL (10 IN 30 DAYS; 1 FILL IN 365 DAYS)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	
PAXLOVID (150/100)	\$0	QL (20 IN 5 DAYS; AGE MIN 12 YEARS)
PAXLOVID (300/100)	\$0	QL (30 IN 5 DAYS; AGE MIN 12 YEARS)
PEGASYS SUBCUTANEOUS SOLUTION	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>penciclovir</i>	T3	
PIFELTRO	T3	SP-QTZ
PREVYMIS ORAL	T2	PA; QL (1 IN 1 DAYS)
PREZCOBIX	T4P	SP-QTZ
PREZISTA ORAL SUSPENSION	T4P	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T4P	SP-QTZ

Drug Name	Drug Tier	Notes
RELENZA DISKHALER	T2	QL (20 IN 30 DAYS)
REYATAZ ORAL PACKET	T4P	SP-QTZ
<i>ribavirin oral</i>	T1	
<i>rimantadine hcl</i>	T1	
<i>ritonavir</i>	T1	SP-QTZ
RUKOBIA	T4P	SP-QTZ
SELZENTRY ORAL SOLUTION	T4NP	SP-QTZ
SOVALDI	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
STRIBILD	T4P	SP-QTZ
SUNLENCA ORAL	T4P	QL (5 IN 30 DAYS); SP-QTZ
SYMTUZA	T4P	SP-QTZ
TEMBEXA	\$0	
<i>tenofovir disoproxil fumarate</i>	T1	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T4P	SP-QTZ
TIVICAY PD	T4P	SP-QTZ; \$0 copay for HIV PX for MN plans
TPOXX ORAL	\$0	
TRIUMEQ	T4P	SP-QTZ
TRIUMEQ PD	T4P	SP-QTZ
TYBOST	T4P	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl</i>	T1	
VEMLIDY	T3	PA; QL (1 IN 1 DAYS)
VIRACEPT	T4P	SP-QTZ
VIREAD ORAL POWDER	T4P	SP-QTZ
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4P	QL (1 IN 1 DAYS); SP-QTZ
VOSEVI	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
XOFLUZA (40 MG DOSE)	T3	QL (2 IN 30 DAYS)
XOFLUZA (80 MG DOSE)	T3	QL (1 IN 30 DAYS)
ZEPATIER	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>zidovudine oral capsule</i>	T1	SP-QTZ
<i>zidovudine oral syrup</i>	T1	SP-QTZ
<i>zidovudine oral tablet</i>	T1	
<b>Anxiolytics - Drugs for Anxiety</b>		
<i>alprazolam er</i>	T3	
<i>alprazolam intensol</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T3	

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Drug Name	Drug Tier	Notes
<i>alprazolam xr</i>	T3	
<i>buspirone hcl oral</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	
<i>clonazepam oral tablet</i>	T1	
<i>clonazepam oral tablet dispersible</i>	T3	
<i>clorazepate dipotassium</i>	T1	
<i>diazepam intensol</i>	T3	
<i>diazepam oral concentrate</i>	T3	
<i>diazepam oral solution</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>estazolam</i>	T1	
<i>hydroxyzine hcl oral</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>lorazepam intensol</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<i>meprobamate</i>	T1	
<i>midazolam hcl oral</i>	T1	
<i>oxazepam</i>	T1	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (1 IN 1 DAYS)
<i>triazolam oral tablet 0.25 mg</i>	T1	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	T3	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
<i>aminocaproic acid oral</i>	T1	
<i>anagrelide hcl</i>	T1	
ARANESP (ALBUMIN FREE)	T4P	PA
DOPTELET	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
EMPAVELI	T4NP	PA; QL (160 ML IN 28 DAYS)
FULPHILA	T4P	PA; QL (0.6 ML IN 30 DAYS)
FYLNETRA	T4P	PA; QL (0.6 ML IN 30 DAYS)
GRANIX	T2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T4NP	PA; SP-QTZ

Drug Name	Drug Tier	Notes
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML, 300 MG/2ML	T4NP	PA
LEUKINE	T3	PA
MIRCERA	T4P	PA
NYVEPRIA	T4P	PA; QL (0.6 ML IN 30 DAYS)
PROMACTA	T4NP	PA; QL (1 IN 1 DAYS; MAX 30 DAYS); SP-QTZ
PYRUKYND	T4NP	PA; QL (2 IN 1 DAYS)
PYRUKYND TAPER PACK	T4NP	PA; QL (2 IN 1 DAYS)
RETACRIT	T2	PA
STIMUFEND	T4NP	PA; QL (0.6 ML IN 28 DAYS)
TAVALISSE	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
<i>tranexamic acid oral</i>	T1	
UDENYCA	T4P	PA; QL (0.6 ML IN 28 DAYS)
ZIEXTENZO	T4P	PA; QL (0.6 ML IN 28 DAYS)
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
<i>acebutolol hcl oral</i>	T1	
<i>aliskiren fumarate</i>	T3	QL (1 IN 1 DAYS)
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amiodarone hcl oral</i>	T1	
<i>amlodipine besylate oral</i>	VBB	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	T3	
<i>amlodipine-olmesartan</i>	T3	
ASPRUZYO SPRINKLE	T3	QL (2 IN 1 DAYS; AGE MAX 12 YEARS)
<i>atenolol oral</i>	VBB	HDHP
<i>atenolol-chlorthalidone</i>	VBB	HDHP
ATORVALIQ	T3	AL (AGE MAX 12 YEARS); \$0 if age 40-75
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	VBB	HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	VBB	HDHP
<i>benazepril hcl oral</i>	VBB	HDHP
<i>benazepril-hydrochlorothiazide</i>	VBB	HDHP
<i>betaxolol hcl oral</i>	T3	
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	VBB	HDHP

Drug Name	Drug Tier	Notes
<i>bumetanide oral</i>	VBB	
CAMZYOS	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
<i>candesartan cilexetil</i>	VBB	PA
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	VBB	PA; QL (1 IN 1 DAYS)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	VBB	PA
<i>captopril oral</i>	VBB	
<i>captopril-hydrochlorothiazide</i>	VBB	
<i>cartia xt</i>	VBB	
<i>carvedilol</i>	VBB	
<i>carvedilol phosphate er</i>	T3	QL (1 IN 1 DAYS)
<i>chlorthalidone</i>	VBB	
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine hcl oral</i>	T1	
<i>colesevelam hcl</i>	T1	
COLESTID FLAVORED	T2	
<i>colestipol hcl</i>	T1	
CORLANOR ORAL SOLUTION	T3	PA
CORLANOR ORAL TABLET	T3	PA; QL (2 IN 1 DAYS)
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T3	
<i>diltiazem hcl er beads</i>	VBB	
<i>diltiazem hcl er coated beads</i>	VBB	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T3	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	VBB	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	VBB	
<i>disopyramide phosphate</i>	T1	
DIURIL	T2	
<i>dofetilide</i>	T3	
<i>doxazosin mesylate oral</i>	T1	
<i>droxidopa</i>	T3	PA
<i>enalapril maleate oral solution</i>	T1	
<i>enalapril maleate oral tablet</i>	VBB	HDHP

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Drug Name	Drug Tier	Notes
<i>enalapril-hydrochlorothiazide</i>	VBB	HDHP
ENTRESTO	T2	QL (2 IN 1 DAYS)
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T1	
<i>epinephrine pf</i>	T1	
<i>eplerenone</i>	T1	
<i>ethacrynic acid</i>	T3	
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg, 10-80 mg</i>	T1	QL (1 IN 1 DAYS)
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T3	
<i>flecainide acetate</i>	T1	
FLOLIPID	T3	PA; QL (5 ML IN 1 DAYS; AGE MAX 12 YEARS); \$0 if age 40-75
<i>fluvastatin sodium</i>	T3	PA; QL (1 IN 1 DAYS); \$0 if age 40-75
<i>fosinopril sodium</i>	VBB	HDHP
<i>fosinopril sodium-hctz</i>	VBB	HDHP
<i>furosemide oral solution 10 mg/ml</i>	VBB	
<i>furosemide oral solution 8 mg/ml</i>	T3	
<i>furosemide oral tablet</i>	VBB	
<i>gemfibrozil oral</i>	VBB	
<i>guanfacine hcl</i>	T1	
HEMANGEOL	T3	PA
<i>hydralazine hcl oral</i>	T1	
<i>hydrochlorothiazide oral</i>	VBB	
<i>icosapent ethyl</i>	T3	PA; QL (4 IN 1 DAYS)
<i>indapamide</i>	VBB	
<i>irbesartan</i>	VBB	
<i>irbesartan-hydrochlorothiazide</i>	VBB	
<i>isosorb dinitrate-hydralazine</i>	T3	

Drug Name	Drug Tier	Notes
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	VBB	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>isradipine</i>	T3	
JUXTAPID	T4NP	PA; QL (1 IN 1 DAYS)
KAPSPARGO SPRINKLE	T3	QL (1 IN 1 DAYS)
KATERZIA	T2	AL (AGE MAX 12 YEARS)
<i>labetalol hcl oral</i>	T1	
<i>lisinopril oral</i>	VBB	HDHP
<i>lisinopril-hydrochlorothiazide</i>	VBB	HDHP
<i>losartan potassium oral</i>	VBB	
<i>losartan potassium-hctz</i>	VBB	
<i>lovastatin oral</i>	VBB	HDHP; \$0 if age 40-75
METHYLDOPA	T2	
<i>metolazone</i>	VBB	
<i>metoprolol succinate er</i>	VBB	QL (2 IN 1 DAYS); HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	VBB	HDHP
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	T1	HDHP
<i>metoprolol-hydrochlorothiazide</i>	VBB	HDHP
<i>metyrosine</i>	T3	
<i>mexiletine hcl oral</i>	T1	
<i>midodrine hcl</i>	T1	
<i>minoxidil oral</i>	T3	
<i>moexipril hcl</i>	T3	
MULTAQ	T3	
<i>nadolol oral</i>	T1	
<i>nebivolol hcl</i>	T3	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>nicardipine hcl oral</i>	T3	
<i>nifedipine er</i>	VBB	
<i>nifedipine er osmotic release</i>	VBB	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>	T3	QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	T3	QL (2 IN 1 DAYS)
NITRO-BID	T2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal</i>	T1	
<i>nitroglycerin translingual</i>	T1	
NORLIQVA	T2	AL (AGE MAX 12 YEARS)
NORPACE CR	T2	
NYMALIZE	T2	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>omega-3-acid ethyl esters</i>	T1	QL (4 IN 1 DAYS)
<i>pentoxifylline er</i>	T1	
<i>perindopril erbumine</i>	VBB	HDHP
<i>phenoxybenzamine hcl oral</i>	T3	
<i>pindolol</i>	T1	
<i>pravastatin sodium</i>	VBB	HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	T1	
<i>prevalite</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T3	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
QBRELIS	T3	
<i>quinapril hcl</i>	VBB	HDHP
<i>quinapril-hydrochlorothiazide</i>	VBB	HDHP
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	VBB	HDHP
<i>ranolazine er</i>	T1	
REPATHA	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (3.5 ML IN 28 DAYS); SP-QTZ
REPATHA SURECLICK	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>rosuvastatin calcium</i>	VBB	HDHP; \$0 if age 40-75



Drug Name	Drug Tier	Notes
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	VBB	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 80 mg</i>	VBB	QL (1 IN 1 DAYS); HDHP; \$0 if age 40-75
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
<i>spironolactone oral suspension</i>	T3	
<i>spironolactone oral tablet</i>	VBB	
<i>spironolactone-hctz</i>	VBB	
<i>taztia xt</i>	VBB	
<i>telmisartan</i>	T1	
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	T3	QL (1 IN 1 DAYS)
<i>telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg</i>	T3	
<i>tiadylt er</i>	VBB	
<i>timolol maleate oral</i>	T1	
<i>toremide</i>	T1	
<i>trandolapril</i>	T1	
<i>triamterene oral</i>	T3	
<i>triamterene-hctz</i>	VBB	
VALSARTAN ORAL SOLUTION	T2	AL (AGE MAX 12 YEARS)
<i>valsartan oral tablet</i>	VBB	
<i>valsartan-hydrochlorothiazide</i>	VBB	
VECAMYL	T3	
<i>verapamil hcl er</i>	VBB	
<i>verapamil hcl oral</i>	T1	
VERQUVO	T3	PA; QL (1 IN 1 DAYS)
VYNDAMAX	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
<i>amphetamine-dextroamphetamine</i>	T1	
<i>amphetamine-dextroamphetamine er</i>	T1	
<i>atomoxetine hcl</i>	T1	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T3	
<i>dexmethylphenidate hcl</i>	T1	
<i>dexmethylphenidate hcl er</i>	T1	
<i>dextroamphetamine sulfate er</i>	T1	

Drug Name	Drug Tier	Notes
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T1	
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	T3	
<i>guanfacine hcl er</i>	T1	
<i>lisdexamfetamine dimesylate</i>	T1	QL (1 IN 1 DAYS)
<i>methamphetamine hcl</i>	T1	
<i>methylphenidate</i>	T3	QL (1 IN 1 DAYS)
<i>methylphenidate hcl er</i>	T1	
<i>methylphenidate hcl er (cd)</i>	T1	
<i>methylphenidate hcl er (la)</i>	T1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	
<i>methylphenidate hcl oral</i>	T1	
VYVANSE	T2	QL (1 IN 1 DAYS)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	T3	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	T4P	PA; SP-QTZ
AVONEX PREFILLED	T4P	PA; SP-QTZ
<i>dalfampridine er</i>	T3	PA; QL (2 IN 1 DAYS)
<i>dimethyl fumarate oral</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>dimethyl fumarate starter pack</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
EXTAVIA	T4P	PA; SP-QTZ
<i>fingolimod hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
GILENYA ORAL CAPSULE 0.25 MG	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>glatiramer acetate</i>	T4P	PA; SP-QTZ
<i>glatopa</i>	T4P	PA; SP-QTZ
KESIMPTA	T4NP	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
MAVENCLAD	T4NP	PA; QL (20 IN 365 DAYS); SP-ORx
PLEGRIDY	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
PLEGRIDY STARTER PACK	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4P	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4P	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
REBIF REBIDOSE TITRATION PACK	T4P	PA; SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	T4P	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	T4P	PA; SP-QTZ
REBIF TITRATION PACK	T4P	PA; SP-QTZ
<i>teriflunomide</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA 7-DAY STARTER PACK	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA STARTER KIT	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	T4NP	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	T4NP	PA; QL (3 IN 1 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	T4NP	PA; QL (2 IN 1 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	T4NP	PA; QL (7 IN 1 DAYS)
AUSTEDO XR PATIENT TITRATION	T4NP	PA; QL (1.5 IN 1 DAYS & 1 Fill limit per 365 days)
<i>caffeine citrate oral</i>	T3	
INGREZZA	T4NP	PA; QL (1 IN 1 DAYS)
NUEDEXTA	T3	
<i>pregabalin oral capsule</i>	T1	QL (3 IN 1 DAYS)
<i>pregabalin oral solution</i>	T1	
RADICAVA ORS	T4NP	PA; QL (5 ML IN 1 DAYS)
RADICAVA ORS STARTER KIT	T4NP	PA; QL (5 ML IN 1 DAYS)
RELYVRIO	T4NP	PA; QL (2 IN 1 DAYS)
<i>riluzole</i>	T1	
SAVELLA	T2	ST; QL (2 IN 1 DAYS)
SAVELLA TITRATION PACK	T2	PA; QL (1 IN 1 DAYS)
TEGSEDI	T4NP	PA; QL (6 ML IN 28 DAYS)
<i>tetrabenazine</i>	T4NP	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
<i>cevimeline hcl</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
DEBACTEROL	T3	
DENTA 5000 PLUS	T2	

Drug Name	Drug Tier	Notes
DENTAGEL	T2	
FLUORIDEX SENSITIVITY RELIEF	T2	
<i>kourzeq</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>oralone</i>	T1	
<i>periogard</i>	T1	
<i>pilocarpine hcl oral</i>	T1	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm</i>	T1	
<i>sodium fluoride dental</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
<i>acutane</i>	T1	
<i>acitretin</i>	T3	
<i>adapalene external cream</i>	T1	PA
<i>adapalene external gel 0.3 %</i>	T1	PA
ADAPALENE EXTERNAL PAD	T3	PA
ADAPALENE EXTERNAL SOLUTION	T3	PA
<i>adapalene treatment</i>	T1	AL (AGE MAX 35 YEARS)
AKLIEF	T3	PA
ALA SCALP	T3	PA
<i>alclometasone dipropionate</i>	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
<i>amnesteem</i>	T1	
APEXICON E	T3	PA
<i>azelaic acid external</i>	T3	ST
AZELEX	T3	ST
<i>benzoyl peroxide-erythromycin</i>	T3	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
<i>brimonidine tartrate external</i>	T3	
<i>calcipotriene external</i>	T1	
<i>calcitriol external</i>	T1	
CAPEX	T2	

Drug Name	Drug Tier	Notes
<i>claravis</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	
<i>clobetasol propionate external</i>	T1	
<i>clocortolone pivalate</i>	T3	PA
CORDRAN	T2	
<i>dapsone external gel 5 %</i>	T1	ST
<i>desonide external cream</i>	T3	PA
<i>desonide external gel</i>	T3	
<i>desonide external lotion</i>	T3	PA
<i>desonide external ointment</i>	T3	PA
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	T3	PA; QL (3 FILLS IN 365 DAYS)
DIFFERIN EXTERNAL GEL 0.1 %	T2	AL (AGE MAX 35 YEARS)
DIFFERIN EXTERNAL LOTION	T3	PA
<i>diflorasone diacetate</i>	T3	PA
DRYSOL	T2	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	T4P	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4P	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
EPIFOAM	T3	
<i>ery</i>	T1	
<i>erythromycin external</i>	T1	
EUCRISA	T3	ST
FABIOR	T2	PA
FINACEA EXTERNAL FOAM	T3	ST

Drug Name	Drug Tier	Notes
<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 cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T3	PA
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	T2	
<i>fluorouracil external cream 5 %</i>	T1	
<i>fluorouracil external solution</i>	T1	
<i>fluticasone propionate external</i>	T1	
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external foam</i>	T3	PA
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone butyrate external lotion</i>	T3	PA
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone valerate</i>	T3	PA
<i>imiquimod external cream 5 %</i>	T1	
IMPOYZ	T3	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
<i>ivermectin external cream</i>	T3	
LEVULAN KERASTICK	T3	
<i>methoxsalen rapid</i>	T1	
<i>metronidazole external</i>	T1	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR	T3	
<i>neuac</i>	T1	
OPZELURA	T3	PA
PANDEL	T3	PA
<i>pimecrolimus</i>	T1	
<i>podofilox external</i>	T1	
PRAMOSONE EXTERNAL CREAM 1-1 %	T2	
PRAMOSONE EXTERNAL LOTION	T2	

Drug Name	Drug Tier	Notes
RADIAPLEXRX	T3	
REGRANEX	T2	
RHOFADE	T3	
SANTYL	T2	
<i>selenium sulfide external lotion</i>	T1	
SERNIVO	T3	PA
SORILUX	T2	
<i>sulfacetamide sodium (acne)</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T3	
<i>tacrolimus external</i>	T1	
<i>tazarotene external cream</i>	T1	PA
TAZAROTENE EXTERNAL FOAM	T2	PA
<i>tazarotene external gel</i>	T1	PA
TAZORAC EXTERNAL CREAM 0.05 %	T2	PA
TEXACORT	T3	PA
TOLAK	T3	
<i>tretinoin external</i>	T1	AL (AGE MAX 35 YEARS)
<i>triamcinolone acetonide external aerosol solution</i>	T1	PA
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone in absorbbase</i>	T1	
<i>triderm</i>	T1	
VEREGEN	T3	
<i>zenatane</i>	T1	
ZORYVE EXTERNAL CREAM	T3	PA
<b>Diabetes - Antidiabetic Agents</b>		
<i>acarbose oral</i>	VBB	HDHP
BYDUREON BCISE AUTOINJECTOR	VBB	PA; HDHP
BYETTA 10 MCG PEN	VBB	PA; HDHP
BYETTA 5 MCG PEN	VBB	PA; HDHP
FARXIGA	VBB	QL (1 IN 1 DAYS); HDHP
<i>glimepiride</i>	VBB	HDHP
<i>glipizide er</i>	VBB	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	VBB	HDHP
<i>glipizide xl</i>	VBB	HDHP
<i>glipizide-metformin hcl</i>	VBB	HDHP

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Drug Name	Drug Tier	Notes
<i>glyburide micronized</i>	VBB	HDHP
<i>glyburide oral</i>	VBB	HDHP
<i>glyburide-metformin</i>	VBB	HDHP
JANUMET ORAL TABLET 50-1000 MG	VBB	HDHP
JANUMET ORAL TABLET 50-500 MG	VBB	QL (2 IN 1 DAYS); HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG	VBB	HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	VBB	QL (1 IN 1 DAYS); HDHP
JANUVIA	VBB	QL (1 IN 1 DAYS); HDHP
<i>metformin hcl er</i>	VBB	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	VBB	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	VBB	HDHP; \$0 if age 35-70 and prediabetes DX
<i>miglitol</i>	T3	QL (3 IN 1 DAYS)
<i>nateglinide</i>	VBB	HDHP
<i>pioglitazone hcl</i>	VBB	HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	
<i>repaglinide</i>	VBB	HDHP
SEGLUROMET	VBB	HDHP
SOLIQUA	T3	PA; QL (18 ML IN 30 DAYS)
STEGLATRO	VBB	QL (1 IN 1 DAYS); HDHP
STEGLUJAN	VBB	QL (1 IN 1 DAYS); HDHP
SYMLINPEN 120	T3	
SYMLINPEN 60	T3	
TRULICITY	VBB	PA; HDHP
XIGDUO XR	VBB	HDHP
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	VBB	HDHP
ACCU-CHEK GUIDE CONTROL	VBB	HDHP
ACCU-CHEK SMARTVIEW CONTROL	VBB	HDHP
AGAMATRIX CONTROL LEVEL 2	VBB	HDHP
AGAMATRIX CONTROL LEVEL 4	VBB	HDHP
BLULINK CONTROL HIGH & LOW	VBB	HDHP
CARESENS CONTROL SOLUTION A/B	VBB	HDHP
CARESENS LANCETS 30G	VBB	HDHP
CARETOUCH CONTROL SOL LEVEL 2	VBB	HDHP

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Drug Name	Drug Tier	Notes
CHEMSTRIP 10 MD	T2	
CHEMSTRIP 10/SG	T2	
CHEMSTRIP 2 GP	T2	
CHEMSTRIP 5 OB	T2	
CHEMSTRIP 7	T2	
CHEMSTRIP 9	T2	
CHEMSTRIP K	T2	
CHEMSTRIP UGK	T2	
CLEVER CHOICE COMFORT EZ	VBB	HDHP
CONTOUR CONTROL SOLUTION	VBB	HDHP
CONTOUR NEXT CONTROL SOLUTION	VBB	HDHP
CVS KETONE CARE	T2	
DEXCOM G6 RECEIVER	T2	QL (1 IN 365 DAYS)
DEXCOM G6 SENSOR	T2	QL (3 IN 30 DAYS)
DEXCOM G6 TRANSMITTER	T2	QL (1 IN 90 DAYS)
DEXCOM G7 RECEIVER	T2	QL (1 IN 365 DAYS)
DEXCOM G7 SENSOR	T2	QL (3 IN 30 DAYS)
DIATHRIVE GLUCOSE CONTROL SOLN	VBB	HDHP
EASY TALK PLUS II CONTROL	VBB	HDHP
EASY TRAK II CONTROL	VBB	HDHP
EASYMAX 15 LEVEL 2-3 CONTROL	VBB	HDHP
EASYMAX CONTROL	VBB	HDHP
GLUCOSE CONTROL SOLUTIONS	VBB	HDHP
EMBRACE TALK GLUCOSE CONTROL	VBB	HDHP
FORA TEST N'GO ADV-VOICE-6 CON	T2	QL (100 IN 30 DAYS)
FORTISCARE CONTROL	VBB	HDHP
FREESTYLE LIBRE 2 READER	T3	PA; QL (1 IN 365 DAYS)
FREESTYLE LIBRE 2 SENSOR	T3	PA; QL (2 IN 28 DAYS)
FREESTYLE LIBRE 3 SENSOR	T3	PA; QL (2 IN 28 DAYS)
GOJJI CONTROL	VBB	HDHP
INPEN 100-BLUE-NOVOLOG-FIASP	T1	
INPEN 100-GREY-NOVOLOG-FIASP	T1	
INPEN 100-PINK-NOVOLOG-FIASP	T1	
KETO-DIASTIX	T2	
KETONE TEST	T2	
KETOSTIX	T2	
LANCETS	VBB	HDHP
NOVOPEN ECHO	T1	QL (2 IN 30 DAYS); HDHP

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Drug Name	Drug Tier	Notes
ONETOUGH ULTRA 2 KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUGH ULTRA IN VITRO LIQUID	VBB	HDHP
ONETOUGH ULTRA IN VITRO STRIP	VBB	QL (200 IN 30 DAYS)
ONETOUGH VERIO FLEX SYSTEM KIT	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUGH VERIO IN VITRO LIQUID HIGH	VBB	HDHP
ONETOUGH VERIO TEST STRIPS	VBB	QL (200 IN 30 DAYS)
ONETOUGH VERIO REFLECT KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
PIP GLUCOSE CONTROL SOLUTION	VBB	HDHP
TECHLITE LANCETS 26G	VBB	HDHP
TRUE METRIX LEVEL 1	VBB	HDHP
TRUE METRIX LEVEL 2	VBB	HDHP
TRUE METRIX LEVEL 3	VBB	HDHP
UNISTRIP CONTROL IN VITRO SOLUTION LOW	VBB	HDHP
VERIFINE SAFE LANCET MINI 21G	VBB	HDHP
VERIFINE SAFE LANCET MINI 23G	VBB	HDHP
VERIFINE SAFE LANCET MINI 28G	VBB	HDHP
VERIFINE SAFE LANCET MINI 30G	VBB	HDHP
VIVAGUARD INO CONTROL SOLUTION	VBB	HDHP
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	T2	QL (2 IN 30 DAYS)
BAQSIMI TWO PACK	T2	QL (2 IN 30 DAYS)
<i>diazoxide oral</i>	T3	
<i>glucagon emergency kit injection kit</i>	T1	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE KIT	T2	QL (0.4 ML IN 30 DAYS)
GVOKE PFS	T2	QL (0.4 ML IN 30 DAYS)
<b>Diabetes - Insulins</b>		
APIDRA SOLOSTAR	T3	PA; QL (45 ML IN 30 DAYS)
APIDRA VIAL	T3	PA; QL (45 ML IN 30 DAYS)

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Drug Name	Drug Tier	Notes
AQ INSULIN SYRINGE	VBB	HDHP
BD ULTRA-FINE INSULIN SYRINGES	VBB	HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	VBB	HDHP
HUMALOG MIX 50/50 KWIKPEN	T3	PA; QL (45 ML IN 30 DAYS)
HUMALOG MIX 50/50 VIAL	T3	PA; QL (45 ML IN 30 DAYS)
HUMULIN R U-500 KWIKPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
HUMULIN R U-500 VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
INSULIN DEGLUDEC	T1	PA; QL (45 ML IN 30 DAYS)
INSULIN DEGLUDEC FLEXTOUCH	T1	PA; QL (45 ML IN 30 DAYS)
INSULIN SYRINGES 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, 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" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 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	VBB	HDHP
LEVEMIR FLEXPEN	T3	PA; QL (45 ML IN 30 DAYS)
LEVEMIR U-100 VIAL	T3	PA; QL (45 ML IN 30 DAYS)
NOVOLIN 70/30 FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG 70/30 FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG PENFILL	VBB	QL (45 ML IN 30 DAYS); HDHP

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Drug Name	Drug Tier	Notes
NOVOLOG RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG U-100 VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
SEMGLEE (YFGN)	VBB	QL (45 ML IN 30 DAYS); HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	VBB	HDHP
VERIFINE INSULIN SYRINGE	VBB	HDHP
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
<i>carglumic acid</i>	T4NP	SP-ORx
CHEMET	T3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T3	QL (4 IN 28 DAYS)
<i>deferasirox</i>	T4NP	
<i>deferasirox granules</i>	T4NP	
<i>deferiprone</i>	T4NP	
DODEX	T2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T2	
<i>effe-k oral tablet effervescent 25 meq</i>	T1	
ELITE-OB	VBB	
<i>ergocalciferol oral capsule</i>	T1	
FERRIPROX ORAL SOLUTION	T4NP	
FERRIPROX TWICE-A-DAY	T4NP	
<i>folate</i>	\$0	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
GALZIN	T3	
<i>iodine strong oral</i>	T3	
JYNARQUE	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
K-PHOS	T3	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
LOKELMA	T3	QL (3 IN 1 DAYS)
MASONATAL	\$0	
M-NATAL PLUS	VBB	
NEONATAL PLUS	VBB	

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Drug Name	Drug Tier	Notes
NEONATAL PRENATAL	\$0	
ONE VITE WOMENS	\$0	
ONE VITE WOMENS PLUS	VBB	
ONE-A-DAY WOMENS PRENATAL 1	\$0	
<i>phytonadione oral</i>	T1	
<i>pnv prenatal plus multivit+dha</i>	VBB	
<i>potassium chloride crys er</i>	T1	
<i>potassium chloride er</i>	T1	
<i>potassium chloride oral solution</i>	T1	
<i>potassium citrate er</i>	T1	
<i>prenatal multi +dha</i>	\$0	
<i>prenatal oral tablet 27-0.8 mg</i>	\$0	
<i>prenatal oral tablet 27-1 mg</i>	VBB	
<i>prenatal plus vitamin/mineral</i>	VBB	
<i>prenatal/folic acid+dha</i>	\$0	
RELNATE DHA	VBB	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	T1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	T2	
<i>sodium chloride irrigation</i>	T1	
<i>sodium fluoride oral</i>	\$0	
<i>sodium polystyrene sulfonate</i>	T1	
<i>sterile water for irrigation</i>	T3	
<i>tolvaptan</i>	T4NP	PA; QL (2 IN 1 DAYS)
<i>trientine hcl oral capsule 250 mg</i>	T4NP	
TRINATE	VBB	
TRUE FOLIC ACID ORAL TABLET 400 MCG	\$0	
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT)	T3	QL (4 IN 28 DAYS)
VELTASSA	T3	QL (1 IN 1 DAYS)
VINATE CARE	VBB	
VINATE ONE	VBB	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1	
<i>water for irrigation, sterile</i>	T3	
<i>weekly-d</i>	T3	QL (4 IN 28 DAYS)
WESNATAL DHA COMPLETE	VBB	
WESTAB PLUS	VBB	
<i>yl folic acid</i>	\$0	

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Drug Name	Drug Tier	Notes
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
<i>cimetidine oral</i>	T1	
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	QL (1 IN 1 DAYS)
<i>esomeprazole magnesium oral packet</i>	T3	QL (1 IN 1 DAYS; AGE MAX 12 YEARS)
<i>famotidine oral suspension reconstituted</i>	T1	AL (AGE MAX 12 YEARS)
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>lansoprazole oral capsule delayed release 15 mg</i>	T1	QL (1 IN 1 DAYS)
<i>lansoprazole oral capsule delayed release 30 mg</i>	T1	QL (2 IN 1 DAYS)
<i>lansoprazole oral tablet delayed release dispersible</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>misoprostol oral</i>	T1	
<i>nizatidine</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T1	QL (3 IN 1 DAYS)
<i>pantoprazole sodium oral</i>	T1	QL (2 IN 1 DAYS)
PRILOSEC	T3	QL (MAX 2 PACKETS/DAY. MAX AGE 12 YEARS)
<i>rabeprazole sodium oral tablet delayed release</i>	T1	QL (2 IN 1 DAYS)
<i>sucralfate oral</i>	T1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
<i>alosetron hcl oral tablet 0.5 mg</i>	T3	PA; QL (3 IN 1 DAYS)
<i>alosetron hcl oral tablet 1 mg</i>	T3	PA; QL (2 IN 1 DAYS)
<i>amoxicill-clarithro-lansopraz</i>	T3	QL (8 IN 1 DAYS; MAX 14 DAYS IN 365 DAYS)
<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml, 1 mg/10ml</i>	T1	
CHENODAL	T3	
<i>chlordiazepoxide-clidinium</i>	T1	
CLENPIQ	T3	PA; QL (350 ML IN 30 DAYS)
<i>constulose</i>	T1	
<i>cromolyn sodium oral</i>	T1	
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
<i>enulose</i>	T1	

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Drug Name	Drug Tier	Notes
GATTEX	T4NP	PA
<i>gavilyte-c</i>	T1	QL (2 FILLS IN 365 DAYS)
<i>gavilyte-g</i>	T1	QL (2 FILLS IN 365 DAYS)
<i>generlac</i>	T1	
<i>glycopyrrolate oral solution</i>	T3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	T3	
<i>healthylax</i>	T1	
<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	
<i>hyosyne</i>	T1	
KRISTALOSE	T3	
<i>lactulose encephalopathy</i>	T1	
<i>lactulose oral packet</i>	T3	
<i>lactulose oral solution</i>	T1	
LINZESS	T2	PA; QL (1 IN 1 DAYS)
<i>loperamide hcl oral capsule</i>	T3	
<i>lubiprostone</i>	T1	QL (2 IN 1 DAYS)
<i>methscopolamine bromide oral</i>	T3	
MOTEGRITY	T3	PA; QL (1 IN 1 DAYS)
MOVANTIK	T2	PA; QL (1 IN 1 DAYS)
MYTESI	T3	
<i>na sulfate-k sulfate-mg sulf</i>	T3	PA; QL (360 ML IN 30 DAYS)
OSCIMIN	T2	
<i>peg 3350 oral packet</i>	T1	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	QL (2 FILLS IN 365 DAYS)
<i>peg-3350/electrolytes</i>	T1	QL (2 FILLS IN 365 DAYS)
<i>peg-3350/electrolytes/ascorbat</i>	T1	QL (1 IN 30 DAYS)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	QL (1 IN 30 DAYS)
PEG-PREP	T3	PA; QL (1 IN 30 DAYS)
PLENVU	T3	PA; QL (3 IN 30 DAYS)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1	
SEROSTIM	T4P	PA; SP-QTZ
SUFLAVE	T3	PA; QL (2 FILLS IN 365 DAYS)

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Drug Name	Drug Tier	Notes
SYMPROIC	T3	PA; QL (1 IN 1 DAYS)
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
VIBERZI	T3	PA; QL (2 IN 1 DAYS)
VOWST	T4P	PA; QL (4 IN 1 DAYS)
XERMELO	T4NP	PA; QL (3 IN 1 DAYS)
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
<i>betaine</i>	T3	
CERDELGA	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
CHOLBAM	T4NP	
CREON	T2	
CYSTAGON	T2	
EVRYSDI	T4P	PA; QL (4 ML IN 1 DAYS)
GALAFOLD	T4NP	PA; QL (0.5 IN 1 DAYS)
MYALEPT	T4NP	PA
<i>nitisinone</i>	T4NP	PA
OCALIVA	T4NP	PA; QL (1 IN 1 DAYS)
ORFADIN ORAL SUSPENSION	T4NP	PA
RAVICTI	T4NP	
REVCOVI	T4NP	PA
<i>sapropterin dihydrochloride</i>	T4NP	PA
SUCRAID	T4NP	
XURIDEN	T4NP	PA
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
<i>acetic acid irrigation</i>	T1	
AURYXIA	T3	PA
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
<i>darifenacin hydrobromide er</i>	T3	QL (1 IN 1 DAYS)
ELMIRON	T3	
<i>fesoterodine fumarate er</i>	T3	QL (1 IN 1 DAYS)
<i>flavoxate hcl</i>	T1	
FOSRENOL ORAL PACKET	T2	
GELNIQUE	T3	
<i>glycine irrigation</i>	T3	
<i>lanthanum carbonate</i>	T1	

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Drug Name	Drug Tier	Notes
LITHOSTAT	T3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (200 ML IN 30 DAYS)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (1 IN 1 DAYS)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>penicillamine oral</i>	T4NP	
<i>phenazo oral tablet 200 mg</i>	T1	
<i>phenazopyridine hcl oral</i>	T1	
RENACIDIN	T3	
<i>sevelamer carbonate oral packet</i>	T1	AL (AGE MAX 12 YEARS)
<i>sevelamer carbonate oral tablet</i>	T1	
<i>sevelamer hcl oral tablet 400 mg</i>	T1	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T3	QL (5 IN 30 DAYS)
<i>solifenacin succinate</i>	T1	QL (1 IN 1 DAYS)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T3	PA; QL (1 IN 1 DAYS)
<i>tiopronin oral tablet</i>	T3	
<i>tolterodine tartrate er</i>	T1	QL (1 IN 1 DAYS)
<i>tolterodine tartrate oral tablet 1 mg</i>	T1	QL (2 IN 1 DAYS)
<i>tolterodine tartrate oral tablet 2 mg</i>	T1	
<i>trospium chloride</i>	T1	
<i>trospium chloride er</i>	T1	QL (1 IN 1 DAYS)
<i>uretron d/s</i>	T3	
VELPHORO	T3	PA
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	PA; QL (1 IN 1 DAYS)
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T3	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>silodosin oral capsule 4 mg</i>	T3	QL (1 IN 1 DAYS)
<i>silodosin oral capsule 8 mg</i>	T3	
<i>tamsulosin hcl</i>	T1	

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Drug Name	Drug Tier	Notes
<i>terazosin hcl</i>	T1	
<b>Hormonal Agents - Adrenal</b>		
CORTISONE ACETATE ORAL	T2	
<i>dexamethasone intensol</i>	T1	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone sod phosphate pf injection solution</i>	T1	
<i>dexamethasone sodium phosphate injection</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
<i>hydrocortisone oral</i>	T1	
KENALOG INJECTION SUSPENSION 10 MG/ML	T3	
MEDROL ORAL TABLET 2 MG	T2	
<i>methylprednisolone oral</i>	T1	
<i>prednisolone oral</i>	T1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml</i>	T3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	T3	
<i>prednisone intensol</i>	T1	
<i>prednisone oral</i>	T1	
SOLU-CORTEF	T2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	T3	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	T3	PA
<i>danazol oral</i>	T1	
METHITEST	T4P	
<i>methyltestosterone oral</i>	T4NP	
<i>testosterone cypionate intramuscular</i>	T1	PA
<i>testosterone enanthate intramuscular</i>	T1	PA
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	T1	PA; QL (2.5 GM IN 1 DAYS)

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Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Pituitary</b>		
<i>cabergoline</i>	T1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T3	PA
CLOMID	T3	PA
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	
INCRELEX	T4NP	PA; SP-ORx
<i>leuprolide acetate injection</i>	T3	PA
NOCDURNA	T3	QL (1 IN 1 DAYS)
NOVAREL	T3	PA
<i>octreotide acetate</i>	T1	
OMNITROPE	T4P	PA; SP-QTZ
ORILISSA ORAL TABLET 150 MG	T3	PA; QL (1 IN 1 DAYS)
ORILISSA ORAL TABLET 200 MG	T3	PA; QL (2 IN 1 DAYS)
PREGNYL	T3	PA
SIGNIFOR	T4NP	PA; QL (2 ML IN 1 DAYS)
SOMAVERT	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
SYNAREL	T2	
<b>Hormonal Agents - Prostaglandins</b>		
<i>mifepristone</i>	T3	
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
<i>afirmelle</i>	\$0	
<i>aftera</i>	\$0	
<i>altavera</i>	\$0	
<i>alyacen 1/35</i>	\$0	
<i>alyacen 7/7/7</i>	\$0	
<i>amabelz</i>	T3	
<i>amethyst</i>	\$0	
ANGELIQ	T3	
ANNOVERA	\$0	QL (1 IN 365 DAYS)
<i>apri</i>	\$0	
<i>aranelle</i>	\$0	

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Drug Name	Drug Tier	Notes
<i>ashlyna</i>	\$0	QL (1 IN 1 DAYS)
<i>aubra eq</i>	\$0	
<i>aurovela 1.5/30</i>	\$0	
<i>aurovela 1/20</i>	\$0	
<i>aurovela 24 fe</i>	\$0	
<i>aurovela fe 1.5/30</i>	\$0	
<i>aurovela fe 1/20</i>	\$0	
<i>aviane</i>	\$0	
<i>ayuna</i>	\$0	
<i>azurette</i>	\$0	
<i>balziva</i>	\$0	
<i>blisovi 24 fe</i>	\$0	
<i>blisovi fe 1.5/30</i>	\$0	
<i>blisovi fe 1/20</i>	\$0	
<i>briellyn</i>	\$0	
<i>camila</i>	\$0	
<i>camrese</i>	\$0	QL (1 IN 1 DAYS)
<i>camrese lo</i>	\$0	QL (1 IN 1 DAYS)
<i>charlotte 24 fe</i>	\$0	
<i>chateal eq</i>	\$0	
COMBIPATCH	T2	QL (8 IN 28 DAYS)
CRINONE	T3	PA
<i>cryselle-28</i>	\$0	
<i>curae</i>	\$0	
<i>cyred eq</i>	\$0	
<i>dasetta 1/35</i>	\$0	
<i>dasetta 7/7/7</i>	\$0	
<i>daysee</i>	\$0	QL (1 IN 1 DAYS)
<i>deblitane</i>	\$0	
<i>delyla</i>	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL (1 IN 91 DAYS)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	
<i>dolishale</i>	\$0	
<i>dotti</i>	T1	QL (8 IN 28 DAYS)
<i>drospiren-eth estrad-levomefol</i>	\$0	
<i>drospirenone-ethinyl estradiol</i>	\$0	
DUAVEE	T2	

Drug Name	Drug Tier	Notes
<i>econtra one-step</i>	\$0	
ELESTRIN	T3	QL (26 GM IN 30 DAYS; MAX 90 DAYS)
<i>elinest</i>	\$0	
ELLA	\$0	
<i>eluryng</i>	\$0	
ENDOMETRIN	T3	PA
<i>enilloring</i>	\$0	
<i>enpresse-28</i>	\$0	
<i>enskyce</i>	\$0	
<i>errin</i>	\$0	
<i>estarylla</i>	\$0	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel</i>	T3	
<i>estradiol transdermal patch twice weekly</i>	T1	QL (8 IN 28 DAYS)
<i>estradiol transdermal patch weekly</i>	T1	QL (4 IN 28 DAYS)
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	
<i>estradiol-norethindrone acet</i>	T3	
ESTRING	T2	QL (1 IN 90 DAYS)
<i>ethynodiol diac-eth estradiol</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
<i>falmina</i>	\$0	
<i>finzala</i>	\$0	
<i>fyavolv</i>	T1	
<i>gemmily</i>	\$0	
<i>hailey 1.5/30</i>	\$0	
<i>hailey 24 fe</i>	\$0	
<i>hailey fe 1.5/30</i>	\$0	
<i>hailey fe 1/20</i>	\$0	
<i>haloette</i>	\$0	
<i>heather</i>	\$0	
<i>her style</i>	\$0	
<i>iclevia</i>	\$0	QL (1 IN 1 DAYS)
<i>incassia</i>	\$0	
<i>introvale</i>	\$0	QL (1 IN 1 DAYS)
<i>isibloom</i>	\$0	
<i>jaimiess</i>	\$0	QL (1 IN 1 DAYS)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>jasmiel</i>	\$0	
<i>jencycla</i>	\$0	
<i>jinteli</i>	T1	
<i>jolessa</i>	\$0	QL (1 IN 1 DAYS)
<i>joyeaux</i>	\$0	
<i>juleber</i>	\$0	
<i>junel 1.5/30</i>	\$0	
<i>junel 1/20</i>	\$0	
<i>junel fe 1.5/30</i>	\$0	
<i>junel fe 1/20</i>	\$0	
<i>junel fe 24</i>	\$0	
<i>kaitlib fe</i>	\$0	
<i>kalliga</i>	\$0	
<i>kariva</i>	\$0	
<i>kelnor 1/35</i>	\$0	
<i>kelnor 1/50</i>	\$0	
<i>kurvelo</i>	\$0	
<i>larin 1.5/30</i>	\$0	
<i>larin 1/20</i>	\$0	
<i>larin 24 fe</i>	\$0	
<i>larin fe 1.5/30</i>	\$0	
<i>larin fe 1/20</i>	\$0	
<i>layolis fe</i>	\$0	
<i>leena</i>	\$0	
<i>lessina</i>	\$0	
<i>levonest</i>	\$0	
<i>levonorgest-eth est &amp; eth est</i>	\$0	QL (1 IN 1 DAYS)
<i>levonorgest-eth estrad 91-day</i>	\$0	QL (1 IN 1 DAYS)
<i>levonorgest-eth estradiol-iron</i>	\$0	
<i>levonorgestrel</i>	\$0	
<i>levonorgestrel-ethinyl estrad</i>	\$0	
<i>levonorg-eth estrad triphasic</i>	\$0	
<i>levora 0.15/30 (28)</i>	\$0	
<i>lojaimiess</i>	\$0	QL (1 IN 1 DAYS)
<i>loryna</i>	\$0	
<i>low-ogestrel</i>	\$0	
<i>lo-zumandimine</i>	\$0	
<i>luteru</i>	\$0	

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Drug Name	Drug Tier	Notes
<i>lyleq</i>	\$0	
<i>lyllana</i>	T1	QL (8 IN 28 DAYS)
<i>lyza</i>	\$0	
<i>marlissa</i>	\$0	
<i>medroxyprogesterone acetate intramuscular</i>	\$0	QL (1 IN 91 DAYS)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>megestrol acetate oral</i>	T1	
MENEST	T2	
MENOSTAR	T3	QL (4 IN 28 DAYS)
<i>merzee</i>	\$0	
<i>mibelas 24 fe</i>	\$0	
<i>microgestin 1.5/30</i>	\$0	
<i>microgestin 1/20</i>	\$0	
<i>microgestin 24 fe</i>	\$0	
<i>microgestin fe 1.5/30</i>	\$0	
<i>microgestin fe 1/20</i>	\$0	
<i>mili</i>	\$0	
<i>mimvey</i>	T3	
<i>mono-linyah</i>	\$0	
<i>my choice</i>	\$0	
<i>my way</i>	\$0	
MYFEMBREE	T2	PA; QL (1 IN 1 DAYS)
NATAZIA	\$0	
<i>necon 0.5/35 (28)</i>	\$0	
<i>new day</i>	\$0	
<i>nikki</i>	\$0	
<i>nora-be</i>	\$0	
<i>norelgestromin-eth estradiol</i>	\$0	
<i>norethin ace-eth estrad-fe</i>	\$0	
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	\$0	
<i>norethindrone oral</i>	\$0	
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	\$0	
<i>norethin-eth estradiol-fe</i>	\$0	
<i>norgestimate-eth estradiol</i>	\$0	
<i>norgestimate-ethinyl estradiol triphasic</i>	\$0	
<i>norlyroc</i>	\$0	

Drug Name	Drug Tier	Notes
<i>nortrel 0.5/35 (28)</i>	\$0	
<i>nortrel 1/35 (21)</i>	\$0	
<i>nortrel 1/35 (28)</i>	\$0	
<i>nortrel 7/7/7</i>	\$0	
<i>nylia 1/35</i>	\$0	
<i>nylia 7/7/7</i>	\$0	
<i>nymyo</i>	\$0	
<i>ocella</i>	\$0	
<i>opcicon one-step</i>	\$0	
<i>option 2</i>	\$0	
<i>philith</i>	\$0	
<i>pimtrea</i>	\$0	
<i>portia-28</i>	\$0	
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone intramuscular</i>	T3	PA
<i>progesterone oral</i>	T1	
<i>react</i>	\$0	
<i>reclipsen</i>	\$0	
<i>rivelsa</i>	\$0	QL (1 IN 1 DAYS)
<i>setlakin</i>	\$0	QL (1 IN 1 DAYS)
<i>sharobel</i>	\$0	
<i>simliya</i>	\$0	
<i>simpesse</i>	\$0	QL (1 IN 1 DAYS)
<i>sprintec 28</i>	\$0	
<i>sronyx</i>	\$0	
<i>syeda</i>	\$0	
<i>take action</i>	\$0	
<i>tarina 24 fe</i>	\$0	
<i>tarina fe 1/20 eq</i>	\$0	
<i>taysofy</i>	\$0	
<i>tilia fe</i>	\$0	
<i>tri-estarylla</i>	\$0	
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-lo-estarylla</i>	\$0	



Drug Name	Drug Tier	Notes
<i>tri-lo-marzia</i>	\$0	
<i>tri-lo-mili</i>	\$0	
<i>tri-lo-sprintec</i>	\$0	
<i>tri-mili</i>	\$0	
<i>tri-nymyo</i>	\$0	
<i>tri-sprintec</i>	\$0	
<i>trivora (28)</i>	\$0	
<i>tri-vylibra</i>	\$0	
<i>tri-vylibra lo</i>	\$0	
<i>turqoz</i>	\$0	
<i>tydemy</i>	\$0	
<i>velivet</i>	\$0	
<i>vestura</i>	\$0	
<i>vienva</i>	\$0	
<i>viorele</i>	\$0	
<i>volnea</i>	\$0	
<i>vyfemla</i>	\$0	
<i>vylibra</i>	\$0	
<i>wera</i>	\$0	
<i>wymzya fe</i>	\$0	
<i>xulane</i>	\$0	
<i>yuvafem</i>	T1	
<i>zafemy</i>	\$0	
<i>zovia 1/35 (28)</i>	\$0	
<i>zumandimine</i>	\$0	
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	T2	
ARMOUR THYROID	T2	
<i>euthyrox</i>	T1	
<i>levo-t</i>	T1	
<i>levothyroxine sodium oral tablet</i>	T1	
<i>levoxyl</i>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>methimazole oral</i>	T1	
NIVA THYROID	T2	
<i>np thyroid</i>	T1	
<i>propylthiouracil oral</i>	T1	
SYNTHROID	T2	

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Drug Name	Drug Tier	Notes
THYQUIDITY	T3	AL (AGE MAX 12 YEARS)
<i>thyroid oral</i>	T1	
<i>unithroid</i>	T1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	T4NP	PA; QL (2 ML IN 28 DAYS); SP-QTZ
ACTEMRA SUBCUTANEOUS	T4NP	PA; QL (2 ML IN 28 DAYS; MAX 30 DAYS); SP-QTZ
ACTIMMUNE	T4P	PA; SP-ORx
ADALIMUMAB-ADAZ	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ALFERON N	T4P	PA
<i>azathioprine oral tablet 50 mg</i>	T1	
BENLYSTA SUBCUTANEOUS	T4NP	PA; QL (4 ML IN 28 DAYS); SP-QTZ
BERINERT	T4NP	PA; SP-ORx
CIMZIA	T4P	PA; QL (1 in 28 days); SP-QTZ
CIMZIA STARTER KIT	T4P	PA; QL (1 in 56 days); SP-QTZ
CINRYZE	T4NP	PA; SP-ORx
COSENTYX (300 MG DOSE)	T4NP	PA; QL (1 ML IN 28 DAYS; MAX 56 DAYS); SP-QTZ
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4NP	PA; QL (1 ML IN 28 DAYS; MAX 56 DAYS); SP-QTZ
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4NP	PA; QL (1 ML IN 28 DAYS); SP-QTZ
COSENTYX SENSOREADY (300 MG)	T4NP	PA; QL (1 IN 28 DAYS); SP-QTZ
COSENTYX SENSOREADY PEN	T4NP	PA; QL (1 IN 28 DAYS); SP-QTZ
COSENTYX UNOREADY	T4NP	PA; QL (2 IN 28 DAYS); SP-QTZ
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL MINI	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL SURECLICK	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENSPRYNG	T4NP	PA; QL (0.04 ML IN 1 DAY); SP-QTZ
ENVARUSUS XR	T3	PA

Drug Name	Drug Tier	Notes
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T3	
<i>gengraf</i>	T1	
HADLIMA	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HADLIMA PUSH TOUCH	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HAEGARDA	T4NP	PA
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4P	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4P	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA (2 SYRINGE)	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4P	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4P	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PED<40KG CROHNS STARTER	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-PED>=40KG CROHNS START	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HUMIRA-PED>=40KG UC STARTER	T4P	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PSORIASIS/UVEIT STARTER	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ-CROHNS/UC STARTER	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED<40KG CROHN STARTER	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED>=40KG CROHN START	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PLAQUE PSORIASIS START	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>icatibant acetate</i>	T4NP	PA
KINERET	T4NP	PA; QL (0.67 ML IN 1 DAYS)
<i>leflunomide oral</i>	T1	
LUPKYNIS	T4NP	PA; QL (6 IN 1 DAYS)
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	

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Drug Name	Drug Tier	Notes
<i>mycophenolic acid</i>	T1	
ORENCIA CLICKJECT	T4NP	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T4NP	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T4NP	PA; QL (1.6 ML IN 28 DAYS); SP-QTZ
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T4NP	PA; QL (2.8 ML IN 28 DAYS); SP-QTZ
ORLADEYO	T4NP	PA; QL (1 IN 1 DAYS)
OTEZLA	T4P	PA; QL (2 IN 1 DAYS); SP-QTZ
PROGRAF ORAL PACKET	T2	PA
REZUROCK	T4NP	PA; QL (1 IN 1 DAYS)
RIDAURA	T2	
RINVOQ	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
RUCONEST	T4NP	PA
<i>sajazir</i>	T4NP	PA
SANDIMMUNE ORAL SOLUTION	T2	
SIMPONI	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>sirolimus oral</i>	T1	
SKYRIZI PEN	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T4P	PA; QL (1.2 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4P	PA; QL (2.4 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION	T4P	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4P	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
<i>tacrolimus oral</i>	T1	
TAKHZYRO SUBCUTANEOUS SOLUTION	T4NP	PA; QL (4 ML IN 28 DAYS); SP-ORx
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4NP	PA; QL (2 ML IN 28 DAYS); SP-ORx
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4P	PA; QL (1 ML IN 56 DAYS); SP-QTZ

Drug Name	Drug Tier	Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (Member Note: 1 IN 56 DAYS); SP-QTZ
XATMEP	T3	
XELJANZ ORAL SOLUTION	T4P	PA; QL (20 ML IN 1 DAY); SP-QTZ
XELJANZ ORAL TABLET 10 MG	T4P	PA; QL (2 IN 1 DAYS); SP-QTZ
XELJANZ ORAL TABLET 5 MG	T4P	PA; QL (2 IN 1 DAYS; MAX 30 DAYS); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4P	PA; QL (1 in 1 DAY); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4P	PA; QL (1 IN 1 DAY); SP-QTZ
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSVO	T2	AL (AGE GREATER THAN OR = TO 18 YEARS)
ADACEL	\$0	AL (AGE MIN 18 YEARS)
AFLURIA QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
AREXVY	T2	AL (AGE GREATER THAN OR = TO 60 YEARS)
BOOSTRIX	\$0	AL (AGE MIN 18 YEARS)
COMIRNATY	\$0	QL (0.3 ML PER FILL; AGE MIN 12 YEARS)
ENGERIX-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
FLUAD QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUARIX QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUBLOK QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUCELVAX QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLULAVAL QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUMIST QUADRIVALENT	\$0	
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	QL (0.7 ML IN 180 DAYS)
FLUZONE QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
HEPLISAV-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
MODERNA COVID-19 VAC 6M-11Y	\$0	QL (0.25 ML PER FILL; AGE MIN 6 MONTHS)
NOVAVAX COVID-19 VACCINE	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	QL (0.3 ML PER FILL; AGE MIN 5 YEARS)

Drug Name	Drug Tier	Notes
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	QL (0.3 ML PER FILL; AGE MIN 6 MONTHS)
PNEUMOVAX 23	\$0	AL (AGE MIN 18 YEARS)
PREHEVBRIO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
PREVNAR 13	\$0	AL (AGE MIN 18 YEARS)
PREVNAR 20	\$0	AL (AGE MIN 18 YEARS)
RECOMBIVAX HB	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
SHINGRIX	\$0	AL (AGE MIN 50 YEARS)
SPIKEVAX	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
TDVAX	\$0	AL (AGE MIN 18 YEARS)
TENIVAC	\$0	AL (AGE MIN 18 YEARS)
TWINRIX	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
VAXNEUVANCE	\$0	AL (AGE MIN 18 YEARS)
VIVOTIF	T2	QL (0.5 IN 1 DAYS; MAX 8 DAYS; 1 FILLS IN 999 DAYS)
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM-HC EXTERNAL LOTION	T2	
<i>balsalazide disodium</i>	T1	
<i>budesonide er</i>	T1	QL (1 IN 1 DAYS)
<i>budesonide oral</i>	T1	QL (3 IN 1 DAYS)
<i>budesonide rectal</i>	T3	
DIPENTUM	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T3	
<i>hydrocortisone rectal</i>	T1	
<i>mesalamine er oral capsule 500 mg</i>	T1	
<i>mesalamine er oral capsule 0.375 gm</i>	T3	
<i>mesalamine oral capsule delayed release 400 mg</i>	T3	
<i>mesalamine oral tablet delayed release</i>	T1	
<i>mesalamine rectal</i>	T1	
PENTASA	T2	
PROCTOFOAM HC	T2	
<i>procto-med hc</i>	T1	
<i>proctosol hc</i>	T1	

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Drug Name	Drug Tier	Notes
<i>proctozone-hc</i>	T1	
<i>sulfasalazine oral</i>	T1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
<i>alendronate sodium oral solution</i>	VBB	QL (300 ML IN 28 DAYS); HDHP
<i>alendronate sodium oral tablet</i>	VBB	HDHP
<i>calcitonin (salmon) nasal</i>	VBB	HDHP
FOSAMAX PLUS D	T3	QL (4 IN 28 DAYS)
<i>ibandronate sodium oral</i>	VBB	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 150 mg</i>	VBB	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 30 mg</i>	VBB	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	VBB	QL (4 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 5 mg</i>	T3	PA
<i>teriparatide</i>	T4NP	PA; QL (24 months of therapy per lifetime)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	T4NP	PA; QL (24 months of therapy per lifetime)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	T4NP	PA; QL (24 months of therapy per lifetime)
TYMLOS	T4P	PA; QL (24 months of therapy per lifetime)
<b>Metabolic Bone Disease Agents - Other</b>		
<i>calcitriol oral</i>	T1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	QL (2 IN 1 DAYS)
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	
<i>doxercalciferol oral</i>	T3	PA
<i>paricalcitol oral</i>	T3	PA
<b>Miscellaneous Therapeutic Agents</b>		
ADVOCATE INSULIN PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AEROCHAMBER HOLDING CHAMBER	VBB	HDHP
AEROCHAMBER MINI CHAMBER	VBB	HDHP
AEROCHAMBER MV	VBB	HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	VBB	HDHP
AEROCHAMBER PLUS FLO-VU INTERM	VBB	HDHP
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	VBB	HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	VBB	HDHP

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	VBB	HDHP
AEROCHAMBER PLUS FLOW VU	VBB	HDHP
AEROCHAMBER W/FLOWSIGNAL	VBB	HDHP
AEROGEAR ACTION ASTHMA KIT	VBB	QL (1 IN 365 DAYS); HDHP
ALCOHOL PREP PADS PAD , 70 %	T1	
AQINJECT PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
ASSURE ID DUO PRO PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
ASSURE ID PRO PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
AUM INSULIN SAFETY PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM MINI INSULIN PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM READYGARD DUO PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM SAFETY PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
BD AUTOSHIELD DUO PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
BD ECLIPSE LUER-LOK NEEDLE	T3	HDHP
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	T3	HDHP
BD SYRINGE LUER-LOK 30 ML	T3	
BD ULTRA-FINE PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
BREATHE COMFORT CHAMBER/ADULT	VBB	HDHP
BREATHE COMFORT CHAMBER/CHILD	VBB	HDHP
BREATHE EASE LARGE	VBB	HDHP
BREATHE EASE MEDIUM	VBB	HDHP
BREATHE EASE PEAK FLOW METER	VBB	HDHP
BREATHE EASE SMALL	VBB	HDHP
BREATHERITE VALVED MDI CHAMBER	VBB	HDHP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	T4NP	PA; QL (30 IN 1 DAYS)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	T4NP	PA; QL (10 IN 1 DAYS)
BYLVAY ORAL CAPSULE 1200 MCG	T4NP	PA; QL (5 IN 1 DAYS)
BYLVAY ORAL CAPSULE 400 MCG	T4NP	PA; QL (15 IN 1 DAYS)
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	T3	HDHP
CAREPOINT SAFETY 1ST NEEDLE	T3	HDHP
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	T3	
CAREPOINT SYRINGE LUER SLIP 1 ML	T3	

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Drug Name	Drug Tier	Notes
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"	T3	HDHP
CARETOUCH LUER LOCK 1 ML	T3	
CAYA	\$0	
CLEVER CHOICE HOLDING CHAMBER	VBB	HDHP
CLEVER CHOICE PEAK FLOW METER	VBB	HDHP
COMFORT EZ PRO PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
COMPACT SPACE CHAMBER	VBB	HDHP
COMPACT SPACE CHAMBER/LG MASK	VBB	HDHP
COMPACT SPACE CHAMBER/MED MASK	VBB	HDHP
COMPACT SPACE CHAMBER/SM MASK	VBB	HDHP
CONDOMS	\$0	
DEFLUX METAL NEEDLE	T3	HDHP
DROPLET MICRON	VBB	QL (200 PER FILL); HDHP
DROPSAFE ALCOHOL PREP	T1	
DUREX EXTRA SENSITIVE THIN	\$0	
EASIVENT	VBB	HDHP
EASY GLIDE LUER LOCK SYRINGE	T3	
EASY GLIDE SLIP LOCK SYRINGE	T3	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"	T3	HDHP
EASYPPOINT NEEDLE	T3	HDHP
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	VBB	QL (200 PER FILL); HDHP
ENCARE	\$0	
ENDARI	T3	
EPISIL	T3	PA
<i>ergoloid mesylates oral</i>	T3	
FC2 FEMALE CONDOM	\$0	
FEMCAP	\$0	
FIRDAPSE	T4NP	PA; QL (8 IN 1 DAYS)
FLEXICHAMBER	VBB	HDHP
FLEXICHAMBER ADULT MASK/SMALL	VBB	HDHP
FLEXICHAMBER CHILD MASK/LARGE	VBB	HDHP
FLEXICHAMBER CHILD MASK/SMALL	VBB	HDHP
GRASTEK	T2	QL (1 IN 1 DAYS)
INCONTROL ULTICARE PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
INSULIN PEN NEEDLES	VBB	QL (200 PER FILL); HDHP

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Drug Name	Drug Tier	Notes
KERENDIA	T3	PA; QL (1 IN 1 DAYS)
LIVMARLI	T4NP	PA; QL (3 ML IN 1 DAYS)
<i>methylergonovine maleate oral</i>	T1	
MICROCHAMBER DEVICE	VBB	HDHP
MINI WRIGHT PEAK FLOW METER	VBB	HDHP
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	T3	HDHP
MUGARD	T3	PA; QL (60 ML IN 1 DAYS)
NORM-JECT LUER SLIP SYRINGE	T3	
NOVOFINE AUTOCOVER PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
NOVOFINE PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
NOVOFINE PLUS PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
ODACTRA	T2	QL (1 IN 1 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	T4NP	QL (1 IN 30 DAYS; 1 FILL IN 365 DAYS)
OMNIPOD 5 G6 PODS (GEN 5)	T4NP	QL (10 IN 30 DAYS)
OMNIPOD 5 G7 PODS (GEN 5)	T4NP	QL (10 IN 30 DAYS)
OMNIPOD DASH PODS (GEN 4)	T4NP	QL (10 IN 30 DAYS)
OPTICHAMBER DIAMOND	VBB	HDHP
OPTICHAMBER DIAMOND-LG MASK	VBB	HDHP
OPTICHAMBER DIAMOND-MD MASK	VBB	HDHP
OPTICHAMBER DIAMOND-SM MASK	VBB	HDHP
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
ORALAIR	T2	QL (1 IN 1 DAYS)
ORAMAGICRX	T3	
OXBRYTA ORAL TABLET 300 MG	T4NP	PA; QL (3 IN 1 DAYS)
OXBRYTA ORAL TABLET 500 MG	T4NP	PA; QL (5 IN 1 DAYS)
OXBRYTA ORAL TABLET SOLUBLE	T4NP	PA; QL (8 IN 1 DAYS)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	T2	PA
PALFORZIA ORAL PACKET 300 MG	T2	PA; QL (1 IN 1 DAYS)
PANDA MASK LARGE	VBB	HDHP
PANDA MASK MEDIUM	VBB	HDHP
PANDA MASK SMALL	VBB	HDHP
PARI VORTEX ADULT MASK	VBB	HDHP
PEAK A-I-R FLOW METER	VBB	HDHP
PEDIATRIC PANDA MASK	VBB	HDHP

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Drug Name	Drug Tier	Notes
PHEXXI	\$0	\$0 for MN plans
PIP PEN NEEDLES 31G X 5MM	VBB	QL (200 PER FILL); HDHP
PIP PEN NEEDLES 32G X 4MM	VBB	QL (200 PER FILL); HDHP
POCKET SPACER	VBB	HDHP
PRO COMFORT SPACER ADULT	VBB	HDHP
PRO COMFORT SPACER CHILD	VBB	HDHP
PRO COMFORT SPACER INFANT	VBB	HDHP
PROCARE SPACER/ADULT MASK	VBB	HDHP
PROCARE SPACER/CHILD MASK	VBB	HDHP
PROTHELIAL	T3	PA
PURE COMFORT FLOW METER ADULT	VBB	HDHP
PURE COMFORT FLOW METER CHILD	VBB	HDHP
PURE COMFORT SAFETY PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
PURE COMFORT SPACER CHAMBER	VBB	HDHP
RADIOGARDASE	T3	
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
SAFETY PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	T3	HDHP
SILATRIX	T3	PA; QL (10 GM IN 1 DAYS)
SORBITOL IRRIGATION	T3	
STRIVE DUAL ZONE PEAK FLOW MTR	VBB	HDHP
SYRINGE LUER LOCK 30 ML	T3	
SYRINGE LUER SLIP 1 ML	T3	
TODAY SPONGE	\$0	
TRUZONE PEAK FLOW METER	VBB	HDHP
UNIFINE PROTECT PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
VCF VAGINAL CONTRACEPTIVE	\$0	
VERIFINE INSULIN PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
VERIFINE PLUS PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
VISTOGARD	T4NP	QL (20 IN 30 DAYS; MAX 30 DAYS)
VORTEX VALVED HOLDING CHAMBER	VBB	HDHP
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	

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Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
ZOKINVY	T4P	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALOCRI	T3	
ALOMIDE	T2	
AZASITE	T3	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T3	
BESIVANCE	T3	
BETADINE OPHTHALMIC PREP	T3	
<i>bromfenac sodium (once-daily)</i>	T3	
<i>bromfenac sodium ophthalmic</i>	T3	
CILOXAN	T2	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>difluprednate</i>	T3	
<i>epinastine hcl</i>	T3	
<i>erythromycin ophthalmic</i>	T1	
<i>eye allergy itch relief</i>	T1	
<i>eye allergy itch/redness rel</i>	T1	
FLAREX	T3	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
FML FORTE	T3	
<i>ft eye allergy itch &amp; redness</i>	T1	
<i>ft eye allergy itch relief</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic</i>	T1	
ILEVRO	T2	
INVELTYS	T3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	T1	

Drug Name	Drug Tier	Notes
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	T1	QL (10 ML IN 30 DAYS)
<i>levofloxacin ophthalmic</i>	T3	
LOTEMAX OPHTHALMIC OINTMENT	T3	
LOTEMAX SM	T3	
<i>loteprednol etabonate</i>	T3	
MAXIDEX	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic</i>	T1	
NATACYN	T3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1	
NEVANAC	T2	
<i>ofloxacin ophthalmic</i>	T1	
<i>olopatadine hcl ophthalmic</i>	T1	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %	T2	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T2	
TOBRADEX ST	T3	
<i>tobramycin solution 0.3 % ophthalmic</i>	T3	
<i>tobramycin solution 0.3 % ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T2	
<i>trifluridine</i>	T1	
ZIRGAN	T3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>apraclonidine hcl</i>	T3	
<i>betaxolol hcl ophthalmic</i>	T1	
BETIMOL	T3	
BETOPTIC-S	T2	

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Drug Name	Drug Tier	Notes
<i>bimatoprost ophthalmic</i>	T3	
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dichlorphenamide</i>	T4NP	PA; QL (4 IN 1 DAYS)
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>dorzolamide hcl-timolol mal pf</i>	T3	
IOPIDINE	T2	
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
LUMIGAN	T3	
<i>methazolamide oral</i>	T1	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic</i>	T1	
RHOPRESSA	T3	
ROCKLATAN	T3	
SIMBRINZA	T2	
<i>tafluprost (pf)</i>	T3	
<i>timolol maleate (once-daily)</i>	T1	
<i>timolol maleate ocudose</i>	T1	
<i>timolol maleate ophthalmic</i>	T1	
<i>timolol maleate pf</i>	T1	
<i>travoprost (bak free)</i>	T1	
VUITY	T3	QL (5 ML IN 30 DAYS)
VYZULTA	T3	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ALTACAINE	T2	
ALTAFLUOR BENOX	T3	
<i>atropine sulfite ophthalmic ointment</i>	T1	
<i>atropine sulfite solution 1 % ophthalmic</i>	T1	
<i>bacitracin-polymyxin b</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
CYCLOMYDRIL	T2	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclosporine ophthalmic</i>	T1	

Drug Name	Drug Tier	Notes
CYSTARAN	T4NP	
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
<i>neo-polycin</i>	T1	
<i>neo-polycin hc</i>	T1	
OXERVATE	T4NP	PA; QL (1 ML IN 1 DAYS; 56 days of therapy per lifetime)
<i>phenylephrine hcl ophthalmic solution 10 %</i>	T1	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	T1	QL (30 ML IN 30 DAYS)
<i>polycin</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
<i>sulfacetamide-prednisolone</i>	T1	
<i>tetracaine hcl ophthalmic</i>	T1	
<i>tropicamide ophthalmic</i>	T1	
TYRVAYA	T3	ST
ZYLET	T3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
<i>acetic acid otic</i>	T1	
CIPRO HC	T2	QL (40 IN 30 DAYS)
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	
CIPROFLOXACIN-FLUOCINOLONE PF	T3	
CORTISPORIN-TC	T3	
<i>fluocinolone acetonide otic</i>	T3	
<i>hydrocortisone-acetic acid</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>ofloxacin otic</i>	T1	QL (20 ML IN 30 DAYS)
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
<i>azelastine hcl nasal</i>	T1	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T3	
<i>carbinoxamine maleate</i>	T3	
CLARINEX-D 12 HOUR	T3	PA
<i>clemastine fumarate oral syrup</i>	T3	
<i>clemastine fumarate oral tablet</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>fluticasone propionate nasal</i>	T1	

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Drug Name	Drug Tier	Notes
<i>guaifenesin-codeine</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>hydrocod poli-chlorphe poli er</i>	T1	
<i>hydrocodone bit-homatrop mbr</i>	T1	
<i>hydromet</i>	T1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	T2	
<i>ipratropium bromide nasal</i>	T1	
KARBINAL ER	T3	
<i>maxi-tuss ac</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	T2	
<i>olopatadine hcl nasal</i>	T3	
<i>promethazine vc</i>	T3	
<i>promethazine vclcodeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>promethazine-codeine oral solution</i>	T1	AL (AGE MIN 12 YEARS)
<i>promethazine-dm</i>	T3	
<i>pseudoephedrine-bromphen-dm</i>	T3	
<i>sodium chloride inhalation</i>	T1	
TUXARIN ER	T3	AL (AGE MIN 12 YEARS)
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
<i>acetylcysteine inhalation</i>	T3	
ADVAIR DISKUS	VBB	HDHP
ADVAIR HFA	VBB	HDHP
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	T1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	T2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	QL (300 ML IN 30 DAYS)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	T1	QL (120 ML IN 30 DAYS)
<i>albuterol sulfate oral</i>	T1	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T3	PA
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T3	PA; QL (6.1 GM IN 30 DAYS)



Drug Name	Drug Tier	Notes
ANORO ELLIPTA	T2	
<i>arformoterol tartrate</i>	T3	
ARNUITY ELLIPTA	VBB	HDHP
ASMANEX (120 METERED DOSES)	T3	ST
ASMANEX (30 METERED DOSES)	T3	ST
ASMANEX (60 METERED DOSES)	T3	ST
ASMANEX HFA	T3	ST
ATROVENT HFA	T2	
BREO ELLIPTA	VBB	HDHP
BREZTRI AEROSPHERE	T2	
<i>budesonide inhalation</i>	VBB	QL (120 ML IN 30 DAYS); HDHP
COMBIVENT RESPIMAT	T2	
<i>cromolyn sodium inhalation</i>	T1	QL (480 ML IN 30 DAYS)
<i>elixophyllin</i>	T1	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	T1	QL (4 IN 30 DAYS)
FASENRA PEN	T4P	PA; QL (1 ML IN 56 DAYS); SP-QTZ
FLUTICASONE PROPIONATE HFA	VBB	HDHP
<i>formoterol fumarate inhalation</i>	T1	
INCRUSE ELLIPTA	T2	
<i>ipratropium bromide inhalation</i>	T1	QL (300 ML IN 30 DAYS)
<i>ipratropium-albuterol</i>	T1	QL (360 ML IN 30 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T3	QL (270 ML IN 30 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	T3	QL (90 ML IN 30 DAYS)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	T3	
<i>montelukast sodium oral</i>	VBB	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4P	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
OFEV	T4P	PA; QL (2 IN 1 DAYS); SP-QTZ

Effective 4/1/2024

Drug Name	Drug Tier	Notes
<i>pirfenidone oral capsule</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 267 mg</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 801 mg</i>	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
PROAIR RESPICLICK	T3	
PULMICORT FLEXHALER	T3	PA
<i>roflumilast oral tablet 250 mcg</i>	T3	QL (1 IN 1 DAYS)
<i>roflumilast oral tablet 500 mcg</i>	T3	
SEREVENT DISKUS	T2	
SPIRIVA RESPIMAT	T2	
STIOLTO RESPIMAT	T3	PA
STRIVERDI RESPIMAT	T3	
SYMBICORT	VBB	HDHP
<i>terbutaline sulfate oral</i>	T1	
TEZSPIRE	T4NP	PA; QL (1.91 ML IN 28 DAYS); SP-QTZ
THEO-24	T2	
<i>theophylline er</i>	T1	
<i>theophylline oral</i>	T3	
<i>tiotropium bromide monohydrate</i>	T1	
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR	T3	ST
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4P	PA; SP-QTZ
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; SP-QTZ
XOPENEX HFA	T3	
YUPELRI	T3	QL (3 ML IN 1 DAYS)
<i>zafirlukast</i>	T3	
ZYFLO	T3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
CAYSTON	T4P	PA; QL (3 ML IN 1 DAYS)
KALYDECO	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
ORKAMBI ORAL PACKET	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
ORKAMBI ORAL TABLET	T4NP	PA; QL (4 IN 1 DAYS); SP-ORx
PULMOZYME	T4P	QL (2.5 ML IN 1 DAYS; MAX 30 DAYS)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T4P	PA; QL (10 ML IN 1 DAYS)
TRIKAFTA ORAL TABLET THERAPY PACK	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx

Effective 4/1/2024

Drug Name	Drug Tier	Notes
TRIKAFTA ORAL THERAPY PACK	T4NP	PA; QL (56 IN 28 DAYS); SP-ORx
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	T4P	PA; QL (3 IN 1 DAYS)
<i>alyq</i>	T1	PA
<i>ambrisentan</i>	T4P	PA; QL (1 IN 1 DAYS)
<i>bosentan</i>	T4P	PA; QL (2 IN 1 DAYS)
OPSUMIT	T4P	PA
ORENITRAM	T4NP	PA
ORENITRAM MONTH 1	T4NP	PA; QL (168 IN 28 DAYS)
ORENITRAM MONTH 2	T4NP	PA; QL (336 IN 28 DAYS)
ORENITRAM MONTH 3	T4NP	PA; QL (252 IN 28 DAYS)
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA
<i>tadalafil (pah)</i>	T1	PA
TRACLEER 32 MG	T4P	PA; QL (4 IN 1 DAYS); SP-ORx
TYVASO	T4P	
TYVASO REFILL	T4P	
TYVASO STARTER	T4P	
UPTRAVI ORAL	T4P	PA; QL (2 IN 1 DAYS)
UPTRAVI TITRATION	T4P	PA; QL (2 IN 1 DAYS)
VENTAVIS	T4NP	PA
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
BACLOFEN ORAL SOLUTION 5 MG/5ML	T3	AL (AGE MAX 11 YEARS)
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
<i>baclofen oral tablet 5 mg</i>	T3	
BACLOFEN SOLUTION 10 MG/5ML ORAL	T3	
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	T3	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>dantrolene sodium oral</i>	T3	
<i>metaxalone</i>	T1	
<i>methocarbamol oral</i>	T1	
NORGESIC FORTE	T2	
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE	T2	

Effective 4/1/2024

Drug Name	Drug Tier	Notes
OZOBAX DS	T3	
<i>tizanidine hcl oral capsule</i>	T3	
<i>tizanidine hcl oral tablet</i>	T1	
<b>Sleep Disorder Agents</b>		
<i>armodafinil</i>	T1	QL (1 IN 1 DAYS)
BELSOMRA	T3	PA; QL (1 IN 1 DAYS)
<i>eszopiclone</i>	T1	QL (1 IN 1 DAYS)
<i>flurazepam hcl</i>	T1	
HETLIOZ LQ	T3	PA; QL (5 ML IN 1 DAYS); SP-ORx
<i>modafinil oral tablet 100 mg</i>	T1	QL (1 IN 1 DAYS)
<i>modafinil oral tablet 200 mg</i>	T1	QL (2 IN 1 DAYS)
<i>ramelteon</i>	T3	QL (1 IN 1 DAYS)
SODIUM OXYBATE	T4NP	PA
SUNOSI	T3	PA; QL (1 IN 1 DAYS)
<i>tasimelteon</i>	T3	PA; QL (1 IN 1 DAYS); SP-ORx
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	
<i>temazepam oral capsule 22.5 mg</i>	T3	QL (1 IN 1 DAYS)
<i>temazepam oral capsule 7.5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>zaleplon</i>	T1	
<i>zolpidem tartrate er</i>	T3	QL (1 IN 1 DAYS)
<i>zolpidem tartrate oral tablet</i>	T1	QL (1.5 IN 1 DAYS)

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VIREAD.....	27	XPOVIO (100 MG ONCE WEEKLY).....	21	ZYLET.....	72
VISTOGARD.....	68	XPOVIO (40 MG ONCE WEEKLY).....	21		
<i>vitamin d (ergocalciferol)</i> .....	46	XPOVIO (40 MG TWICE WEEKLY).....	21		
VIVAGUARD INO CONTROL SOLUTION.....	43	XPOVIO (60 MG ONCE WEEKLY).....	22		
VIVJOA.....	16	XPOVIO (60 MG TWICE WEEKLY).....	22		
VIVOTIF.....	63	XPOVIO (80 MG ONCE WEEKLY).....	22		
<i>volnea</i> .....	58	XPOVIO (80 MG TWICE WEEKLY).....	22		
<i>voriconazole</i> .....	16	XTANDI.....	22		
VORTEX VALVED HOLDING CHAMBER.....	68	<i>xulane</i> .....	58		
VOSEVI.....	27	XURIDEN.....	49		
VOWST.....	49	<i>yl folic acid</i> .....	46		
VRAYLAR.....	24	YUPELRI.....	75		
VUITY.....	71	<i>yuvaferm</i> .....	58		
<i>vyfemla</i> .....	58	<i>zafemy</i> .....	58		
<i>vylibra</i> .....	58	<i>zafirlukast</i> .....	75		
VYNDAMAX.....	34	<i>zaleplon</i> .....	77		
VYVANSE.....	35	ZEJULA.....	22		
VYZULTA.....	71	ZELAPAR.....	23		
<i>warfarin sodium</i> .....	10	ZELBORAF.....	22		
<i>water for irrigation, sterile</i> .....	46	<i>zenatane</i> .....	40		
<i>weekly-d</i> .....	46	ZENZEDI.....	35		
WELIREG.....	21	ZEPATIER.....	27		
<i>wera</i> .....	58	ZEPOSIA.....	36		
WESNATAL DHA COMPLETE.....	46	ZEPOSIA 7-DAY STARTER PACK.....	36		
WESTAB PLUS.....	46	ZEPOSIA STARTER KIT.....	36		
WIDE-SEAL DIAPHRAGM 60..	68	<i>zidovudine</i> .....	27		
WIDE-SEAL DIAPHRAGM 65..	68	ZIEXTENZO.....	29		
WIDE-SEAL DIAPHRAGM 70..	68	ZIMHI.....	7		
WIDE-SEAL DIAPHRAGM 75..	68	<i>ziprasidone hcl</i> .....	24		
WIDE-SEAL DIAPHRAGM 80..	68	ZIRGAN.....	70		
WIDE-SEAL DIAPHRAGM 85..	69	ZOKINVY.....	69		
WIDE-SEAL DIAPHRAGM 90..	69	ZOLINZA.....	22		
WIDE-SEAL DIAPHRAGM 95..	69	<i>zolmitriptan</i> .....	17		
<i>wymzya fe</i> .....	58	<i>zolpidem tartrate</i> .....	77		
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XARELTO.....	10	ZONISADE.....	12		
XARELTO STARTER PACK.....	10	<i>zonisamide</i> .....	12		
XATMEP.....	62	ZONTIVITY.....	23		
XCOPRI.....	12	ZORYVE.....	40		
XELJANZ.....	62	<i>zovia 1/35 (28)</i> .....	58		
XELJANZ XR.....	62	ZUBSOLV.....	7		
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XERMELO.....	49	ZYDELIG.....	22		
XIFAXAN.....	9	ZYFLO.....	75		
XIGDUO XR.....	41	ZYKADIA.....	22		
XOFLUZA (40 MG DOSE).....	27				
XOFLUZA (80 MG DOSE).....	27				
XOLAIR.....	75				
XOPENEX HFA.....	75				
XOSPATA.....	21				