



# 2024 Standard Individual (IL) 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 Individual (IL) 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 Illinois whose pharmacy benefits have a deductible and/or coinsurance cost share structure. Some coinsurance plans may have a deductible that must be met before coinsurance cost shares apply.

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.

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 [Quartz Customer Success](#) at (800) 362-3310 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 capital letters. Generic drug names are included in lowercase font. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (Fulphila, 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. Only preferred drugs are covered on the Standard formulary. Nonpreferred drugs will be listed as NF in the **Drug Tier** column.

## 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.

**Oral Oncology Drug Cost Share:** For drugs taken at home to treat cancer, the state of Illinois has determined the maximum 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.

## 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](http://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>	NF	
<i>ascomp-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>bac</i>	T1	
BELBUCA	NF	
<i>buprenorphine</i>	T1	
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	NF	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	NF	
<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>	NF	
<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>	NF	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	NF	
<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>	NF	
<i>hydromorphone hcl er</i>	NF	
<i>hydromorphone hcl oral</i>	T1	
<i>mepidine hcl oral</i>	T1	
<i>methadone hcl intensol</i>	T1	
<i>methadone hcl oral</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T2	

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Drug Name	Drug Tier	Notes
<i>methadose oral tablet soluble</i>	T1	
METHADOSE SUGAR-FREE	T2	
<i>morphine sulfate (concentrate)</i>	T1	
<i>morphine sulfate er beads</i>	NF	
<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	NF	
NUCYNTA ER	NF	
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>	NF	
<i>oxymorphone hcl er</i>	NF	
<i>pentazocine-naloxone hcl</i>	T1	
TENCON	T2	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	NF	
<i>tramadol hcl er</i>	NF	
<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)

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Drug Name	Drug Tier	Notes
DICLOFENAC PATCH 1.3%	NF	
<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>	NF	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol</i>	T1	
<i>diflunisal oral</i>	T1	
<i>ec-naproxen</i>	NF	
<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>	NF	
INDOCIN ORAL	T2	
<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>	NF	
<i>ketorolac tromethamine intramuscular</i>	NF	
<i>ketorolac tromethamine oral</i>	T1	QL (20 IN 30 DAYS)
<i>meclofenamate sodium oral</i>	T1	
<i>mefenamic acid oral</i>	NF	
MELOXICAM ORAL SUSPENSION	T2	
<i>meloxicam oral tablet</i>	T1	
<i>mm aspirin</i>	\$0	
<i>nabumetone oral</i>	T1	
<i>naproxen dr</i>	NF	
<i>naproxen oral suspension</i>	T1	AL (AGE MAX 12 YEARS)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	

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Drug Name	Drug Tier	Notes
<i>naproxen-esomeprazole mg</i>	NF	
<i>oxaprozin oral tablet</i>	T1	
<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
KLOXXADO	\$0	
LUCEMYRA	T2	
<i>naloxone hcl injection</i>	\$0	
<i>naloxone hcl nasal</i>	\$0	
<i>naltrexone hcl oral</i>	T1	
NARCAN	\$0	
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

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Drug Name	Drug Tier	Notes
<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	\$0 for 180 days/year
NICOTROL NS	T2	\$0 for 180 days/year
OPVEE	\$0	
SUBOXONE	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	\$0	
ZUBSOLV	T2	
<b>Antibacterials</b>		
AEMCOLO	NF	
<i>amoxicillin</i>	T1	
<i>amoxicillin-potassium clavulanate</i>	T1	
<i>amoxicillin-potassium clavulanate er</i>	T1	
<i>ampicillin</i>	T1	
ARIKAYCE	NF	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	T2	
<i>azithromycin oral packet</i>	NF	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet</i>	T1	
BAXDELA ORAL	NF	
<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>	NF	
<i>cefpodoxime 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	

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Drug Name	Drug Tier	Notes
<i>cephalexin oral tablet</i>	NF	
CIPRO ORAL SUSPENSION RECONSTITUTED	T2	
<i>ciprofloxacin hcl oral</i>	T1	
<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>	NF	
<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>	NF	
<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>	NF	
<i>methenamine hippurate</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	

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Drug Name	Drug Tier	Notes
<i>minocycline hcl oral tablet</i>	NF	
<i>mondoxyne nl</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin calcium</i>	T1	
<i>mupirocin external</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>neomycin-polymyxin b gu</i>	NF	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T1	
NUZYRA ORAL	NF	
<i>ofloxacin oral</i>	NF	
<i>penicillin v potassium</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO ORAL	T2	PA
SOLOSEC	NF	
<i>ssd</i>	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
SULFAMYLON EXTERNAL CREAM	NF	
<i>sulfatrim pediatric</i>	T1	
<i>tetracycline hcl oral capsule</i>	NF	
<i>tinidazole oral</i>	NF	
<i>tobramycin sulfate injection solution</i>	NF	
<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	NF	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	
<b>Anticoagulants</b>		
ANTICOAGULANT SODIUM CITRATE	NF	
<i>bd heparin posiflush</i>	T1	
<i>dabigatran etexilate mesylate</i>	NF	
ELIQUIS	T2	
ELIQUIS DVT/PE STARTER PACK	T2	

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Drug Name	Drug Tier	Notes
<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)
<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</i>	NF	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	T2	QL (8 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T2	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	T2	QL (0.6 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T2	QL (0.4 ML IN 1 DAYS)
<i>heparin na (pork) lock flush 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>	T1	
PRADAXA ORAL CAPSULE 110 MG	NF	
PRADAXA ORAL PACKET	NF	
SODIUM CITRATE IN VITRO	NF	
SODIUM CITRATE LOCK FLUSH	NF	
<i>warfarin sodium oral</i>	T1	
XARELTO	T2	
XARELTO STARTER PACK	T2	
<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	NF	
<i>carbamazepine er</i>	T1	

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Drug Name	Drug Tier	Notes
<i>carbamazepine oral</i>	T1	
<i>clobazam</i>	NF	
DIACOMIT	NF	
<i>diazepam rectal</i>	NF	
DILANTIN	T2	
DILANTIN INFATABS	T2	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T2	
<i>epitol</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
FYCOMPA	NF	
<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</i>	NF	
<i>lamotrigine er</i>	NF	
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	NF	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<i>methsuximide</i>	T1	
NAYZILAM	NF	
<i>oxcarbazepine</i>	T1	
OXTELLAR XR	NF	
<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>	NF	
SPRITAM	NF	
<i>subvenite</i>	T1	
TEGRETOL-XR	T2	

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Drug Name	Drug Tier	Notes
<i>tiagabine hcl</i>	NF	
<i>topiramate oral</i>	T1	
<i>valproic acid oral</i>	T1	
VALTOCO	NF	
<i>vigabatrin</i>	NF	
<i>vigadrone oral packet</i>	NF	
<i>vigpoder</i>	NF	
XCOPRI	NF	
ZONISADE	NF	
<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>	NF	
<i>rivastigmine</i>	NF	
<i>rivastigmine tartrate</i>	T1	
<b>Antidepressants</b>		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
AUVELITY	NF	
<i>bupropion hcl er (sr)</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	QL (1 IN 1 DAYS)
<i>bupropion hcl oral</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral solution</i>	T1	HDHP
<i>citalopram hydrobromide oral tablet</i>	T1	HDHP
<i>clomipramine hcl oral</i>	T1	PA
<i>desipramine hcl oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>desvenlafaxine succinate er</i>	NF	
<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	NF	
<i>escitalopram oxalate oral</i>	T1	HDHP
FETZIMA	NF	
FETZIMA TITRATION	NF	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	NF	
<i>fluoxetine hcl oral capsule</i>	T1	HDHP
<i>fluoxetine hcl oral solution</i>	T1	HDHP
<i>fluoxetine hcl oral tablet 10 mg</i>	NF	
<i>fluvoxamine maleate er</i>	NF	
<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>	NF	
MARPLAN	NF	
<i>mirtazapine oral</i>	T1	
<i>nefazodone hcl</i>	T1	
<i>nortriptyline hcl oral</i>	T1	
<i>paroxetine hcl er</i>	NF	
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	T1	HDHP
<i>perphenazine-amitriptyline</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>protriptyline hcl</i>	T1	
<i>sertraline hcl oral concentrate</i>	T1	HDHP
<i>sertraline hcl oral tablet</i>	T1	HDHP
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral</i>	T1	
<i>trimipramine maleate oral</i>	T1	
TRINTELLIX	NF	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>vilazodone hcl</i>	NF	

Drug Name	Drug Tier	Notes
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
AKYNZEO ORAL	NF	
<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>	NF	
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>	NF	
<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)	NF	
<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>	NF	
<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>	NF	

Drug Name	Drug Tier	Notes
CRESEMBA ORAL	T2	PA
<i>econazole nitrate external</i>	T1	
ECOZA	NF	
ERTACZO	NF	
EXELDERM	T2	
EXODERM	NF	
<i>fluconazole oral</i>	T1	
<i>flucytosine oral</i>	NF	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T1	
GYNAZOLE-1	T2	
<i>itraconazole oral</i>	T1	PA
JUBLIA	NF	
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external shampoo</i>	T1	
<i>ketoconazole oral</i>	T1	
<i>klayesta</i>	T1	
LULICONAZOLE	NF	
<i>miconazole 3</i>	T1	
<i>naftifine hcl</i>	NF	
<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>	NF	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T1	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	NF	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T1	
<i>nystop</i>	T1	
ORAVIG	NF	
<i>oxiconazole nitrate</i>	T1	
OXISTAT EXTERNAL LOTION	T2	
<i>posaconazole oral suspension</i>	NF	
<i>posaconazole oral tablet delayed release</i>	T1	PA
SULCONAZOLE NITRATE	T2	

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Drug Name	Drug Tier	Notes
<i>tavorole</i>	NF	
<i>terbinafine hcl oral</i>	T1	
<i>terconazole</i>	T1	
TOLSURA	NF	
VIVJOA	NF	
<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	NF	
<i>almotriptan malate</i>	NF	
<i>diclofenac potassium(migraine)</i>	NF	
<i>dihydroergotamine mesylate nasal</i>	T1	QL (16 ML IN 30 DAYS)
<i>eletriptan hydrobromide</i>	NF	
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)
ERGOMAR	NF	
<i>ergotamine-caffeine</i>	T1	
<i>frovatriptan succinate</i>	NF	
MIGERGOT	T2	
<i>naratriptan hcl</i>	T1	QL (18 IN 30 DAYS)
NURTEC	NF	
QULIPTA	NF	
REYVOW	NF	
<i>rizatriptan benzoate</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan nasal</i>	T1	QL (18 IN 30 DAYS)

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Drug Name	Drug Tier	Notes
<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	NF	
<i>zolmitriptan nasal</i>	NF	
<i>zolmitriptan oral tablet</i>	T1	QL (12 IN 30 DAYS)
<i>zolmitriptan oral tablet dispersible</i>	NF	
<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>	NF	
<i>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
PRETOMANID	NF	
PRIFTIN	NF	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	NF	
TRECTOR	NF	
<b>Antineoplastics - Drugs for Cancer</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	T1	PA; QL (4 IN 1 DAYS); SP-QTZ
AKEEGA	NF	
ALECENSA	NF	
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
AYVAKIT	NF	
BALVERSA	NF	
<i>bexarotene</i>	NF	
<i>bicalutamide</i>	T1	
BOSULIF	NF	
BRAFTOVI	NF	
BRUKINSA	NF	
CABOMETYX	NF	
CALQUENCE	NF	

Drug Name	Drug Tier	Notes
<i>capecitabine</i>	T1	SP-QTZ
CAPRELSA	NF	
COMETRIQ	NF	
COPIKTRA	NF	
COTELLIC	NF	
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
DROXIA	T2	
EMCYT	T2	
ERIVEDGE	NF	
<i>erlotinib hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etoposide oral</i>	T1	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	NF	
<i>everolimus oral tablet soluble</i>	NF	
<i>exemestane</i>	T1	\$0 for breast cancer PX
EXKIVITY	NF	
GILOTRIF	NF	
GLEOSTINE	T2	
HYCANTIN ORAL	NF	
<i>hydroxyurea oral</i>	T1	
IBRANCE	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
ICLUSIG	NF	
IDHIFA	NF	
<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	NF	
IMBRUVICA ORAL SUSPENSION	NF	
IMBRUVICA ORAL TABLET 420 MG	NF	
INLYTA	NF	
INQOVI	NF	
JAKAFI	NF	
JAYPIRCA	NF	
KISQALI FEMARA	NF	
KISQALI ORAL TABLET THERAPY PACK 200 MG	NF	
KOSELUGO	NF	
KRAZATI	NF	
<i>lapatinib ditosylate</i>	T1	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
<i>lenalidomide</i>	T1	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	NF	
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	NF	
<i>leucovorin calcium oral tablet 5 mg</i>	T1	
LEUKERAN	T2	
LONSURF	NF	
LUMAKRAS	NF	
LYNPARZA	NF	
LYSODREN	T2	
LYTGOBI (12 MG DAILY DOSE)	NF	
LYTGOBI (16 MG DAILY DOSE)	NF	
LYTGOBI (20 MG DAILY DOSE)	NF	
MATULANE	T2	
MEKINIST	NF	
MEKTOVI	NF	
<i>melphalan</i>	T1	
<i>mercaptopurine oral</i>	T1	
MESNEX ORAL	T2	
MYLERAN	T2	
NERLYNX	NF	
<i>nilutamide</i>	T1	SP-QTZ
NINLARO	NF	
ODOMZO	NF	
ONUREG	NF	
ORGOVYX	NF	
ORSERDU	NF	
PANRETIN	T2	
<i>pazopanib hcl</i>	NF	
PEMAZYRE	NF	
PIQRAY	NF	
POMALYST	NF	
PURIXAN	NF	
QINLOCK	NF	
RETEVMO	NF	

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Drug Name	Drug Tier	Notes
REZLIDHIA	NF	
ROZLYTREK	NF	
RUBRACA	NF	
RYDAPT	NF	
SOLTAMOX	T2	\$0 for breast cancer PX
<i>sorafenib tosylate</i>	T1	PA; SP-QTZ
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
SPRYCEL ORAL TABLET 20 MG	T2	PA; QL (3 IN 1 DAYS); SP-QTZ
STIVARGA	NF	
<i>sunitinib malate</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
TABLOID	T2	
TABRECTA	NF	
TAFINLAR	NF	
TAGRISO	NF	
TALZENNA	NF	
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TASIGNA	NF	
TAZVERIK	NF	
<i>temozolomide</i>	T1	QL (1 IN 1 DAYS)
THALOMID	NF	
TIBSOVO	NF	
<i>toremifene citrate</i>	T1	
<i>tretinoin oral</i>	NF	
TUKYSA	NF	
TURALIO	NF	
VALCHLOR	NF	
VANFLYTA	NF	
VENCLEXTA	NF	
VENCLEXTA STARTING PACK	NF	
VERZENIO	NF	
WELIREG	NF	
XALKORI	NF	
XOSPATA	NF	
XPOVIO (100 MG ONCE WEEKLY)	NF	
XPOVIO (40 MG ONCE WEEKLY)	NF	
XPOVIO (40 MG TWICE WEEKLY)	NF	
XPOVIO (60 MG ONCE WEEKLY)	NF	

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

Drug Name	Drug Tier	Notes
<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>	NF	
<i>carbidopa-levodopa-entacapone</i>	NF	
<i>entacapone</i>	NF	
INBRIJA	NF	
NEUPRO	NF	
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	NF	
<i>rasagiline mesylate oral</i>	T1	QL (1 IN 1 DAYS)
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	NF	
<i>selegiline hcl oral</i>	T1	
<i>tolcapone</i>	NF	
<i>trihexyphenidyl hcl</i>	T1	
ZELAPAR	NF	
<b>Antiplatelets</b>		
<i>aspirin-dipyridamole er</i>	NF	
BRILINTA	T2	
CABLIVI	NF	
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<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	NF	
<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>	NF	
<i>asenapine maleate</i>	NF	
CAPLYTA	NF	
<i>chlorpromazine hcl oral concentrate</i>	NF	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>chlorpromazine hcl oral tablet</i>	T1	
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	NF	
FANAPT	NF	
FANAPT TITRATION PACK	NF	
<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>	NF	
<i>molindone hcl</i>	T1	
NUPLAZID	NF	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	NF	
<i>paliperidone er</i>	NF	
<i>pimozide oral tablet 1 mg</i>	NF	
<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>	NF	
REXULTI	NF	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible</i>	NF	
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T1	
<i>trifluoperazine hcl</i>	T1	
VERSACLOZ	NF	
VRAYLAR	NF	
<i>ziprasidone hcl</i>	T1	
<b>Antivirals</b>		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ
<i>acyclovir external ointment</i>	NF	
<i>acyclovir oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>adefovir dipivoxil</i>	T1	
APTIVUS	NF	
<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	T2	SP-QTZ
CIMDUO	T2	SP-QTZ
COMPLERA	T2	SP-QTZ
<i>darunavir</i>	T1	SP-QTZ
DELSTRIGO	NF	
DESCOVY	T2	SP-QTZ; \$0 copay for HIV PX
DOVATO	T2	QL (1 IN 1 DAYS); SP-QTZ
EDURANT	T2	SP-QTZ
<i>efavirenz</i>	T1	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T1	
<i>efavirenz-lamivudine-tenofovir</i>	T1	SP-QTZ
<i>emtricitabine</i>	T1	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	T1	QL (1 IN 1 DAYS); SP-QTZ; \$0 copay for HIV PX
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T1	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX
EMTRIVA ORAL SOLUTION	T2	SP-QTZ
<i>entecavir</i>	T1	QL (1 IN 1 DAYS)
EPCLUSA	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etravirine</i>	T1	SP-QTZ
EVOTAZ	T2	SP-QTZ
<i>famciclovir oral</i>	NF	
<i>fosamprenavir calcium</i>	T1	SP-QTZ
FUZEON	T2	SP-QTZ
GENVOYA	T2	SP-QTZ
HARVONI	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
INTELENCE ORAL TABLET 25 MG	T2	SP-QTZ
ISENTRESS	T2	SP-QTZ; \$0 copay for HIV PX
ISENTRESS HD	T2	SP-QTZ
JULUCA	NF	
LAGEVRIO	\$0	QL (40 IN 5 DAYS; AGE MIN 18 YEARS)
<i>lamivudine oral solution</i>	T1	SP-QTZ

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Drug Name	Drug Tier	Notes
<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	NF	
<i>lopinavir-ritonavir oral solution</i>	T1	SP-QTZ
<i>lopinavir-ritonavir oral tablet</i>	T1	SP-QTZ
<i>maraviroc</i>	NF	
MAVYRET	T2	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>nevirapine</i>	T1	SP-QTZ
<i>nevirapine er</i>	T1	SP-QTZ
NORVIR ORAL PACKET	T2	SP-QTZ
ODEFSEY	T2	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	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>penciclovir</i>	NF	
PIFELTRO	NF	
PREVYMIS ORAL	T2	PA; QL (1 IN 1 DAYS)
PREZCOBIX	T2	SP-QTZ
PREZISTA ORAL SUSPENSION	T2	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	SP-QTZ
RELENZA DISKHALER	T2	QL (20 IN 30 DAYS)
REYATAZ ORAL PACKET	T2	SP-QTZ
<i>ribavirin oral</i>	T1	
<i>rimantadine hcl</i>	T1	
<i>ritonavir</i>	T1	SP-QTZ
RUKOBIA	T2	SP-QTZ
SELZENTRY ORAL SOLUTION	NF	
SOVALDI	NF	

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Drug Name	Drug Tier	Notes
STRIBILD	T2	SP-QTZ
SUNLENCA ORAL	T2	QL (5 IN 30 DAYS); SP-QTZ
SYMTUZA	T2	SP-QTZ
TEMBEXA	\$0	
<i>tenofovir disoproxil fumarate</i>	T1	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T2	SP-QTZ
TIVICAY PD	T2	SP-QTZ; \$0 copay for HIV PX
TPOXX ORAL	\$0	
TRIUMEQ	T2	SP-QTZ
TRIUMEQ PD	T2	SP-QTZ
TYBOST	T2	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl</i>	T1	
VEMLIDY	NF	
VIRACEPT	T2	SP-QTZ
VIREAD ORAL POWDER	T2	SP-QTZ
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	QL (1 IN 1 DAYS); SP-QTZ
VOSEVI	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
XOFLUZA (40 MG DOSE)	NF	
XOFLUZA (80 MG DOSE)	NF	
ZEPATIER	NF	
<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>	NF	
<i>alprazolam intensol</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	NF	
<i>alprazolam xr</i>	NF	
<i>bupirone hcl oral</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	
<i>clonazepam oral tablet</i>	T1	
<i>clonazepam oral tablet dispersible</i>	NF	
<i>clorazepate dipotassium</i>	T1	
<i>diazepam intensol</i>	NF	
<i>diazepam oral concentrate</i>	NF	



Drug Name	Drug Tier	Notes
<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	NF	
<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)	T2	PA
DOPTELET	NF	
EMPAVELI	NF	
FULPHILA	T2	PA; QL (0.6 ML IN 30 DAYS)
FYLNETRA	T2	PA; QL (0.6 ML IN 30 DAYS)
GRANIX	T2	
HEMLIBRA	NF	
LEUKINE	NF	
MIRCERA	T2	PA
NYVEPRIA	T2	PA; QL (0.6 ML IN 30 DAYS)
PROMACTA	NF	
PYRUKYND	NF	
PYRUKYND TAPER PACK	NF	
RETACRIT	T2	PA
STIMUFEND	NF	
TAVALISSE	NF	
<i>tranexamic acid oral</i>	T1	

Drug Name	Drug Tier	Notes
UDENYCA	T2	PA; QL (0.6 ML IN 28 DAYS)
ZIEXTENZO	T2	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>	NF	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amiodarone hcl oral</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	NF	
<i>amlodipine-olmesartan</i>	NF	
ASPRUZYO SPRINKLE	NF	
<i>atenolol oral</i>	T1	HDHP
<i>atenolol-chlorthalidone</i>	T1	HDHP
ATORVALIQ	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	HDHP
<i>benazepril hcl oral</i>	T1	HDHP
<i>benazepril-hydrochlorothiazide</i>	T1	HDHP
<i>betaxolol hcl oral</i>	NF	
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	HDHP
<i>bumetanide oral</i>	T1	
CAMZYOS	NF	
<i>candesartan cilexetil</i>	T1	PA
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	T1	PA; QL (1 IN 1 DAYS)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	T1	PA
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<i>cartia xt</i>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	NF	
<i>chlorthalidone</i>	T1	
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>clonidine</i>	T1	

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Drug Name	Drug Tier	Notes
<i>clonidine hcl oral</i>	T1	
<i>colesevelam hcl</i>	T1	
COLESTID FLAVORED	T2	
<i>colestipol hcl</i>	T1	
CORLANOR	NF	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	NF	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads</i>	T1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	NF	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>disopyramide phosphate</i>	T1	
DIURIL	T2	
<i>dofetilide</i>	NF	
<i>doxazosin mesylate oral</i>	T1	
<i>droxidopa</i>	NF	
<i>enalapril maleate oral solution</i>	T1	
<i>enalapril maleate oral tablet</i>	T1	HDHP
<i>enalapril-hydrochlorothiazide</i>	T1	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>	NF	
<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	

Drug Name	Drug Tier	Notes
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	NF	
<i>flecainide acetate</i>	T1	
FLOLIPID	NF	
<i>fluvastatin sodium</i>	NF	
<i>fosinopril sodium</i>	T1	HDHP
<i>fosinopril sodium-hctz</i>	T1	HDHP
<i>furosemide oral solution 10 mg/ml</i>	T1	
<i>furosemide oral solution 8 mg/ml</i>	NF	
<i>furosemide oral tablet</i>	T1	
<i>gemfibrozil oral</i>	T1	
<i>guanfacine hcl</i>	T1	
HEMANGEOL	NF	
<i>hydralazine hcl oral</i>	T1	
<i>hydrochlorothiazide oral</i>	T1	
<i>icosapent ethyl</i>	NF	
<i>indapamide</i>	T1	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>isosorb dinitrate-hydralazine</i>	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>isradipine</i>	NF	
JUXTAPID	NF	
KAPSPARGO SPRINKLE	NF	
KATERZIA	T2	AL (AGE MAX 12 YEARS)
<i>labetalol hcl oral</i>	T1	
<i>lisinopril oral</i>	T1	HDHP
<i>lisinopril-hydrochlorothiazide</i>	T1	HDHP
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
<i>lovastatin oral</i>	T1	HDHP; \$0 if age 40-75
METHYLDOPA	T2	
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	QL (2 IN 1 DAYS); HDHP
<i>metoprolol tartrate oral</i>	T1	HDHP

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Drug Name	Drug Tier	Notes
<i>metoprolol-hydrochlorothiazide</i>	T1	HDHP
<i>metyrosine</i>	NF	
<i>mexiletine hcl oral</i>	T1	
<i>midodrine hcl</i>	T1	
<i>minoxidil oral</i>	NF	
<i>moexipril hcl</i>	NF	
MULTAQ	NF	
<i>nadolol oral</i>	T1	
<i>nebivolol hcl</i>	NF	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>nicardipine hcl oral</i>	NF	
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T1	
<i>nisoldipine er</i>	NF	
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>	T1	HDHP
<i>phenoxybenzamine hcl oral</i>	NF	
<i>pindolol</i>	T1	
<i>pravastatin sodium</i>	T1	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>	NF	
<i>propranolol hcl er</i>	T1	

Drug Name	Drug Tier	Notes
<i>propranolol hcl oral</i>	T1	
QBRELIS	NF	
<i>quinapril hcl</i>	T1	HDHP
<i>quinapril-hydrochlorothiazide</i>	T1	HDHP
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	T1	HDHP
<i>ranolazine er</i>	T1	
RECTIV	T2	
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>	T1	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 80 mg</i>	T1	QL (1 IN 1 DAYS); HDHP; \$0 if age 40-75
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	NF	
<i>spironolactone oral suspension</i>	NF	
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>taztia xt</i>	T1	
<i>telmisartan</i>	T1	
<i>telmisartan-hctz</i>	NF	
<i>tiadylt er</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>torseamide</i>	T1	
<i>trandolapril</i>	T1	
<i>triamterene oral</i>	NF	
<i>triamterene-hctz</i>	T1	
VALSARTAN ORAL SOLUTION	T2	AL (AGE MAX 12 YEARS)
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VECAMYL	NF	

Drug Name	Drug Tier	Notes
<i>verapamil hcl er</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERQUVO	NF	
VYNDAMAX	NF	
<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>	NF	
<i>dexmethylphenidate hcl</i>	T1	
<i>dexmethylphenidate hcl er</i>	T1	
<i>dextroamphetamine sulfate er</i>	T1	
<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>	NF	
<i>guanfacine hcl er</i>	T1	
<i>lisdexamfetamine dimesylate</i>	T1	QL (1 IN 1 DAYS)
<i>methamphetamine hcl</i>	T1	
<i>methylphenidate</i>	NF	
<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	NF	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	T2	PA; SP-QTZ
AVONEX PREFILLED	T2	PA; SP-QTZ
<i>dalfampridine er</i>	NF	
<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	T2	PA; SP-QTZ
<i>fingolimod hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ

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Drug Name	Drug Tier	Notes
GILENYA ORAL CAPSULE 0.25 MG	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>glatiramer acetate</i>	T1	PA; SP-QTZ
<i>glatopa</i>	T1	PA; SP-QTZ
KESIMPTA	NF	
MAVENCLAD	NF	
PLEGRIDY	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
PLEGRIDY STARTER PACK	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T2	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T2	PA; SP-QTZ
REBIF REBIDOSE TITRATION PACK	T2	PA; SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	T2	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	T2	PA; SP-QTZ
REBIF TITRATION PACK	T2	PA; SP-QTZ
<i>teriflunomide</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA	NF	
ZEPOSIA 7-DAY STARTER PACK	NF	
ZEPOSIA STARTER KIT	NF	
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	NF	
AUSTEDO XR	NF	
AUSTEDO XR PATIENT TITRATION	NF	
<i>caffeine citrate oral</i>	NF	
INGREZZA	NF	
NUDEXTA	NF	
<i>pregabalin oral capsule</i>	T1	QL (3 IN 1 DAYS)
<i>pregabalin oral solution</i>	T1	
RADICAVA ORS	NF	
RADICAVA ORS STARTER KIT	NF	
RELYVRIO	NF	
<i>riluzole</i>	T1	
SAVELLA	T2	ST; QL (2 IN 1 DAYS)
SAVELLA TITRATION PACK	T2	PA; QL (1 IN 1 DAYS)
TEGSEDI	NF	

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Drug Name	Drug Tier	Notes
<i>tetrabenazine</i>	NF	
<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	NF	
DENTA 5000 PLUS	T2	
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>accutane</i>	T1	
<i>acitretin</i>	NF	
<i>adapalene external cream</i>	T1	PA
<i>adapalene external gel 0.3 %</i>	T1	PA
ADAPALENE EXTERNAL PAD	NF	
ADAPALENE EXTERNAL SOLUTION	NF	
<i>adapalene treatment</i>	T1	AL (AGE MAX 35 YEARS)
AKLIEF	NF	
ALA SCALP	NF	
<i>alclometasone dipropionate</i>	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
<i>amnesteem</i>	T1	
APEXICON E	NF	
<i>azelaic acid external</i>	NF	
AZELEX	NF	
<i>benzoyl peroxide-erythromycin</i>	NF	
<i>betamethasone dipropionate aug</i>	T1	

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Drug Name	Drug Tier	Notes
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
<i>brimonidine tartrate external</i>	NF	
<i>calcipotriene external</i>	T1	
<i>calcitriol external</i>	T1	
CAPEX	T2	
<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>	NF	
CORDRAN	T2	
<i>dapsone external gel 5 %</i>	T1	ST
<i>desonide external</i>	NF	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	NF	
DIFFERIN EXTERNAL GEL 0.1 %	T2	AL (AGE MAX 35 YEARS)
DIFFERIN EXTERNAL LOTION	NF	
<i>diflorasone diacetate</i>	NF	
DRYSOL	T2	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	T2	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T2	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
EPIFOAM	NF	
<i>ery</i>	T1	
<i>erythromycin external</i>	T1	

Drug Name	Drug Tier	Notes
EUCRISA	NF	
FABIOR	T2	PA
FINACEA EXTERNAL FOAM	NF	
<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>	NF	
<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>	NF	
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone butyrate external lotion</i>	NF	
<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>	NF	
<i>imiquimod external cream 5 %</i>	T1	
IMPOYZ	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
<i>ivermectin external cream</i>	NF	
LEVULAN KERASTICK	NF	
LEXETTE	NF	
<i>methoxsalen rapid</i>	T1	
<i>metronidazole external</i>	T1	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR	NF	
<i>neuac</i>	T1	
OPZELURA	NF	
PANDEL	NF	

Drug Name	Drug Tier	Notes
<i>pimecrolimus</i>	T1	
<i>podofilox external</i>	T1	
PRAMOSONE EXTERNAL CREAM 1-1 %	T2	
PRAMOSONE EXTERNAL LOTION	T2	
RADIAPLEXRX	NF	
REGRANEX	T2	
RHOFADE	NF	
SANTYL	T2	
<i>selenium sulfide external lotion</i>	T1	
SERNIVO	NF	
SORILUX	T2	
<i>sulfacetamide sodium (acne)</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	NF	
<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	NF	
TOLAK	NF	
<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	NF	
<i>zenatane</i>	T1	
ZORYVE EXTERNAL CREAM	NF	
<b>Diabetes - Antidiabetic Agents</b>		
<i>acarbose oral</i>	T1	HDHP
BYDUREON BCISE AUTOINJECTOR	T2	PA; HDHP
BYETTA 10 MCG PEN	T2	PA; HDHP
BYETTA 5 MCG PEN	T2	PA; HDHP
FARXIGA	T2	QL (1 IN 1 DAYS); HDHP
<i>glimepiride</i>	T1	HDHP

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Drug Name	Drug Tier	Notes
<i>glipizide er</i>	T1	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	HDHP
<i>glipizide xl</i>	T1	HDHP
<i>glipizide-metformin hcl</i>	T1	HDHP
<i>glyburide micronized</i>	T1	HDHP
<i>glyburide oral</i>	T1	HDHP
<i>glyburide-metformin</i>	T1	HDHP
JANUMET ORAL TABLET 50-1000 MG	T2	HDHP
JANUMET ORAL TABLET 50-500 MG	T2	QL (2 IN 1 DAYS); HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG	T2	HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	T2	QL (1 IN 1 DAYS); HDHP
JANUVIA	T2	QL (1 IN 1 DAYS); HDHP
<i>metformin hcl er</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>miglitol</i>	NF	
<i>nateglinide</i>	T1	HDHP
<i>pioglitazone hcl</i>	T1	HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	
<i>repaglinide</i>	T1	HDHP
SEGLUROMET	T2	HDHP
SOLIQUA	NF	
STEGLATRO	T2	QL (1 IN 1 DAYS); HDHP
STEGLUJAN	T2	QL (1 IN 1 DAYS); HDHP
SYMLINPEN 120	NF	
SYMLINPEN 60	NF	
TRULICITY	T2	PA; HDHP
XIGDUO XR	T2	HDHP
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	T2	HDHP
ACCU-CHEK GUIDE CONTROL	T2	HDHP
ACCU-CHEK SMARTVIEW CONTROL	T2	HDHP
AGAMATRIX CONTROL LEVEL 2	T2	HDHP
AGAMATRIX CONTROL LEVEL 4	T2	HDHP

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Drug Name	Drug Tier	Notes
BLULINK CONTROL HIGH & LOW	T2	HDHP
CARESENS CONTROL SOLUTION A/B	T2	HDHP
CARESENS LANCETS 30G	T1	HDHP
CARETOUCH CONTROL SOL LEVEL 2	T2	HDHP
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	T1	HDHP
CONTOUR CONTROL SOLUTION	T2	HDHP
CONTOUR NEXT CONTROL SOLUTION	T2	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	T2	HDHP
EASY TALK PLUS II CONTROL	T2	HDHP
EASY TRAK II CONTROL	T2	HDHP
EASYMAX 15 LEVEL 2-3 CONTROL	T2	HDHP
EASYMAX CONTROL	T2	HDHP
GLUCOSE CONTROL SOLUTIONS	T2	HDHP
EMBRACE TALK GLUCOSE CONTROL	T2	HDHP
FORA TEST N'GO ADV-VOICE-6 CON	T2	QL (100 IN 30 DAYS)
FORTISCARE CONTROL	T2	HDHP
FREESTYLE LIBRE 2 READER	NF	
FREESTYLE LIBRE 2 SENSOR	NF	
FREESTYLE LIBRE 3 SENSOR	NF	
GOJJI CONTROL	T2	HDHP
INPEN 100-BLUE-NOVOLOG-FIASP	T1	
INPEN 100-GREY-NOVOLOG-FIASP	T1	
INPEN 100-PINK-NOVOLOG-FIASP	T1	
KETO-DIASTIX	T2	

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Drug Name	Drug Tier	Notes
KETONE TEST	T2	
KETOSTIX	T2	
LANCETS	T1	HDHP
NOVOPEN ECHO	T1	QL (2 IN 30 DAYS); HDHP
ONETOUCH ULTRA 2 KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH ULTRA IN VITRO LIQUID	T2	HDHP
ONETOUCH ULTRA IN VITRO STRIP	T2	QL (200 IN 30 DAYS)
ONETOUCH VERIO FLEX SYSTEM KIT	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH VERIO IN VITRO LIQUID HIGH	T2	HDHP
ONETOUCH VERIO TEST STRIPS	T2	QL (200 IN 30 DAYS)
ONETOUCH VERIO REFLECT KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
PIP GLUCOSE CONTROL SOLUTION	T2	HDHP
TECHLITE LANCETS 26G	T1	HDHP
TRUE METRIX LEVEL 1	T2	HDHP
TRUE METRIX LEVEL 2	T2	HDHP
TRUE METRIX LEVEL 3	T2	HDHP
UNISTRIP CONTROL IN VITRO SOLUTION LOW	T2	HDHP
VERIFINE SAFE LANCET MINI 21G	T1	HDHP
VERIFINE SAFE LANCET MINI 23G	T1	HDHP
VERIFINE SAFE LANCET MINI 28G	T1	HDHP
VERIFINE SAFE LANCET MINI 30G	T1	HDHP
VIVAGUARD INO CONTROL SOLUTION	T2	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>	NF	
<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)

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Drug Name	Drug Tier	Notes
GVOKE PFS	T2	QL (0.4 ML IN 30 DAYS)
<b>Diabetes - Insulins</b>		
APIDRA SOLOSTAR	NF	
APIDRA VIAL	NF	
AQ INSULIN SYRINGE	T1	HDHP
BD ULTRA-FINE INSULIN SYRINGES	T1	HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	T1	HDHP
HUMALOG MIX 50/50 KWIKPEN	NF	
HUMALOG MIX 50/50 VIAL	NF	
HUMULIN R U-500 KWIKPEN	T2	QL (45 ML IN 30 DAYS); HDHP
HUMULIN R U-500 VIAL	T2	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	T1	HDHP
LEVEMIR FLEXPEN	NF	
LEVEMIR U-100 VIAL	NF	
NOVOLIN 70/30 FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG 70/30 FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP

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Drug Name	Drug Tier	Notes
NOVOLOG MIX 70/30 FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG PENFILL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG U-100 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
SEMGLEE (YFGN)	T1	QL (45 ML IN 30 DAYS); HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	T1	HDHP
VERIFINE INSULIN SYRINGE	T1	HDHP
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
<i>carglumic acid</i>	NF	
CHEMET	NF	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	NF	
<i>deferasirox</i>	NF	
<i>deferasirox granules</i>	NF	
<i>deferiprone</i>	NF	
DODEX	T2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T2	
<i>effe-k oral tablet effervescent 25 meq</i>	T1	
ELITE-OB	T2	
<i>ergocalciferol oral capsule</i>	T1	
FERRIPROX ORAL SOLUTION	NF	
FERRIPROX TWICE-A-DAY	NF	
<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	NF	
<i>iodine strong oral</i>	NF	
JYNARQUE	NF	
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
K-PHOS	NF	
LEVOCARNITINE INJECTION	T2	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	

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Drug Name	Drug Tier	Notes
<i>levocarnitine sf</i>	T1	
LOKELMA	NF	
MASONATAL	\$0	
M-NATAL PLUS	T1	
NEONATAL PLUS	T1	
NEONATAL PRENATAL	\$0	
ONE VITE WOMENS	\$0	
ONE VITE WOMENS PLUS	T1	
ONE-A-DAY WOMENS PRENATAL 1	\$0	
<i>phytonadione oral</i>	T1	
<i>pnv prenatal plus multivit+dha</i>	T1	
<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>	T1	
<i>prenatal plus vitamin/mineral</i>	T1	
<i>prenatal/folic acid+dha</i>	\$0	
RELNATE DHA	T2	
<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>	NF	
<i>tolvaptan</i>	NF	
<i>trientine hcl oral capsule 250 mg</i>	NF	
TRINATE	T2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	\$0	
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT)	NF	
VELTASSA	NF	
VINATE CARE	T2	
VINATE ONE	T2	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1	

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Drug Name	Drug Tier	Notes
<i>water for irrigation, sterile</i>	NF	
<i>weekly-d</i>	NF	
WESNATAL DHA COMPLETE	T2	
WESTAB PLUS	T1	
<i>yl folic acid</i>	\$0	
<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>	NF	
<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>	\$0	
<i>nizatidine</i>	NF	
<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	NF	
<i>rabeprazole sodium oral tablet delayed release</i>	T1	QL (2 IN 1 DAYS)
<i>sucralfate oral</i>	T1	
ZANTAC 360 MAX ST	T2	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
<i>alosetron hcl</i>	NF	
<i>amoxicill-clarithro-lansopraz</i>	NF	
<i>atropine sulfate injection solution prefilled syringe 0.5 mg/5ml, 1 mg/10ml</i>	T1	
CHENODAL	NF	
<i>chlordiazepoxide-clidinium</i>	T1	
CLENPIQ	NF	
<i>constulose</i>	T1	
<i>cromolyn sodium oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
<i>enulose</i>	T1	
GATTEX	NF	
<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>	NF	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
<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	NF	
<i>lactulose encephalopathy</i>	T1	
<i>lactulose oral packet</i>	NF	
<i>lactulose oral solution</i>	T1	
LINZESS	T2	PA; QL (1 IN 1 DAYS)
<i>loperamide hcl oral capsule</i>	NF	
<i>lubiprostone</i>	T1	QL (2 IN 1 DAYS)
<i>methscopolamine bromide oral</i>	NF	
MOTEGRITY	NF	
MOVANTIK	T2	PA; QL (1 IN 1 DAYS)
MYTESI	NF	
<i>na sulfate-k sulfate-mg sulf</i>	NF	
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	NF	
PLENVU	NF	

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Drug Name	Drug Tier	Notes
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1	
SEROSTIM	T2	PA; SP-QTZ
SUFLAVE	NF	
SYMPROIC	NF	
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
VIBERZI	NF	
VOWST	T2	PA; QL (4 IN 1 DAYS)
XERMELO	NF	
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
<i>betaine</i>	NF	
CERDELGA	NF	
CHOLBAM	NF	
CREON	T2	
CYSTAGON	T2	
EVRYSDI	T2	PA; QL (4 ML IN 1 DAYS)
GALAFOLD	NF	
MYALEPT	NF	
<i>nitisinone</i>	NF	
OCALIVA	NF	
ORFADIN ORAL SUSPENSION	NF	
RAVICTI	NF	
REVCOVI	NF	
<i>sapropterin dihydrochloride</i>	NF	
SUCRAID	NF	
XURIDEN	NF	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
<i>acetic acid irrigation</i>	T1	
AURYXIA	NF	
<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>	NF	
ELMIRON	NF	
<i>fesoterodine fumarate er</i>	NF	
<i>flavoxate hcl</i>	T1	
FOSRENOL ORAL PACKET	T2	

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Drug Name	Drug Tier	Notes
GELNIQUE	NF	
<i>glycine irrigation</i>	NF	
<i>lanthanum carbonate</i>	T1	
LITHOSTAT	NF	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	NF	
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>	NF	
<i>phenazo oral tablet 200 mg</i>	T1	
<i>phenazopyridine hcl oral</i>	T1	
RENACIDIN	NF	
<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>	NF	
<i>solifenacin succinate</i>	T1	QL (1 IN 1 DAYS)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	NF	
THIOLA EC	NF	
<i>tiopronin oral tablet</i>	NF	
<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>tropium chloride</i>	T1	
<i>tropium chloride er</i>	T1	QL (1 IN 1 DAYS)
<i>uretron d/s</i>	NF	
VELPHORO	NF	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	NF	
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	NF	

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Drug Name	Drug Tier	Notes
<i>finasteride oral tablet 5 mg</i>	T1	
<i>silodosin</i>	NF	
<i>tamsulosin hcl</i>	T1	
<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	NF	
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>	NF	
<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>	NF	
<i>prednisone intensol</i>	T1	
<i>prednisone oral</i>	T1	
SOLU-CORTEF	T2	
<i>triamcinolone acetate injection suspension 40 mg/ml</i>	NF	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	NF	
<i>danazol oral</i>	T1	
METHITEST	T2	
<i>methyltestosterone oral</i>	NF	
<i>testosterone cypionate intramuscular</i>	T1	PA; \$0 for gender identity-related dx

Drug Name	Drug Tier	Notes
<i>testosterone enanthate intramuscular</i>	T1	PA; \$0 for gender identity-related dx
<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; \$0 for gender identity-related dx
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	T1	PA; QL (2.5 GM IN 1 DAYS); \$0 for gender identity-related dx
<b>Hormonal Agents - Pituitary</b>		
<i>cabergoline</i>	T1	
CETROTIDE	NF	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	NF	
CLOMID	NF	
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	
FOLLISTIM AQ	NF	
<i>fyremadel</i>	NF	
<i>ganirelix acetate</i>	NF	
GONAL-F	NF	
GONAL-F RFF	NF	
GONAL-F RFF REDIJECT	NF	
INCRELEX	NF	
<i>leuprolide acetate injection</i>	NF	
MENOPUR	NF	
NOCDURNA	NF	
NOVAREL	NF	
<i>octreotide acetate</i>	T1	
OMNITROPE	T2	PA; SP-QTZ
ORILISSA	NF	
OVIDREL	NF	
PREGNYL	NF	
SIGNIFOR	NF	
SOMAVERT	NF	
SYNAREL	T2	
<b>Hormonal Agents - Prostaglandins</b>		
<i>mifepristone oral tablet 200 mg</i>	\$0	
<i>mifepristone oral tablet 300 mg</i>	NF	



Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	NF	
<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	
AFTERPILL	\$0	
<i>altavera</i>	\$0	
<i>alyacen 1/35</i>	\$0	
<i>alyacen 7/7/7</i>	\$0	
<i>amabelz</i>	NF	
<i>amethyst</i>	\$0	
ANGELIQ	NF	
ANNOVERA	\$0	
<i>apri</i>	\$0	
<i>aranelle</i>	\$0	
<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)

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Drug Name	Drug Tier	Notes
CRINONE	NF	
<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 (3 IN 365 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	
<i>econtra one-step</i>	\$0	
ELESTRIN	NF	
<i>elimest</i>	\$0	
ELLA	\$0	
<i>eluryng</i>	\$0	
ENDOMETRIN	NF	
<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>	NF	
<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	\$0 for gender identity-related dx
<i>estradiol-norethindrone acet</i>	NF	
ESTRING	T2	QL (1 IN 90 DAYS)
<i>ethynodiol diac-eth estradiol</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<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)
<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	

Drug Name	Drug Tier	Notes
<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	
LO LOESTRIN FE	\$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>lutera</i>	\$0	
<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 (3 IN 365 DAYS)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>megestrol acetate oral</i>	T1	
MENEST	T2	
MENOSTAR	NF	
<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>	NF	
<i>mono-linyah</i>	\$0	
<i>my choice</i>	\$0	
<i>my way</i>	\$0	

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Drug Name	Drug Tier	Notes
MYFEMBREE	T2	PA; QL (1 IN 1 DAYS)
NATAZIA	\$0	
<i>necon 0.5/35 (28)</i>	\$0	
<i>new day</i>	\$0	
NEXTSTELLIS	\$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	
<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>	NF	
<i>progesterone oral</i>	T1	
<i>react</i>	\$0	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<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)
SLYND	\$0	
<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-lynyah</i>	\$0	
<i>tri-lo-estarylla</i>	\$0	
<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	
TWIRLA	\$0	QL (3 IN 28 DAYS)
<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	

Drug Name	Drug Tier	Notes
<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	
THYQUIDITY	NF	
<i>thyroid oral</i>	T1	
<i>unithroid</i>	T1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	NF	
ACTEMRA SUBCUTANEOUS	NF	
ACTIMMUNE	T2	PA; SP-ORx
ADALIMUMAB-ADAZ	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
ALFERON N	T2	PA
<i>azathioprine oral tablet 50 mg</i>	T1	
BENLYSTA SUBCUTANEOUS	NF	
BERINERT	NF	
CIMZIA	T2	PA; QL (1 in 28 days); SP-QTZ
CIMZIA STARTER KIT	T2	PA; QL (1 in 56 days); SP-QTZ
CINRYZE	NF	
COSENTYX (300 MG DOSE)	NF	

Drug Name	Drug Tier	Notes
COSENTYX 150 MG/ML SUBCUTANEOUS	NF	
COSENTYX SENSOREADY (300 MG)	NF	
COSENTYX SENSOREADY PEN	NF	
COSENTYX UNOREADY	NF	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL MINI	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL SURECLICK	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENSPRYNG	NF	
ENVARUSUS XR	NF	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	NF	
<i>gengraf</i>	T1	
HADLIMA	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HADLIMA PUSHTOUCH	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HAEGARDA	NF	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T2	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T2	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA (2 SYRINGE)	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T2	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T2	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PED<40KG CROHNS STARTER	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-PED>=40KG CROHNS START	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HUMIRA-PED>=40KG UC STARTER	T2	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PSORIASIS/UEVIT STARTER	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T2	PA; QL (3 IN 28 DAYS); SP-QTZ



Drug Name	Drug Tier	Notes
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ-CROHNS/UC STARTER	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED<40KG CROHN STARTER	T2	PA; QL (1 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED>=40KG CROHN START	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PLAQUE PSORIASIS START	T2	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>icatibant acetate</i>	NF	
KINERET	NF	
<i>leflunomide oral</i>	T1	
LUPKYNIS	NF	
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	
<i>mycophenolic acid</i>	T1	
ORENCIA CLICKJECT	NF	
ORENCIA SUBCUTANEOUS	NF	
ORLADEYO	NF	
OTEZLA	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
PROGRAF ORAL PACKET	T2	PA
REZUROCK	NF	
RIDAURA	T2	
RINVOQ	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
RUCONEST	NF	
<i>sajazir</i>	NF	
SANDIMMUNE ORAL SOLUTION	T2	
SIMPONI	T2	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>sirolimus oral</i>	T1	
SKYRIZI PEN	T2	PA; QL (1 ML IN 84 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T2	PA; QL (1.2 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T2	PA; QL (2.4 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION	T2	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T2	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ

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Drug Name	Drug Tier	Notes
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T2	PA; QL (1 ML IN 84 DAYS); SP-QTZ
<i>tacrolimus oral</i>	T1	
TAKHZYRO	NF	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; QL (1 ML IN 56 DAYS); SP-QTZ
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (Member Note: 1 IN 56 DAYS); SP-QTZ
XATMEP	NF	
XELJANZ ORAL SOLUTION	T2	PA; QL (20 ML IN 1 DAY); SP-QTZ
XELJANZ ORAL TABLET 10 MG	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
XELJANZ ORAL TABLET 5 MG	T2	PA; QL (2 IN 1 DAYS; MAX 30 DAYS); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T2	PA; QL (1 in 1 DAY); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T2	PA; QL (1 IN 1 DAY); SP-QTZ
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSCO	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)

Drug Name	Drug Tier	Notes
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)
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>	NF	
DIPENTUM	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	NF	
<i>hydrocortisone rectal</i>	T1	
<i>mesalamine er oral capsule 500 mg</i>	T1	
<i>mesalamine er oral capsule 0.375 gm</i>	NF	
<i>mesalamine oral capsule delayed release 400 mg</i>	NF	
<i>mesalamine oral tablet delayed release</i>	T1	

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Drug Name	Drug Tier	Notes
<i>mesalamine rectal</i>	T1	
PENTASA	T2	
PROCTOFOAM HC	T2	
<i>procto-med hc</i>	T1	
<i>proctosol hc</i>	T1	
<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>	T1	QL (300 ML IN 28 DAYS); HDHP
<i>alendronate sodium oral tablet</i>	T1	HDHP
<i>calcitonin (salmon) nasal</i>	T1	HDHP
FOSAMAX PLUS D	NF	
<i>ibandronate sodium oral</i>	T1	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 150 mg</i>	T1	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 30 mg</i>	T1	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	T1	QL (4 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 5 mg</i>	NF	
<i>teriparatide</i>	NF	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	NF	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	NF	
TYMLOS	T2	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>	NF	
<i>paricalcitol oral</i>	NF	
<b>Miscellaneous Therapeutic Agents</b>		
ADVOCATE INSULIN PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AEROCHAMBER HOLDING CHAMBER	T2	HDHP
AEROCHAMBER MINI CHAMBER	T2	HDHP
AEROCHAMBER MV	T2	HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	T2	HDHP
AEROCHAMBER PLUS FLO-VU INTERM	T2	HDHP

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	T2	HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	T2	HDHP
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	T2	HDHP
AEROCHAMBER PLUS FLOW VU	T2	HDHP
AEROCHAMBER W/FLOWSIGNAL	T2	HDHP
AEROGEAR ACTION ASTHMA KIT	T2	QL (1 IN 365 DAYS); HDHP
ALCOHOL PREP PADS PAD , 70 %	T1	
AQINJECT PEN NEEDLE	T1	QL (200 PER FILL); HDHP
ASSURE ID DUO PRO PEN NEEDLES	T1	QL (200 PER FILL); HDHP
ASSURE ID PRO PEN NEEDLES	T1	QL (200 PER FILL); HDHP
AUM INSULIN SAFETY PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM MINI INSULIN PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM READYGARD DUO PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM SAFETY PEN NEEDLE	T1	QL (200 PER FILL); HDHP
BD AUTOSHIELD DUO PEN NEEDLES	T1	QL (200 PER FILL); HDHP
BD ECLIPSE LUER-LOK NEEDLE	NF	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	NF	
BD SYRINGE LUER-LOK 30 ML	NF	
BD ULTRA-FINE PEN NEEDLES	T1	QL (200 PER FILL); HDHP
BREATHE COMFORT CHAMBER/ADULT	T2	HDHP
BREATHE COMFORT CHAMBER/CHILD	T2	HDHP
BREATHE EASE LARGE	T2	HDHP
BREATHE EASE MEDIUM	T2	HDHP
BREATHE EASE PEAK FLOW METER	T2	HDHP
BREATHE EASE SMALL	T2	HDHP
BREATHERITE VALVED MDI CHAMBER	T2	HDHP
BYLVAY	NF	
BYLVAY (PELLETS)	NF	
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"	NF	
CAREPOINT SAFETY 1ST NEEDLE	NF	
CAREPOINT SYRINGE LUER LOCK 1 ML , 30 ML	NF	
CAREPOINT SYRINGE LUER SLIP 1 ML	NF	

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

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Drug Name	Drug Tier	Notes
KERENDIA	NF	
LIVMARLI	NF	
<i>methylergonovine maleate oral</i>	T1	
MICROCHAMBER DEVICE	T2	HDHP
MINI WRIGHT PEAK FLOW METER	T2	HDHP
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"	NF	
MUGARD	NF	
NORM-JECT LUER SLIP SYRINGE	NF	
NOVOFINE AUTOCOVER PEN NEEDLE	T1	QL (200 PER FILL); HDHP
NOVOFINE PEN NEEDLE	T1	QL (200 PER FILL); HDHP
NOVOFINE PLUS PEN NEEDLE	T1	QL (200 PER FILL); HDHP
ODACTRA	T2	QL (1 IN 1 DAYS)
OMNIPOD 5 G6 INTRO (GEN 5)	NF	
OMNIPOD 5 G6 PODS (GEN 5)	NF	
OMNIPOD 5 G7 PODS (GEN 5)	NF	
OMNIPOD DASH PODS (GEN 4)	NF	
OPTICHAMBER DIAMOND	T2	HDHP
OPTICHAMBER DIAMOND-LG MASK	T2	HDHP
OPTICHAMBER DIAMOND-MD MASK	T2	HDHP
OPTICHAMBER DIAMOND-SM MASK	T2	HDHP
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
ORALAIR	T2	QL (1 IN 1 DAYS)
ORAMAGICRX	NF	
OXBRYTA	NF	
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	T2	HDHP
PANDA MASK MEDIUM	T2	HDHP
PANDA MASK SMALL	T2	HDHP
PARI VORTEX ADULT MASK	T2	HDHP
PEAK A-I-R FLOW METER	T2	HDHP
PEDIATRIC PANDA MASK	T2	HDHP
PHEXXI	\$0	
PIP PEN NEEDLES 31G X 5MM	T1	QL (200 PER FILL); HDHP

Drug Name	Drug Tier	Notes
PIP PEN NEEDLES 32G X 4MM	T1	QL (200 PER FILL); HDHP
POCKET SPACER	T2	HDHP
PRO COMFORT SPACER ADULT	T2	HDHP
PRO COMFORT SPACER CHILD	T2	HDHP
PRO COMFORT SPACER INFANT	T2	HDHP
PROCARE SPACER/ADULT MASK	T2	HDHP
PROCARE SPACER/CHILD MASK	T2	HDHP
PROTHELIAL	NF	
PURE COMFORT FLOW METER ADULT	T2	HDHP
PURE COMFORT FLOW METER CHILD	T2	HDHP
PURE COMFORT SAFETY PEN NEEDLE	T1	QL (200 PER FILL); HDHP
PURE COMFORT SPACER CHAMBER	T2	HDHP
RADIOGARDASE	NF	
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	T1	QL (200 PER FILL); HDHP
SAFETY PEN NEEDLES	T1	QL (200 PER FILL); HDHP
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"	NF	
SILATRIX	NF	
SORBITOL IRRIGATION	NF	
STRIVE DUAL ZONE PEAK FLOW MTR	T2	HDHP
SYRINGE LUER LOCK 30 ML	NF	
SYRINGE LUER SLIP 1 ML	NF	
TODAY SPONGE	\$0	
TRUZONE PEAK FLOW METER	T2	HDHP
UNIFINE PROTECT PEN NEEDLE	T1	QL (200 PER FILL); HDHP
VCF VAGINAL CONTRACEPTIVE	\$0	
VERIFINE INSULIN PEN NEEDLE	T1	QL (200 PER FILL); HDHP
VERIFINE PLUS PEN NEEDLE	T1	QL (200 PER FILL); HDHP
VISTOGARD	NF	
VORTEX VALVED HOLDING CHAMBER	T2	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	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	



Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 95	\$0	
ZOKINVY	T2	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALOCRIAL	NF	
ALOMIDE	T2	
ALREX	NF	
AZASITE	NF	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
<i>bepotastine besilate</i>	NF	
BESIVANCE	NF	
BETADINE OPHTHALMIC PREP	NF	
<i>bromfenac sodium (once-daily)</i>	NF	
<i>bromfenac sodium ophthalmic</i>	NF	
BROMSITE	NF	
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>	NF	
<i>epinastine hcl</i>	NF	
<i>erythromycin ophthalmic</i>	T1	
<i>eye allergy itch relief</i>	T1	
<i>eye allergy itch/redness rel</i>	T1	
FLAREX	NF	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
FML FORTE	NF	
<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	NF	
<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>	NF	
LOTEMAX OPHTHALMIC OINTMENT	NF	
LOTEMAX SM	NF	
<i>loteprednol etabonate</i>	NF	
MAXIDEX	NF	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic</i>	T1	
NATACYN	NF	
<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	NF	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
PROLENSA	NF	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T2	
TOBRADEX ST	NF	
<i>tobramycin solution 0.3 % ophthalmic</i>	NF	
<i>tobramycin solution 0.3 % ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T2	
<i>trifluridine</i>	T1	
ZIRGAN	NF	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>apraclonidine hcl</i>	NF	
<i>betaxolol hcl ophthalmic</i>	T1	
BETIMOL	NF	

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Drug Name	Drug Tier	Notes
BETOPTIC-S	T2	
<i>bimatoprost ophthalmic</i>	NF	
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dichlorphenamide</i>	NF	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>dorzolamide hcl-timolol mal pf</i>	NF	
IOPIDINE	T2	
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
LUMIGAN	NF	
<i>methazolamide oral</i>	T1	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic</i>	T1	
RHOPRESSA	NF	
ROCKLATAN	NF	
SIMBRINZA	T2	
<i>tafluprost (pf)</i>	NF	
<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	NF	
VYZULTA	NF	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ALTACAINE	T2	
ALTAFLUOR BENOX	NF	
<i>atropine sulfate ophthalmic ointment</i>	T1	
<i>atropine sulfate 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	

Drug Name	Drug Tier	Notes
<i>cyclosporine ophthalmic</i>	T1	
CYSTARAN	NF	
<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	NF	
<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	NF	
ZYLET	NF	
<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	NF	
CORTISPORIN-TC	NF	
<i>fluocinolone acetonide otic</i>	NF	
<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>	NF	
<i>carbinoxamine maleate</i>	NF	
CLARINEX-D 12 HOUR	NF	
<i>clemastine fumarate oral syrup</i>	NF	
<i>clemastine fumarate oral tablet</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	

Drug Name	Drug Tier	Notes
<i>fluticasone propionate nasal</i>	T1	
<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	NF	
<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>	NF	
<i>promethazine vc</i>	NF	
<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>	NF	
<i>pseudoephedrine-bromphen-dm</i>	NF	
<i>sodium chloride inhalation</i>	T1	
TUXARIN ER	NF	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
<i>acetylcysteine inhalation</i>	NF	
ADVAIR DISKUS	T1	HDHP
ADVAIR HFA	T2	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	NF	
ANORO ELLIPTA	T2	
<i>arformoterol tartrate</i>	NF	

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Drug Name	Drug Tier	Notes
ARNUITY ELLIPTA	T2	HDHP
ASMANEX (120 METERED DOSES)	NF	
ASMANEX (30 METERED DOSES)	NF	
ASMANEX (60 METERED DOSES)	NF	
ASMANEX HFA	NF	
ATROVENT HFA	T2	
BREO ELLIPTA	T2	HDHP
BREZTRI AEROSPHERE	T2	
<i>budesonide inhalation</i>	T1	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	T2	PA; QL (1 ML IN 56 DAYS); SP-QTZ
FLUTICASONE PROPIONATE HFA	T2	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</i>	NF	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NF	
<i>montelukast sodium oral</i>	T1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T2	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
OFEV	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral capsule</i>	T1	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 267 mg</i>	T1	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 801 mg</i>	T1	PA; QL (3 IN 1 DAYS); SP-QTZ
PROAIR RESPICLICK	NF	

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Drug Name	Drug Tier	Notes
PULMICORT FLEXHALER	NF	
<i>roflumilast</i>	NF	
SEREVENT DISKUS	T2	
SPIRIVA RESPIMAT	T2	
STIOLTO RESPIMAT	NF	
STRIVERDI RESPIMAT	NF	
SYMBICORT	T2	HDHP
<i>terbutaline sulfate oral</i>	T1	
TEZSPIRE	NF	
THEO-24	T2	
<i>theophylline er</i>	T1	
<i>theophylline oral</i>	NF	
<i>tiotropium bromide monohydrate</i>	T1	
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR	NF	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; SP-QTZ
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; SP-QTZ
XOPENEX HFA	NF	
YUPELRI	NF	
<i>zafirlukast</i>	NF	
ZYFLO	NF	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
CAYSTON	T2	PA; QL (3 ML IN 1 DAYS)
KALYDECO	NF	
ORKAMBI	NF	
PULMOZYME	T2	QL (2.5 ML IN 1 DAYS; MAX 30 DAYS)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T1	PA; QL (10 ML IN 1 DAYS)
TRIKAFTA	NF	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	T2	PA; QL (3 IN 1 DAYS)
<i>alyq</i>	T1	PA
<i>ambrisentan</i>	T1	PA; QL (1 IN 1 DAYS)
<i>bosentan</i>	T1	PA; QL (2 IN 1 DAYS)
OPSUMIT	T2	PA

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Drug Name	Drug Tier	Notes
ORENITRAM	NF	
ORENITRAM MONTH 1	NF	
ORENITRAM MONTH 2	NF	
ORENITRAM MONTH 3	NF	
<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	T2	PA; QL (4 IN 1 DAYS); SP-ORx
TYVASO	T2	
TYVASO REFILL	T2	
TYVASO STARTER	T2	
UPTRAVI ORAL	T2	PA; QL (2 IN 1 DAYS)
UPTRAVI TITRATION	T2	PA; QL (2 IN 1 DAYS)
VENTAVIS	NF	
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
BACLOFEN ORAL SOLUTION	NF	
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
<i>baclofen oral tablet 5 mg</i>	NF	
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>dantrolene sodium oral</i>	NF	
<i>metaxalone</i>	T1	
<i>methocarbamol oral</i>	T1	
NORGESIC FORTE	T2	
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE	T2	
OZOBAX DS	NF	
<i>tizanidine hcl oral capsule</i>	NF	
<i>tizanidine hcl oral tablet</i>	T1	
<b>Sleep Disorder Agents</b>		
<i>armodafinil</i>	T1	QL (1 IN 1 DAYS)
BELSOMRA	NF	
<i>eszopiclone</i>	T1	QL (1 IN 1 DAYS)
<i>flurazepam hcl</i>	T1	
HETLIOZ LQ	NF	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<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>	NF	
SODIUM OXYBATE	NF	
SUNOSI	NF	
<i>tasimelteon</i>	NF	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	
<i>temazepam oral capsule 22.5 mg</i>	NF	
<i>temazepam oral capsule 7.5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>zaleplon</i>	T1	
<i>zolpidem tartrate er</i>	NF	
<i>zolpidem tartrate oral tablet</i>	T1	QL (1.5 IN 1 DAYS)

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<i>tobramycin</i> .....	68, 73	<i>tri-nymyo</i> .....	56	VANFLYTA.....	20
<i>tobramycin sulfate</i> .....	9	<i>tri-sprintec</i> .....	56	<i>varenicline tartrate</i> .....	7
<i>tobramycin-dexamethasone</i> .....	68	TRIUMEQ.....	26	<i>varenicline tartrate (starter)</i> .....	7
TOBREX.....	68	TRIUMEQ PD.....	26	<i>varenicline tartrate(continue)</i> .....	7
TODAY SPONGE.....	66	<i>trivora (28)</i> .....	56	VARUBI (180 MG DOSE).....	14
TOLAK.....	38	<i>tri-vylibra</i> .....	56	VAXNEUVANCE.....	61
<i>tolcapone</i> .....	22	<i>tri-vylibra lo</i> .....	56	VCF VAGINAL	
TOLSURA.....	16	<i>tropicamide</i> .....	70	CONTRACEPTIVE.....	66
<i>tolterodine tartrate</i> .....	48	<i>trospium chloride</i> .....	48	VECAMYL.....	32
<i>tolterodine tartrate er</i> .....	48	<i>trospium chloride er</i> .....	48	<i>velivet</i> .....	56
<i>tolvaptan</i> .....	44	TRUE FOLIC ACID.....	44	VELPHORO.....	48
<i>topiramate</i> .....	12	TRUE METRIX LEVEL 1.....	41	VELTASSA.....	44
<i>toremifene citrate</i> .....	20	TRUE METRIX LEVEL 2.....	41	VEMLIDY.....	26
<i>torseמידe</i> .....	32	TRUE METRIX LEVEL 3.....	41	VENCLEXTA.....	20
TPOXX.....	26	TRUE VITAMIN D3.....	44	VENCLEXTA STARTING	
TRACLEER.....	74	TRULICITY.....	39	PACK.....	20
<i>tramadol hcl (er biphasic)</i> .....	4	TRUZONE PEAK FLOW		<i>venlafaxine hcl</i> .....	13
<i>tramadol hcl er</i> .....	4	METER.....	66	<i>venlafaxine hcl er</i> .....	13
<i>tramadol hcl ir</i> .....	4	TUDORZA PRESSAIR.....	73	VENTAVIS.....	74
<i>tramadol-acetaminophen</i> .....	4	TUKYSA.....	20	<i>verapamil hcl</i> .....	33
<i>trandolapril</i> .....	32	TURALIO.....	20	<i>verapamil hcl er</i> .....	33

VEREGEN.....	38	WESNATAL DHA COMPLETE..	45	ZELBORAF.....	21
VERIFINE INSULIN PEN NEEDLE.....	66	WESTAB PLUS.....	45	<i>zenatane</i> .....	38
VERIFINE INSULIN SYRINGE..	43	WIDE-SEAL DIAPHRAGM 60..	66	ZENZEDI.....	33
VERIFINE PLUS PEN NEEDLE.....	66	WIDE-SEAL DIAPHRAGM 65..	66	ZEPATIER.....	26
VERIFINE SAFE LANCET MINI 21G.....	41	WIDE-SEAL DIAPHRAGM 70..	66	ZEPOSIA.....	34
VERIFINE SAFE LANCET MINI 23G.....	41	WIDE-SEAL DIAPHRAGM 75..	66	ZEPOSIA 7-DAY STARTER PACK.....	34
VERIFINE SAFE LANCET MINI 28G.....	41	WIDE-SEAL DIAPHRAGM 80..	66	ZEPOSIA STARTER KIT.....	34
VERIFINE SAFE LANCET MINI 30G.....	41	WIDE-SEAL DIAPHRAGM 85..	66	<i>zidovudine</i> .....	26
VERQUVO.....	33	WIDE-SEAL DIAPHRAGM 90..	66	ZIEXTENZO.....	28
VERSACLOZ.....	23	WIDE-SEAL DIAPHRAGM 95..	67	ZIMHI.....	7
VERZENIO.....	20	<i>wymzya fe</i> .....	57	<i>ziprasidone hcl</i> .....	23
<i>vestura</i> .....	56	XALKORI.....	20	ZIRGAN.....	68
VIBERZI.....	47	XARELTO.....	10	ZOKINVY.....	67
<i>vienna</i> .....	56	XARELTO STARTER PACK.....	10	ZOLINZA.....	21
<i>vigabatrin</i> .....	12	XATMEP.....	60	<i>zolmitriptan</i> .....	17
<i>vigadrone</i> .....	12	XCOPRI.....	12	<i>zolpidem tartrate</i> .....	75
<i>vigpoder</i> .....	12	XELJANZ.....	60	<i>zolpidem tartrate er</i> .....	75
<i>vilazodone hcl</i> .....	13	XELJANZ XR.....	60	ZONISADE.....	12
VINATE CARE.....	44	XEPI.....	9	<i>zonisamide</i> .....	12
VINATE ONE.....	44	XERMELO.....	47	ZONTIVITY.....	22
<i>viorele</i> .....	56	XIFAXAN.....	9	ZORYVE.....	38
VIRACEPT.....	26	XIGDUO XR.....	39	<i>zovia 1/35 (28)</i> .....	57
VIREAD.....	26	XOFLUZA (40 MG DOSE).....	26	ZUBSOLV.....	7
VISTOGARD.....	66	XOFLUZA (80 MG DOSE).....	26	<i>zumandimine</i> .....	57
<i>vitamin d (ergocalciferol)</i> .....	44	XOLAIR.....	73	ZYDELIG.....	21
VIVAGUARD INO CONTROL SOLUTION.....	41	XOPENEX HFA.....	73	ZYFLO.....	73
VIVJOA.....	16	XOSPATA.....	20	ZYKADIA.....	21
VIVOTIF.....	61	XPOVIO (100 MG ONCE WEEKLY).....	20	ZYLET.....	70
<i>volnea</i> .....	56	XPOVIO (40 MG ONCE WEEKLY).....	20		
<i>voriconazole</i> .....	16	XPOVIO (40 MG TWICE WEEKLY).....	20		
VORTEX VALVED HOLDING CHAMBER.....	66	XPOVIO (60 MG ONCE WEEKLY).....	20		
VOSEVI.....	26	XPOVIO (60 MG TWICE WEEKLY).....	21		
VOWST.....	47	XPOVIO (80 MG ONCE WEEKLY).....	21		
VRAYLAR.....	23	XTANDI.....	21		
VUITY.....	69	<i>xulane</i> .....	57		
<i>vyfemla</i> .....	56	XURIDEN.....	47		
<i>vylibra</i> .....	56	<i>yl folic acid</i> .....	45		
VYNDAMAX.....	33	YUPELRI.....	73		
VYVANSE.....	33	<i>yuvafem</i> .....	57		
VYZULTA.....	69	<i>zafemy</i> .....	57		
<i>warfarin sodium</i> .....	10	<i>zafirlukast</i> .....	73		
<i>water for irrigation, sterile</i> .....	45	<i>zaleplon</i> .....	75		
<i>weekly-d</i> .....	45	ZANTAC 360 MAX ST.....	45		
WELIREG.....	20	ZEJULA.....	21		
<i>wera</i> .....	57	ZELAPAR.....	22		