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2026 Individual and Family Non-Standard ACA Drug Formulary Minnesota/Wisconsin

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 All previous versions are no longer in effect.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

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2026 Quartz Individual and Family Non-Standard ACA Drug Formulary – Minnesota and Wisconsin Information

This Formulary serves members with an Individual or Family non-standard health plan purchased directly from Quartz, selected from the state of Minnesota's MnSure.org website, or selected from the Federal government's HealthCare.gov website based in the states of Minnesota or Wisconsin.

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

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

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

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

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

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

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

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

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

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

Using the Formulary Document

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

Each page of the formulary has three columns: **Drug Name, Drug Tier**, and **Notes**. Drugs are grouped by therapeutic category and class and listed alphabetically within the class. Brand names are listed in all capital letters. Generic drug names are included in lowercase font. The generic form of a brand name drug will also be listed separately in the alphabetized list if it is included in the formulary. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (e.g. Fulphila, Hadlima, etc.), are also listed in capitalized text. If the plan only covers the generic equivalent of a drug, the brand name may not be listed so you should also try searching by the drug's generic name to see if it is included in the formulary.

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

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

Tier Abbreviation	Tier Description
$0	Zero-dollar cost share – covered at $0
LCG	Low Cost Generic drugs – covered at the low cost generic cost share
T1 (G)	Generic drugs – covered at the tier 1 cost share
T2 (PB)	Preferred Brand drugs – covered at the tier 2 cost share
T3 (NP)	Non-Preferred drugs – includes brand formulations and high-cost generics – covered at the tier 3 cost share
T4 (SP)	Specialty drugs – covered at the tier 4 cost share
LCG PV	Preventive Low Cost Generic drugs – covered at $0 cost share as listed in the formulary Notes or Preventive Coverage listing

T1 PV	Preventive Generic drugs – covered at $0 cost share as listed in the formulary Notes or Preventive Coverage listing
T2 PV	Preventive Preferred Brand drugs - covered at $0 cost share as listed in the formulary Notes or Preventive Coverage listing
T3 PV	Preventive Non-preferred drugs - covered at $0 cost share as listed in the formulary Notes or Preventive Coverage listing

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

General Drug Coverage Concepts

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

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

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

Non-formulary Drug Exception Requests

Exception requests can be submitted using the Medication Coverage Request form on the Quartz website, via fax to (844) 403-1029, by phone, or can be mailed to the address on the form. Your doctor may also be able to submit an electronic request (ePA) directly from the electronic health record (EHR) they use. The information will be reviewed, and both the requesting physician and the member or member's designee will be notified of the coverage decision. If a request is denied, the notifications will include documentation on how to appeal the denial with the health plan. If you would like to discuss the specifics of an exception request decision with a pharmacist, or have general questions about the coverage decision, please call Member Services at (800) 496-7509.

Oral Oncology Drug cost share: For drugs taken at home to treat cancer, the state of Wisconsin has regulations that set the maximum cost share that can be applied to these medications at $100 per 30-day fill after any benefit deductible has been met. The cost share may be less than $100 depending on your

benefit structure. The state of Minnesota has a law that affect oncology drug cost share as well. The maximum cost share that will be applied to these medications is $0 per 30-day fill after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed on the formulary document

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

Formulary Notes - Coverage Indicators

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

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

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

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

Specialty Pharmaceuticals Program (SP-QTZ or SP-ORX): Specialty pharmaceuticals encompass a growing number of drugs that are usually high-cost, may involve complex treatment regimens, have special handling, storage, or delivery needs, may require injectable or infusible administration, are for rare

diseases or therapeutic categories such as oncology, autoimmune, or inflammatory diseases with long-term, severe symptoms, and may have limited product availability.

Specialty drugs listed with an SP-QTZ or SP-ORX in the formulary **Notes** column are required to be obtained from a specific specialty pharmacy participating in the Quartz Specialty Pharmaceuticals network for coverage. The UW Health specialty pharmacies, Emplify Health pharmacies, and Advocate Health specialty pharmacy are currently participating in the Quartz Specialty Pharmaceuticals network for drugs marked as SP-QTZ. For information about these pharmacies, see the Specialty Pharmaceuticals Program section on the Quartz website. Drugs marked with SP-ORX must be filled at the Optum specialty pharmacy. For additional information on Optum's specialty pharmacy visit the Optum website.

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

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

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

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

Where to find additional information when you have questions:

Topic	Where Available
To check how a drug is covered by Quartz or print a copy of the drug formulary	**QuartzBenefits.com/formulary**
To find a Quartz network retail or mail order pharmacy near you	Use the **Find a Pharmacy** tool at **QuartzBenefits.com**
For criteria for coverage of a drug	Optum Member Services: **(800) 496-7509** or **QuartzBenefits.com**
To speak with a pharmacist regarding a prior authorization denial	Optum Member Services: **(800) 496-7509**
To appeal a prior authorization denial	Quartz Customer Success: **(800) 362-3310**
To enroll in the Quartz Specialty Pharmaceuticals program	UW Health Pharmacy: **(866) 894-3784** UW Health Northern Illinois: **(888) 861-0854** Emplify Health Pharmacy: **(877) 208-1096** Advocate Health Specialty Pharmacy: **(844) 820-5600**

Preventive care medications for Individual/Family and Small Group Formularies

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

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

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

Please keep in mind:

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

USPSTF A & B recommended drugs and supplements

Drug/Supplement name	Reason and covered population
Aspirin 81 mg (OTC)	• To prevent preeclampsia (very high blood pressure) during pregnancy • Covered at $0 cost-share for persons aged 54 years and younger
• Folic acid 400 and 800 mcg (OTC) • Prenatal vitamins with 400-800 mcg of folic acid (Various – OTC)	To prevent birth defects during pregnancy
• Bisacodyl 5 mg (OTC) • Magnesium citrate solution (OTC) • Polyethylene glycol (PEG) 3350 (generic Miralax products – OTC) • PEG 3350/electrolytes (Gavilyte-C) • PEG 3350/electrolytes (generic Golytely, Gavilyte-G) • PEG 3350/NaCL/NaBicarbonate/KCL (generic Nulytely)	• Bowel preparation for colonoscopy for preventive colon cancer screening • Covered at $0 cost-share for two fills per year for persons aged 45-75 years

OTC = available over-the-counter

Drug/Supplement name	Reason and covered population
Fluoride 0.25 mg, 0.5 mg, 1 mg, and 0.125 mg drops (does NOT include dental pastes or rinses)	To prevent dental cavities when water sources do not contain fluoride
Metformin 500 mg, 850 mg, 1000 mg, 500 mg ER, 750 mg ER	• To prevent the conversion of prediabetes to diabetes • Covered at $0 cost-share for persons aged 35-70 years when the pharmacy submits a submission clarification code indicating a diagnosis of prediabetes

Tobacco cessation drugs

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

Drug name
• Nicotine gum (OTC) • Nicotine lozenges (OTC) • Nicotine patches (OTC) • Bupropion 150 mg sustained release tab • Nicotine inhaler • Nicotine nasal spray • Varenicline

Human Immunodeficiency Virus (HIV) preventive drugs

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

Drug name	Covered population
• Apretude • Descovy • Emtricitabine-tenofovir 200/300 mg (generic Truvada) • Tenofovir (generic Viread)	Claims will process at $0 cost share if there are no other antivirals used to treat HIV in the drug claim history

OTC = available over-the-counter

Breast cancer prevention drugs

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

Drug name	Covered population
• Anastrozole • Exemestane • Letrozole • Raloxifene • Tamoxifen	• Covered for persons aged 35 or older at increased risk for the first occurrence of breast cancer • A copay waiver must be submitted for a $0 cost-share to apply

Statin preventive drugs

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

Drug name	Covered population
• Atorvastatin 10 mg and 20 mg • Lovastatin – all strengths • Pravastatin – all strengths • Rosuvastatin – all strengths • Simvastatin – all strengths	Covered at $0 cost-share for persons aged 40-75 years

Birth control products

These drugs and other products are available at $0 cost-share for members who would like to consider family planning options. Utilization management may apply based on product and state. OTC contraceptives (except for male condoms) are covered without a prescritption for plans sold in Illinois.

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

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
	Levonorgestrel/ethinyl estradiol, Joyeaux, Minzoya	Balcoltra
	Drospirenone/ethinyl estradiol	Beyaz
Combination birth control pills (continued)	Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35	Brevicon 0.5/35
	Velivet Pak	Cyclessa Pak
	Ethinyl estraadiol/ethynodiol 1/35, Keknor 1/35, Zovia 1/35	Demulen 1/35
	Ethinyl estradiol/ethynodiol 1/50, Kelnor 1/50, Valtya 1/50	Demulen 1/50
	Apri, Cyred, Desogestrel/ethinyl estradiol, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia	Desogen-28, Ortho-Cept
	Norethindrone/ethinyl estradiol FE, Tilia FE, Tri-Legest FE, Xarah FE	Estrostep FE
	Norethindrone/ethinyl estradiol FE chew, Wymzya FE chew, Xelria FE	Femcon FE
	Galbriela, Kaitlib FE chew, Layolis FE chew, Norethindrone/ethinyl estradiol FE chew	Generess FE
	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE	Loestrin 24 FE
	Aurovela 1/20, Junel 1/20, Larin 1/20, Microgestin 1/20, Norethindrone/ethinyl estradiol 1/20	Loestrin 1/20
	Aurovela 1.5/30, Hailey 1.5/30, Junel 1.5/30, Larin 1.5/30, Microgestin 1.5/30, Norethindrone/ethinyl estradiol 1.5/30	Loestrin 1.5/30
	Aurovela FE 1/20, Blisovi FE 1/20, Feirza 1/20, Hailey FE 1/20, Junel FE 1/20, Larin FE 1/20, Microgestin FE 1/20, Norethindrone/ ethinyl estradiol FE 1/20, Tarina FE 1/20	Loestrin FE 1/20
	Aurovela FE 1.5/30, Blisovi FE 1.5/30, Feirza 1.5/30, Hailey FE 1.5/30, Junel FE 1.5/30, Larin FE 1.5/30, Microgestin FE 1.5/30, Norethindrone/ethinyl estradiol FE 1.5./30	Loestrin FE 1.5/30
	Cryselle-28, Elinest, Low-Ogestrel, Turqoz	Lo/Ovral-28
	Camrese Lo, Levonorgestrel/ethinyl estradiol, Lojaimiess	LoSeasonique
	Amethyst, Dolishale, Levonorgestrel/ethinyl estradiol 90-20 mcg	Lybrel
	Charlotte 24 FE, Finzala FE, Mibelas 24 FE, Norethindrone/ethinyl estradiol FE	Minastrin 24 FE
	Azurette, Desogestrel/ethinyl estradiol, Kariva, Pimtrea, Simliya, Viorele, Volnea	Mircette 28 day

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
		Averi
Combination birth control pills (continued)	Altavera, Ayuna, Chateal, Kurvelo, Levonorgestrel/ ethinyl estradiol, Levora-28, Marlissa, Portia-28	Nordette-28
	Estarylla, Mili, Mono-Linyah, Norgestimate/ethinyl estradiol, Nymyo, Sprintec-28, Vylibra	Ortho-Cyclen
	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35	Ortho-Novum 1/35
	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7	Ortho-Novum 7/7/7
	Norgestimate/ethinyl estradiol, Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra	Ortho Tri-Cyclen
	Norgestimate/ethinyl estradiol, Tri Lo-Estarylla, Tri Lo-Marzia, Tri Lo-Mili, Tri Lo-Sprintec, Tri-Vylibra Lo	Ortho Tri-Cyclen Lo
	Balziva, Briellyn, Philith, Vyfemla	Ovcon-35
	Fayosim, Levonorgestrel/ethinyl estradiol, Rivelsa, Rosyrah	Quartette
	Drospirenone/ethinyl estradiol, Tydemy	Safyral
	Iclevia, Introvale, Jolessa, levonorgestrel/ethinyl estradiol, Setlakin	Seasonale
	Amethia, Ashlyna, Camrese, Daysee, Jaimiess, levonorgestrel/ ethinyl estradiol, Simpresse	Seasonique
	Gemmily, Merzee, norethindrone/ethinyl estradiol, Taysofy	Taytulla
	Aranelle, Leena	Tri-Norinyl
	Enpresse-28, Levonest, levonorgestrel/ethinyl estradiol, Trivora-28	Triphasil
	Drospirenon/ethinyl estradiol, Ocella, Syeda, Zumandimine	Yasmin 28
	Drospirenone/ethinyl estradiol, Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura	Yaz
Progestin only birth control pills	Camila, Debiltane, Errin, Emzahh, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, norethindrone, Norlyroc, Orquidea, Sharobel	Micronor, Nor-QD
		Opill (OTC)

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
Birth control rings		Annovera
	EluRyng, EnilloRing, etonogestrel/ethinyl estradiol, Haloette	NuvaRing
Birth control patches	Norelgestromin/ethinyl estradiol, Xulane, Zafemy	Ortho Evra
Birth control shots	Medroxyprogesterone 150	Depo-Provera
Emergency birth control		Ella
	Aftera, Curae, EContra OS, Her Style, levonorgestrel, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action (OTC)	Plan B
Contraceptive films		VCF vaginal (OTC)
Contraceptive foams		VCF vaginal (OTC)
Contraceptive gels		Gynol II, VCF vaginal (OTC)
Contraceptive suppository		Encare (OTC)
Condoms		Aimsco, Durex, Fantasy, Kameleon, Kimono, Trojan,Trustex, FC2 Female (OTC)
Sponges		Today (OTC)
Intrauterine devices (IUDs) and implants		Kyleena
		Liletta
		Mirena
		Miudella
		Nexplannon
		Paragard
		Skyla

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

Vaccinations

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

Disease (vaccine name)	Coverage limits (if applicable)
COVID-19 (Comirnaty, Moderna 2025-26, mNEXSPIKE, Novavax, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	• FluMist is covered for persons aged 2-49 years • Fluad and Fluzone HD are covered for persons aged 65 years and older
Haemophilus influenzae B (ActHIB, HIberix, Pedivax HIB)	Covered for persons age 6 years and younger
Hepatitis A (Havrix, Vaqta)	
Hepatitis B (Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB)	Heplisav-B and Prehevbrio are covered for persons aged 18 years and older
Hepatitis A/B (Twinrix)	
Human Papiloma Virus/HPV (Gardasil-9)	Covered for persons aged 9-45 years
Measles, Mumps, Rubella (M-M-R II, PRIORIX)	
Measles, Mumps, Rubella, Varicella (ProQuad)	
Meingococcal (Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy, Trumenba)	
Pneumococcal (Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance)	
Polioviris (Ipol)	Covered for persons aged 17 years and younger
Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus, mRESVIA)	• Abrysvo is covered for persons aged 50 years and older or when the pharmacy enters a submission clarification code confirming pregnancy • Arexvy and mRESVIA are covered for persons aged 50 years and older • Beyfortus is covered for persons aged 24 months and younger
Rotavirus (Rotarix, Rotateq)	Covered for persons aged 8 months and younger
Smallpox Mpox (Jynneos)	Covered for persons aged 18 years and older

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

Disease (vaccine name)	Coverage limits (if applicable)
Tetanus, diptheria/Td (TDVAX, Tenivac)	
Tetanus, diptheria, pertussis/Tdap (Adacel, Boostrix, Daptacel)	
Tetanus, diptheria, pertussis, polio (Kinrix, Quadracel)	
Tetanus, diptheria, pertussis, hepatitis B, polio (Pediarix)	
Tetanus, diptheria, pertussis, polio, haemophilus infuenzae B (Pentacel)	
Tetanus, diptheria, pertussis, hepatitis B, polio, haemophilus infuenzae B (Infanrix, Vaxelis)	
Varicella/Chickenpox (Varivax)	
Zoster/Shingles (Shingrix)	Covered for persons aged 19 years and older

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

Frequently asked questions – Preventive care drug coverage

What happens if a generic drug becomes available?

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

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

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

Is my plan required to cover contraceptives?

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

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

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

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

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

Will this drug list change?

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

2026 Quartz Individual and Family and Small Group ACA Formulary

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

Drug Name	Drug Tier	Notes
hydrocodone-ibuprofen oral tablet 5-200 mg	T1 (G)	QL (16 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	T1 (G)	QL (12 EA per 1 day)
hydromorphone hcl er	T3 (NP)	PA; QL (2 EA per 1 day)
hydromorphone hcl injection solution 4 mg/ml	T3 (NP)	
hydromorphone hcl oral liquid	T3 (NP)	QL (10 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	T1 (G)	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 4 mg, 8 mg	T1 (G)	QL (2 EA per 1 day)
hydromorphone hcl pf	T3 (NP)	
hydromorphone hcl solution 1 mg/ml injection	T3 (NP)	
hydromorphone hcl solution 2 mg/ml injection	T3 (NP)	
JOURNAVX	T3 (NP)	QL (2.5 EA per 1 day)
meperidine hcl oral tablet	T3 (NP)	QL (18 EA per 1 day)
methadone hcl intensol	T1 (G)	
methadone hcl oral concentrate	T1 (G)	
methadone hcl oral solution	T1 (G)	
methadone hcl oral tablet	T1 (G)	PA
mitigo	T3 (NP)	
morphine sulfate (concentrate) oral solution 100 mg/5ml	T1 (G)	QL (4.5 ML per 1 day)
morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml	T3 (NP)	
morphine sulfate (pf) injection solution 10 mg/ml	T1 (G)	
morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml	T3 (NP)	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	T3 (NP)	PA; QL (3 EA per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	T1 (G)	PA; QL (3 EA per 1 day)
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	T3 (NP)	
morphine sulfate intravenous solution 4 mg/ml	T3 (NP)	
morphine sulfate oral solution 10 mg/5ml	T1 (G)	QL (45 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	T1 (G)	QL (22.5 ML per 1 day)
morphine sulfate oral tablet 15 mg	T1 (G)	QL (6 EA per 1 day)
morphine sulfate oral tablet 30 mg	T1 (G)	QL (3 EA per 1 day)
nalbuphine hcl injection solution 10 mg/ml	T3 (NP)	
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3 (NP)	PA; QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	T3 (NP)	PA; QL (2 EA per 1 day)
oxycodone hcl oral capsule	T1 (G)	QL (12 EA per 1 day)
oxycodone hcl oral solution	T1 (G)	QL (60 ML per 1 day)

Drug Name	Drug Tier	Notes
oxycodone hcl oral tablet 10 mg	T1 (G)	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	T1 (G)	QL (4 EA per 1 day)
oxycodone hcl oral tablet 20 mg	T1 (G)	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	T1 (G)	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	T1 (G)	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	T1 (G)	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	T1 (G)	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	T1 (G)	QL (8 EA per 1 day)
OXYCONTIN	T2 (PB)	PA; QL (4 EA per 1 day)
oxymorphone hcl er	T3 (NP)	PA; QL (4 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	T1 (G)	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	T1 (G)	QL (3 EA per 1 day)
pentazocine-naloxone hcl	T3 (NP)	QL (10 EA per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	T3 (NP)	PA; QL (1 EA per 1 day)
tramadol hcl er	T3 (NP)	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 50 mg	T1 (G)	QL (5 EA per 1 day)
tramadol-acetaminophen	T1 (G)	QL (6 EA per 1 day)
XTAMPZA ER	T2 (PB)	PA; QL (4 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
aspirin 81	T1 PV	$0 for age less than 55 years
aspirin adult low dose	T1 PV	$0 for age less than 55 years
aspirin adult low strength	T1 PV	$0 for age less than 55 years
aspirin childrens	T1 PV	$0 for age less than 55 years
aspirin ec adult low dose	T1 PV	$0 for age less than 55 years
aspirin ec adult low strength oral tablet delayed release 81 mg	T1 PV	$0 for age less than 55 years
aspirin ec low dose	T1 PV	$0 for age less than 55 years
aspirin ec low strength	T1 PV	$0 for age less than 55 years
aspirin low dose	T1 PV	$0 for age less than 55 years
aspirin oral tablet chewable	T1 PV	$0 for age less than 55 years
aspirin oral tablet delayed release 81 mg	T1 PV	$0 for age less than 55 years
aspirin regimen	T1 PV	$0 for age less than 55 years
BAYER ASPIRIN EC LOW DOSE	T3 PV	$0 for age less than 55 years
BAYER LOW DOSE	T3 PV	$0 for age less than 55 years
celecoxib oral	T1 (G)	QL (2 EA per 1 day)

Drug Name	Drug Tier	Notes
childrens aspirin	T1 PV	$0 for age less than 55 years
cvs aspirin adult low dose	T1 PV	$0 for age less than 55 years
cvs aspirin adult low strength	T1 PV	$0 for age less than 55 years
cvs aspirin ec	T1 PV	$0 for age less than 55 years
cvs aspirin low dose	T1 PV	$0 for age less than 55 years
cvs aspirin low strength	T1 PV	$0 for age less than 55 years
diclofenac potassium oral tablet 50 mg	T1 (G)	
diclofenac sodium er	T3 (NP)	
diclofenac sodium external solution 1.5 %	T1 (G)	PA
diclofenac sodium oral	T1 (G)	
diflunisal oral	T3 (NP)	
ECOTRIN LOW STRENGTH	T3 PV	$0 for age less than 55 years
eq adult aspirin low strength oral tablet delayed release 81 mg	T1 PV	$0 for age less than 55 years
eq aspirin adult low dose	T1 PV	$0 for age less than 55 years
eq aspirin low dose	T1 PV	$0 for age less than 55 years
eq aspirin low dose oral tablet 81 mg	T1 PV	$0 for age less than 55 years
eql aspirin low dose	T1 PV	$0 for age less than 55 years
eql childrens aspirin oral tablet chewable 81 mg	T1 PV	$0 for age less than 55 years
etodolac	T1 (G)	
etodolac er	T1 (G)	
flurbiprofen oral	T1 (G)	
ft aspirin low dose	T1 PV	$0 for age less than 55 years
ft aspirin oral tablet chewable	T1 PV	$0 for age less than 55 years
gnp adult aspirin low strength	T1 PV	$0 for age less than 55 years
gnp aspirin low dose	T1 PV	$0 for age less than 55 years
gnp aspirin oral tablet delayed release 81 mg	T1 PV	$0 for age less than 55 years
goodsense aspirin adult low st oral tablet chewable 81 mg	T1 PV	$0 for age less than 55 years
goodsense aspirin low dose	T1 PV	$0 for age less than 55 years
goodsense aspirin oral tablet chewable	T1 PV	$0 for age less than 55 years
h-e-b aspirin	T1 PV	$0 for age less than 55 years
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1 (G)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	LCG	
indomethacin er	T1 (G)	
indomethacin oral capsule 25 mg	LCG	
indomethacin oral capsule 50 mg	T1 (G)	
ketoprofen oral	T1 (G)	

Drug Name	Drug Tier	Notes
ketorolac tromethamine injection	T1 (G)	
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1 (G)	
ketorolac tromethamine oral	T1 (G)	QL (20 EA per 5 days)
kls aspirin low dose	T1 PV	$0 for age less than 55 years
kp aspirin	T1 PV	$0 for age less than 55 years
meclofenamate sodium oral	T3 (NP)	
mefenamic acid oral	T3 (NP)	
meloxicam oral tablet	LCG	
mm aspirin	T1 PV	$0 for age less than 55 years
nabumetone oral	T1 (G)	
naproxen oral tablet 250 mg	T1 (G)	
naproxen oral tablet 375 mg, 500 mg	LCG	
naproxen sodium oral tablet 275 mg, 550 mg	T1 (G)	
oxaprozin oral tablet	T1 (G)	
piroxicam oral	T1 (G)	
qc aspirin low dose	T1 PV	$0 for age less than 55 years
qc childrens aspirin	T1 PV	$0 for age less than 55 years
ra aspirin adult low dose	T1 PV	$0 for age less than 55 years
ra aspirin adult low strength	T1 PV	$0 for age less than 55 years
ra aspirin childrens	T1 PV	$0 for age less than 55 years
ra aspirin ec adult low st	T1 PV	$0 for age less than 55 years
ra aspirin ec oral tablet delayed release 81 mg	T1 PV	$0 for age less than 55 years
sb childrens aspirin	T1 PV	$0 for age less than 55 years
sb low dose asa ec	T1 PV	$0 for age less than 55 years
ST JOSEPH ASPIRIN	T3 PV	$0 for age less than 55 years
ST JOSEPH LOW DOSE	T3 PV	$0 for age less than 55 years
sulindac oral	T1 (G)	
tolmetin sodium	T1 (G)	
Anesthetics		
glydo	T1 (G)	
lidocaine external patch 5 %	T1 (G)	
lidocaine hcl urethral/mucosal external prefilled syringe	T1 (G)	
lidocaine ointment 5 % external	T1 (G)	
lidocaine-prilocaine external cream	T1 (G)	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	T3 (NP)	

Drug Name	Drug Tier	Notes
buprenorphine hcl sublingual	T1 (G)	
buprenorphine hcl-naloxone hcl sublingual film	T3 (NP)	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1 (G)	
bupropion hcl er (smoking det)	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T3 PV	$0 for 180 days/year; QL (180 EA per 365 days)
cvs nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
cvs nicotine polacrilex	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
disulfiram oral	T3 (NP)	
eq nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
eq nicotine mouth/throat gum 2 mg, 4 mg	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
eq nicotine polacrilex	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
eq nicotine step 3	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
folding paddle walker	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
ft nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
ft nicotine mini	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
gnp nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
gnp nicotine mini	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
gnp nicotine polacrilex	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
goodsense nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
habitrol	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
KLOXXADO	T2 (PB)	
kls quit2	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
kls quit4	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
naloxone hcl injection solution	T1 (G)	

Drug Name	Drug Tier	Notes
naloxone hcl injection solution cartridge	T1 (G)	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1 (G)	
naloxone hcl nasal	T1 (G)	
naltrexone hcl oral	T1 (G)	
NICODERM CQ	T3 PV	$0 for 180 days/year; QL (180 EA per 365 days)
NICORETTE	T3 PV	$0 for 180 days/year; QL (180 EA per 365 days)
NICORETTE MINI	T3 PV	$0 for 180 days/year; QL (180 EA per 365 days)
NICORETTE STARTER KIT	T3 PV	$0 for 180 days/year; QL (180 EA per 365 days)
nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
nicotine mini	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
nicotine polacrilex mini	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
nicotine polacrilex mouth/throat	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
nicotine step 1	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
nicotine step 2	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
nicotine step 3	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	T3 PV	ST; $0 for 180 days/year; QL (180 EA per 365 days)
NICOTROL NS	T3 PV	ST; $0 for 180 days/year; QL (180 ML per 365 days)
qc nicotine transdermal system	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
ra mini nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
ra nicotine	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
ra nicotine gum	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
ra nicotine polacrilex	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
sm nicotine polacrilex mouth/throat gum	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)

Drug Name	Drug Tier	Notes
THRIVE	T3 PV	$0 for 180 days/year; QL (180 EA per 365 days)
varenicline tartrate	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
varenicline tartrate (starter)	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
varenicline tartrate(continue)	T1 PV	$0 for 180 days/year; QL (180 EA per 365 days)
VIVITROL	T4 (SP)	
Antibacterials		
amoxicillin	LCG	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T1 (G)	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	T3 (NP)	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T1 (G)	
ampicillin	T1 (G)	
ampicillin sodium	T1 (G)	
ampicillin-sulbactam sodium	T1 (G)	
AUGMENTIN	T3 (NP)	
azithromycin intravenous	T1 (G)	
azithromycin oral	LCG	
aztreonam injection solution reconstituted 1 gm	T1 (G)	
aztreonam injection solution reconstituted 2 gm	T3 (NP)	
BAXDELA ORAL	T3 (NP)	
benzalkonium chloride external solution	T1 (G)	
BICILLIN L-A	T3 (NP)	
cefaclor	T1 (G)	
cefadroxil oral capsule	T1 (G)	
cefadroxil oral suspension reconstituted	T3 (NP)	
cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	T1 (G)	
cefazolin sodium intravenous solution reconstituted 1 gm	T1 (G)	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	T1 (G)	
cefdinir	T1 (G)	
cefepime hcl injection	T3 (NP)	
cefepime hcl intravenous solution 1 gm/50ml	T3 (NP)	

Drug Name	Drug Tier	Notes
cefepime hcl solution reconstituted 2 gm intravenous	T3 (NP)	
cefotetan disodium	T1 (G)	
cefoxitin sodium	T1 (G)	
cefpodoxime proxetil	T3 (NP)	
cefprozil	T1 (G)	
ceftazidime injection	T1 (G)	
ceftazidime intravenous	T1 (G)	
ceftriaxone sodium injection	T1 (G)	
ceftriaxone sodium intravenous	T1 (G)	
cefuroxime axetil	T1 (G)	
cephalexin oral capsule 250 mg, 500 mg	LCG	
cephalexin oral suspension reconstituted	T1 (G)	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3 (NP)	
ciprofloxacin hcl oral tablet 250 mg, 500 mg	LCG	
ciprofloxacin hcl oral tablet 750 mg	T1 (G)	
ciprofloxacin in d5w	T3 (NP)	
clarithromycin oral suspension reconstituted	T3 (NP)	
clarithromycin oral tablet	T1 (G)	
clindamycin hcl oral	T1 (G)	
clindamycin palmitate hcl	T1 (G)	
clindamycin phosphate in d5w	T1 (G)	
clindamycin phosphate injection	T1 (G)	
clindamycin phosphate vaginal	T1 (G)	
daptomycin	T3 (NP)	
demeclocycline hcl	T3 (NP)	
dicloxacillin sodium	LCG	
DIFICID ORAL SUSPENSION RECONSTITUTED	T3 (NP)	
doxycycline hyclate oral capsule	T1 (G)	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1 (G)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1 (G)	
doxycycline monohydrate oral suspension reconstituted	T3 (NP)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T1 (G)	
ertapenem sodium	T3 (NP)	
erythromycin base oral	T3 (NP)	

Drug Name	Drug Tier	Notes
erythromycin ethylsuccinate oral suspension reconstituted	T3 (NP)	
erythromycin oral	T3 (NP)	
gentamicin sulfate external	T1 (G)	
HUMATIN	T2 (PB)	
imipenem-cilastatin	T3 (NP)	
iodine tincture tincture 2 % external (rx)	T1 (G)	
levofloxacin intravenous	T3 (NP)	
levofloxacin oral solution	T3 (NP)	
levofloxacin oral tablet	T1 (G)	
linezolid in sodium chloride	T1 (G)	
linezolid intravenous	T1 (G)	
linezolid oral suspension reconstituted	T3 (NP)	QL (32.2 ML per 1 day)
linezolid oral tablet	T2 (PB)	QL (28 EA per 30 days)
methenamine hippurate	T3 (NP)	
metronidazole intravenous	T1 (G)	
metronidazole oral tablet 250 mg, 500 mg	LCG	
metronidazole vaginal	T1 (G)	
MINOCIN	T3 (NP)	
minocycline hcl oral capsule	T1 (G)	
moxifloxacin hcl in nacl	T1 (G)	
moxifloxacin hcl oral	T1 (G)	
mupirocin ointment	T1 (G)	
nafcillin sodium	T1 (G)	
neomycin sulfate oral	LCG	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T1 (G)	
nitrofurantoin monohydrate macrocrystals	T1 (G)	
ofloxacin oral	T3 (NP)	
penicillin g potassium injection solution reconstituted 20000000 unit	T1 (G)	
penicillin v potassium	LCG	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	T1 (G)	
polymyxin b sulfate injection	T1 (G)	
silver sulfadiazine external	T1 (G)	
ssd	T1 (G)	
streptomycin sulfate intramuscular	T3 (NP)	

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

Drug Name	Drug Tier	Notes
carbamazepine er	T3 (NP)	
carbamazepine oral suspension	T1 (G)	
carbamazepine oral tablet	LCG	
carbamazepine oral tablet chewable 100 mg	T1 (G)	
clobazam oral tablet	T2 (PB)	PA
DIACOMIT	T4 (SP)	PA
diazepam rectal	T3 (NP)	QL (2 EA per 1 fill)
DILANTIN ORAL CAPSULE 30 MG	T3 (NP)	
divalproex sodium er	T1 (G)	
divalproex sodium oral capsule delayed release sprinkle	T3 (NP)	
divalproex sodium oral tablet delayed release	T1 (G)	
EPIDIOLEX	T4 (SP)	PA
ethosuximide oral capsule	T1 (G)	
ethosuximide oral solution	T3 (NP)	
fosphenytoin sodium injection solution 500 mg pe/10ml	T1 (G)	
FYCOMPA	T3 (NP)	
gabapentin oral capsule	T1 (G)	
gabapentin oral solution	T1 (G)	
gabapentin oral tablet 600 mg, 800 mg	T1 (G)	
lacosamide oral solution	T1 (G)	
lacosamide oral tablet	T3 (NP)	
lamotrigine er	T3 (NP)	
lamotrigine oral tablet	T1 (G)	
lamotrigine oral tablet chewable	T1 (G)	
lamotrigine oral tablet dispersible	T3 (NP)	
levetiracetam er	T3 (NP)	
levetiracetam oral solution	T1 (G)	
levetiracetam oral tablet	T1 (G)	
methsuximide	T2 (PB)	
NAYZILAM	T3 (NP)	
oxcarbazepine oral suspension	T3 (NP)	
oxcarbazepine oral tablet	T1 (G)	
pentobarbital sodium injection	T1 (G)	
perampanel	T3 (NP)	
phenobarbital oral	T1 (G)	
phenobarbital sodium injection	T1 (G)	
phenytek	T3 (NP)	

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

Drug Name	Drug Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T1 (G)	QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T1 (G)	QL (1 EA per 1 day)
bupropion hcl oral	T1 (G)	
chlordiazepoxide-amitriptyline	T1 (G)	
citalopram hydrobromide oral tablet	LCG	$0 HDHP
clomipramine hcl oral	T3 (NP)	
desipramine hcl oral	T3 (NP)	
desvenlafaxine succinate er	T3 (NP)	QL (1 EA per 1 day)
doxepin hcl oral capsule 10 mg, 50 mg	LCG	
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg	T3 (NP)	
doxepin hcl oral concentrate	T3 (NP)	
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	T1 (G)	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	T1 (G)	QL (3 EA per 1 day)
escitalopram oxalate oral tablet	T1 (G)	$0 HDHP
FETZIMA	T3 (NP)	PA; ST; QL (1 EA per 1 day)
FETZIMA TITRATION	T3 (NP)	PA; ST; QL (56 EA per 365 days)
fluoxetine hcl oral capsule	LCG	$0 HDHP
fluvoxamine maleate er	T3 (NP)	QL (2 EA per 1 day)
fluvoxamine maleate oral tablet 100 mg, 50 mg	T2 (PB)	
fluvoxamine maleate oral tablet 25 mg	T3 (NP)	
imipramine hcl oral	T1 (G)	
MARPLAN	T3 (NP)	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	LCG	
nefazodone hcl	T3 (NP)	
nortriptyline hcl oral capsule	LCG	
nortriptyline hcl oral solution	T3 (NP)	
paroxetine hcl oral tablet	LCG	$0 HDHP
perphenazine-amitriptyline	T3 (NP)	
phenelzine sulfate oral	T3 (NP)	
protriptyline hcl	T3 (NP)	
sertraline hcl oral concentrate	T1 (G)	$0 HDHP
sertraline hcl oral tablet	T1 (G)	$0 HDHP
tranylcypromine sulfate	T3 (NP)	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	LCG	

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

Drug Name	Drug Tier	Notes
promethazine hcl oral syrup 6.25 mg/5ml	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1 (G)	
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	T3 (NP)	
promethazine hcl solution 6.25 mg/5ml oral	LCG	
scopolamine	T2 (PB)	
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	T3 (NP)	
amphotericin b intravenous	T1 (G)	
amphotericin b liposome	T3 (NP)	
caspofungin acetate	T3 (NP)	
ciclodan	T1 (G)	
ciclopirox external	T1 (G)	
ciclopirox olamine external	T1 (G)	
clotrimazole external	LCG	
clotrimazole mouth/throat	T1 (G)	
clotrimazole-betamethasone external cream	T1 (G)	
econazole nitrate external cream	T1 (G)	
ERTACZO	T3 (NP)	
fluconazole in sodium chloride	T1 (G)	
fluconazole oral	LCG	
flucytosine oral capsule 250 mg	T1 (G)	
flucytosine oral capsule 500 mg	T3 (NP)	
griseofulvin microsize oral	T3 (NP)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T3 (NP)	
GYNAZOLE-1	T3 (NP)	
itraconazole oral capsule	T3 (NP)	PA
ketoconazole external cream	T1 (G)	
ketoconazole external shampoo	T1 (G)	
ketoconazole oral	LCG	
klayesta	T1 (G)	
LULICONAZOLE	T3 (NP)	
miconazole 3	T1 (G)	
naftifine hcl external cream 1 %	T2 (PB)	
nyamyc	T1 (G)	
nystatin external cream	LCG	
nystatin external ointment	T1 (G)	

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

Drug Name	Drug Tier	Notes
sumatriptan succinate subcutaneous	T2 (PB)	QL (0.17 ML per 1 day)
UBRELVY	T2 (PB)	PA; QL (0.54 EA per 1 day)
zolmitriptan oral tablet	T1 (G)	QL (0.4 EA per 1 day)
zolmitriptan oral tablet dispersible	T2 (PB)	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
neostigmine methylsulfate rfid intravenous solution prefilled syringe	T3 (NP)	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	T3 (NP)	
pyridostigmine bromide oral tablet	T1 (G)	
Antimycobacterials		
cycloserine oral	T1 (G)	
dapsone oral	T3 (NP)	
ethambutol hcl oral	T3 (NP)	
isoniazid injection	T1 (G)	
isoniazid oral syrup	T1 (G)	
isoniazid oral tablet 100 mg	T1 (G)	
isoniazid oral tablet 300 mg	LCG	
PRETOMANID	T2 (PB)	
PRIFTIN	T3 (NP)	
pyrazinamide oral	T1 (G)	
rifabutin	T3 (NP)	
rifampin oral	T2 (PB)	
SIRTURO	T3 (NP)	
Antineoplastics - Drugs for Cancer		
abiraterone acetate	T4 (SP)	PA; SP-QTZ
ADCETRIS	T4 (SP)	PA
ALECENSA	T4 (SP)	PA; SP-QTZ
anastrozole oral	T1 (G)	$0 for breast cancer PX
BELEODAQ	T4 (SP)	PA
bexarotene	T4 (SP)	PA; SP-QTZ
bicalutamide	T1 (G)	
BOSULIF ORAL TABLET	T4 (SP)	PA; SP-QTZ
busulfan	T4 (SP)	
CABOMETYX ORAL TABLET 20 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG	T4 (SP)	PA; SP-QTZ
capecitabine	T4 (SP)	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4 (SP)	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	T4 (SP)	PA

Drug Name	Drug Tier	Notes
COMETRIQ	T4 (SP)	PA; SP-ORx
COTELLIC	T4 (SP)	PA; SP-QTZ
cyclophosphamide injection	T4 (SP)	
cyclophosphamide oral capsule	T3 (NP)	
CYCLOPHOSPHAMIDE ORAL TABLET	T2 (PB)	
dasatinib	T4 (SP)	PA; SP-QTZ
daunorubicin hcl	T4 (SP)	
decitabine	T4 (SP)	
DROXIA	T3 (NP)	
ENHERTU	T4 (SP)	PA
ERIVEDGE	T4 (SP)	PA; SP-QTZ
erlotinib hcl oral tablet 100 mg, 150 mg	T4 (SP)	PA; SP-QTZ
erlotinib hcl oral tablet 25 mg	T4 (SP)	PA; SP-QTZ; QL (3 EA per 1 day)
etoposide oral	T4 (SP)	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
everolimus oral tablet soluble	T4 (SP)	PA; SP-QTZ
exemestane	T1 (G)	$0 for breast cancer PX
fludarabine phosphate	T4 (SP)	
fluorouracil intravenous	T4 (SP)	
GILOTRIF	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
GLEOSTINE	T4 (SP)	
HYCAMTIN ORAL	T4 (SP)	SP-QTZ
hydroxyurea oral	T1 (G)	
IBRANCE	T4 (SP)	PA; SP-QTZ
ICLUSIG ORAL TABLET 10 MG, 15 MG	T4 (SP)	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	T4 (SP)	PA
imatinib mesylate oral	T4 (SP)	PA; SP-QTZ
IMBRUVICA ORAL CAPSULE 140 MG	T4 (SP)	PA; SP-QTZ; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	T4 (SP)	PA; SP-QTZ
IMBRUVICA ORAL TABLET	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
INLYTA	T4 (SP)	PA; SP-QTZ
IXEMPRA KIT	T4 (SP)	
JAKAFI ORAL TABLET 10 MG, 5 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	T4 (SP)	PA; SP-QTZ
KISQALI (200 MG DOSE)	T4 (SP)	PA; SP-QTZ
KISQALI (400 MG DOSE)	T4 (SP)	PA; SP-QTZ

Drug Name	Drug Tier	Notes
KISQALI (600 MG DOSE)	T4 (SP)	PA; SP-QTZ
KOSELUGO	T4 (SP)	PA; SP-QTZ
lapatinib ditosylate	T4 (SP)	PA; SP-QTZ
lenalidomide	T4 (SP)	PA; SP-QTZ
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	T4 (SP)	PA; SP-ORx
letrozole oral	T1 (G)	$0 for breast cancer PX
leucovorin calcium injection solution reconstituted	T1 (G)	
leucovorin calcium oral tablet 10 mg, 5 mg	T1 (G)	
leucovorin calcium oral tablet 15 mg, 25 mg	T3 (NP)	
LEUKERAN	T4 (SP)	
LYNPARZA	T4 (SP)	PA; SP-QTZ
LYSODREN	T3 (NP)	
MATULANE	T4 (SP)	
MEKINIST	T4 (SP)	PA; SP-QTZ
melphalan hcl	T4 (SP)	
mercaptopurine oral tablet	T1 (G)	
mesna oral	T4 (SP)	
MESNEX ORAL	T4 (SP)	
mitomycin intravenous	T4 (SP)	
mitoxantrone hcl	T4 (SP)	PA
MYLERAN	T2 (PB)	
nilotinib hcl	T4 (SP)	PA; SP-QTZ
nilutamide	T4 (SP)	SP-QTZ
NINLARO	T4 (SP)	PA; SP-QTZ
OGSIVEO	T4 (SP)	PA
ONUREG	T4 (SP)	PA; SP-QTZ
ORGOVYX	T4 (SP)	PA
ORSERDU	T4 (SP)	PA
paclitaxel	T4 (SP)	
pazopanib hcl	T4 (SP)	PA; SP-QTZ
PIQRAY	T4 (SP)	PA; SP-QTZ
POMALYST ORAL CAPSULE 1 MG, 2 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG	T4 (SP)	PA; SP-QTZ
PROLEUKIN	T4 (SP)	
QINLOCK	T4 (SP)	PA

Drug Name	Drug Tier	Notes
REVLIMID	T4 (SP)	PA; SP-QTZ
ROMVIMZA	T4 (SP)	PA
ROZLYTREK ORAL CAPSULE	T4 (SP)	PA; SP-QTZ
RUXIENCE	T3 (NP)	PA
RYDAPT	T4 (SP)	PA
sorafenib tosylate	T4 (SP)	PA; SP-QTZ
STIVARGA	T4 (SP)	PA; SP-QTZ
sunitinib malate	T4 (SP)	PA; SP-QTZ
TABRECTA	T4 (SP)	PA; SP-QTZ
TAFINLAR	T4 (SP)	PA; SP-QTZ
TAGRISSO ORAL TABLET 40 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG	T4 (SP)	PA; SP-QTZ
tamoxifen citrate oral	T1 (G)	$0 for breast cancer PX
TASIGNA	T4 (SP)	PA; SP-QTZ
temozolomide	T4 (SP)	PA
THALOMID	T4 (SP)	PA; SP-QTZ
toremifene citrate	T3 (NP)	
torpenz	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
tretinoin oral	T4 (SP)	
TUKYSA	T4 (SP)	PA; SP-QTZ
TURALIO	T4 (SP)	PA
VENCLEXTA	T4 (SP)	PA; SP-QTZ
VENCLEXTA STARTING PACK	T4 (SP)	PA; SP-QTZ
VERZENIO	T4 (SP)	PA; SP-QTZ
VORANIGO ORAL TABLET 10 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	T4 (SP)	PA; SP-QTZ
XALKORI ORAL CAPSULE	T4 (SP)	PA; SP-QTZ
XTANDI	T4 (SP)	PA; SP-QTZ
ZELBORAF	T4 (SP)	PA; SP-QTZ
ZOLINZA	T4 (SP)	PA; SP-QTZ
ZYDELIG	T4 (SP)	PA; SP-QTZ
ZYKADIA	T4 (SP)	PA; SP-QTZ
Antiparasitics		
albendazole oral	T3 (NP)	PA
atovaquone	T3 (NP)	
atovaquone-proguanil hcl oral tablet 250-100 mg	T3 (NP)	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	T1 (G)	
BENZNIDAZOLE	T3 (NP)	

Drug Name	Drug Tier	Notes
chloroquine phosphate oral	T3 (NP)	
COARTEM	T3 (NP)	
CROTAN	T4 (SP)	
EMVERM	T2 (PB)	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg	T1 (G)	
hydroxychloroquine sulfate oral tablet 200 mg	LCG	
hydroxychloroquine sulfate oral tablet 400 mg	T2 (PB)	
IMPAVIDO	T3 (NP)	
ivermectin oral tablet 3 mg	T3 (NP)	
malathion	T3 (NP)	
mefloquine hcl	T1 (G)	
nitazoxanide oral	T3 (NP)	
permethrin external	T1 (G)	
praziquantel oral	T3 (NP)	
primaquine phosphate	T1 (G)	
pyrimethamine oral	T4 (SP)	PA
quinine sulfate	T2 (PB)	
spinosad	T3 (NP)	
sulfurated lime	T1 (G)	
Antiparkinson Agents		
amantadine hcl oral capsule	T1 (G)	
amantadine hcl oral solution	T1 (G)	
apomorphine hcl subcutaneous	T4 (SP)	PA; SP-ORx; QL (3 ML per 1 day)
benztropine mesylate injection	T1 (G)	
benztropine mesylate oral	LCG	
bromocriptine mesylate oral	T3 (NP)	
carbidopa oral	T3 (NP)	
carbidopa-levodopa	T1 (G)	
carbidopa-levodopa er	T1 (G)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg	T3 (NP)	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	T1 (G)	
entacapone	T3 (NP)	
NEUPRO	T3 (NP)	
pramipexole dihydrochloride	T1 (G)	

Drug Name	Drug Tier	Notes
rasagiline mesylate oral	T3 (NP)	
ropinirole hcl	T1 (G)	
ropinirole hcl er	T3 (NP)	
selegiline hcl oral	T1 (G)	
tolcapone	T1 (G)	
trihexyphenidyl hcl oral solution	T1 (G)	
trihexyphenidyl hcl oral tablet 2 mg	LCG	
trihexyphenidyl hcl oral tablet 5 mg	T1 (G)	
Antiplatelets		
aspirin-dipyridamole er	T3 (NP)	
BRILINTA	T2 (PB)	
CABLIVI	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
cilostazol	T1 (G)	
clopidogrel bisulfate oral	T1 (G)	
dipyridamole oral	T2 (PB)	
prasugrel hcl	T3 (NP)	
ticagrelor	T2 (PB)	
ZONTIVITY	T3 (NP)	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA	T3 (NP)	
aripiprazole oral tablet	T1 (G)	QL (1 EA per 1 day)
asenapine maleate	T3 (NP)	QL (2 EA per 1 day)
chlorpromazine hcl oral tablet	T3 (NP)	
clozapine oral tablet 100 mg, 25 mg	T2 (PB)	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	T2 (PB)	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	T2 (PB)	QL (6 EA per 1 day)
FANAPT	T3 (NP)	PA; ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	T3 (NP)	PA; ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B	T3 (NP)	PA; ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C	T3 (NP)	PA; ST; QL (16 EA per 365 days)
fluphenazine hcl oral tablet	T3 (NP)	
haloperidol decanoate intramuscular	T1 (G)	
haloperidol lactate injection	T1 (G)	
haloperidol lactate oral concentrate 2 mg/ml	T1 (G)	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg	LCG	
haloperidol oral tablet 10 mg, 20 mg	T1 (G)	
INVEGA HAFYERA	T3 (NP)	PA; ST
INVEGA SUSTENNA	T3 (NP)	

Drug Name	Drug Tier	Notes
INVEGA TRINZA	T3 (NP)	
loxapine succinate	T3 (NP)	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	T1 (G)	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	T1 (G)	QL (2 EA per 1 day)
olanzapine intramuscular	T3 (NP)	
olanzapine oral tablet	T1 (G)	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T3 (NP)	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	T3 (NP)	QL (2 EA per 1 day)
pimozide	T3 (NP)	
quetiapine fumarate er	T1 (G)	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	T1 (G)	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	T1 (G)	QL (2 EA per 1 day)
REXULTI	T3 (NP)	QL (1 EA per 1 day)
risperidone oral tablet	T1 (G)	QL (2 EA per 1 day)
thioridazine hcl oral	T1 (G)	
thiothixene	T3 (NP)	
trifluoperazine hcl	T3 (NP)	
ziprasidone hcl	T3 (NP)	QL (2 EA per 1 day)
Antivirals		
abacavir sulfate oral solution	T3 (NP)	SP-QTZ
abacavir sulfate oral tablet	T1 (G)	SP-QTZ
abacavir sulfate-lamivudine	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
acyclovir external ointment	T1 (G)	QL (1 GM per 1 day)
acyclovir oral capsule	LCG	
acyclovir oral suspension	T3 (NP)	
acyclovir oral tablet	LCG	
acyclovir sodium	T1 (G)	
adefovir dipivoxil	T3 (NP)	
APRETUDE	T3 (NP)	$0 copay for HIV PX
APTIVUS	T4 (SP)	SP-QTZ
atazanavir sulfate	T3 (NP)	SP-QTZ
BARACLUDE ORAL SOLUTION	T3 (NP)	QL (21 ML per 1 day)
BIKTARVY	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
cidofovir intravenous	T1 (G)	
CIMDUO	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
COMPLERA	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
darunavir oral tablet 600 mg	T1 (G)	SP-QTZ
darunavir oral tablet 800 mg	T1 (G)	SP-QTZ; $0 copay for HIV PX for MN plans
DELSTRIGO	T2 (PB)	SP-QTZ
DESCOVY ORAL TABLET 200-25 MG	T3 (NP)	PA; SP-QTZ; $0 copay for HIV PX
DOVATO	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
EDURANT	T3 (NP)	SP-QTZ
EDURANT PED	T3 (NP)	SP-QTZ
efavirenz	T3 (NP)	SP-QTZ
efavirenz-emtricitab-tenofo df	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
emtricitabine	T3 (NP)	SP-QTZ
emtricitabine-tenofovir df oral tablet 100-150 mg	T3 (NP)	SP-QTZ; $0 copay for HIV PX for MN plans; QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	T3 (NP)	SP-QTZ; $0 copay for HIV PX; QL (1 EA per 1 day)
emtricitab-rilpivir-tenofov df	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	T2 (PB)	SP-QTZ
entecavir	T1 (G)	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG	T2 (PB)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	T2 (PB)	PA; SP-QTZ; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG	T2 (PB)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL TABLET 400-100 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
etravirine	T3 (NP)	SP-QTZ
EVOTAZ	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
famciclovir oral	T1 (G)	
fosamprenavir calcium	T3 (NP)	SP-QTZ
FUZEON	T2 (PB)	SP-QTZ
HARVONI ORAL PACKET 33.75-150 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	T3 (NP)	SP-QTZ
ISENTRESS	T2 (PB)	SP-QTZ; $0 copay for HIV PX for MN plans
ISENTRESS HD	T2 (PB)	SP-QTZ

Drug Name	Drug Tier	Notes
JULUCA	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
LAGEVRIO	T3 (NP)	QL (8 EA per 1 day)
lamivudine oral solution 10 mg/ml	T3 (NP)	SP-QTZ
lamivudine oral tablet 100 mg	T1 (G)	
lamivudine oral tablet 150 mg, 300 mg	T1 (G)	SP-QTZ
lamivudine-zidovudine	T3 (NP)	SP-QTZ
lopinavir-ritonavir oral tablet 100-25 mg	T1 (G)	SP-QTZ
lopinavir-ritonavir oral tablet 200-50 mg	T3 (NP)	SP-QTZ
maraviroc	T1 (G)	PA; SP-QTZ
MAVYRET ORAL PACKET	T3 (NP)	PA; SP-QTZ; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	T3 (NP)	PA; SP-QTZ; QL (3 EA per 1 day)
nevirapine	T3 (NP)	SP-QTZ
nevirapine er	T3 (NP)	SP-QTZ
NORVIR ORAL PACKET	T2 (PB)	SP-QTZ
ODEFSEY	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
oseltamivir phosphate oral capsule 30 mg	T2 (PB)	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg	T2 (PB)	QL (20 EA per 365 days)
oseltamivir phosphate oral capsule 75 mg	T3 (NP)	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted	T3 (NP)	QL (360 ML per 365 days)
PAXLOVID (150/100)	T3 (NP)	QL (4 EA per 1 day)
PAXLOVID (300/100 & 150/100)	T3 (NP)	QL (11 EA per 56 days)
PAXLOVID (300/100)	T3 (NP)	QL (6 EA per 1 day)
PEGASYS	T4 (SP)	PA; SP-QTZ
penciclovir	T3 (NP)	
PIFELTRO	T3 (NP)	SP-QTZ
PREZCOBIX ORAL TABLET 675-150 MG	T2 (PB)	SP-QTZ
PREZCOBIX ORAL TABLET 800-150 MG	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	T2 (PB)	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T2 (PB)	SP-QTZ
RELENZA DISKHALER	T3 (NP)	QL (40 EA per 365 days)
REYATAZ ORAL PACKET	T2 (PB)	SP-QTZ
ribavirin oral	T4 (SP)	
rimantadine hcl	T1 (G)	
ritonavir	T3 (NP)	SP-QTZ; $0 copay for HIV PX for MN plans
RUKOBIA	T2 (PB)	SP-QTZ
SELZENTRY ORAL SOLUTION	T2 (PB)	PA; SP-QTZ
SOVALDI ORAL TABLET 400 MG	T4 (SP)	PA; SP-QTZ

Drug Name	Drug Tier	Notes
SYMTUZA	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
tenofovir disoproxil fumarate	T1 (G)	SP-QTZ; $0 copay for HIV PX
TIVICAY	T2 (PB)	SP-QTZ
TIVICAY PD	T2 (PB)	SP-QTZ; $0 copay for HIV PX for MN plans
TRIUMEQ	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
TYBOST	T2 (PB)	SP-QTZ
valacyclovir hcl oral	T1 (G)	QL (4 EA per 1 day)
valganciclovir hcl	T3 (NP)	
VEMLIDY	T4 (SP)	
VIRACEPT	T4 (SP)	SP-QTZ
VIREAD ORAL POWDER	T2 (PB)	SP-QTZ
VIREAD ORAL TABLET 150 MG	T3 (NP)	SP-QTZ
VIREAD ORAL TABLET 200 MG, 250 MG	T2 (PB)	SP-QTZ
ZEPATIER	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
zidovudine	T3 (NP)	SP-QTZ
Anxiolytics - Drugs for Anxiety		
alprazolam er oral tablet extended release 24 hour 0.5 mg	T2 (PB)	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	T1 (G)	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	T2 (PB)	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	T2 (PB)	QL (3 EA per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	T1 (G)	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	T1 (G)	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg	T2 (PB)	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	T1 (G)	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	T2 (PB)	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	T2 (PB)	QL (3 EA per 1 day)
buspirone hcl oral tablet 10 mg, 5 mg	LCG	
buspirone hcl oral tablet 15 mg, 30 mg	T1 (G)	
chlordiazepoxide hcl oral capsule 10 mg	T1 (G)	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	T1 (G)	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	T1 (G)	QL (4 EA per 1 day)

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

Drug Name	Drug Tier	Notes
NEULASTA	T4 (SP)	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	T4 (SP)	PA
NIVESTYM	T4 (SP)	PA
plerixafor	T4 (SP)	
PROMACTA	T4 (SP)	PA; SP-QTZ
PYRUKYND	T4 (SP)	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	T4 (SP)	PA; QL (1 EA per 1 day)
REBLOZYL	T4 (SP)	PA
RETACRIT	T4 (SP)	PA
SOLIRIS	T4 (SP)	PA
tranexamic acid oral	T2 (PB)	
ULTOMIRIS	T4 (SP)	PA
XOLREMDI	T4 (SP)	PA; QL (4 EA per 1 day)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	T2 (PB)	
aliskiren fumarate	T3 (NP)	
amiloride hcl oral	T1 (G)	
amiloride-hydrochlorothiazide	LCG	
amiodarone hcl oral tablet 200 mg	T1 (G)	
amlodipine besylate oral	LCG	
amlodipine besylate-benazepril hcl	T1 (G)	
amlodipine besylate-valsartan	T3 (NP)	
amlodipine-olmesartan	T3 (NP)	
atenolol oral	LCG	$0 HDHP
atenolol-chlorthalidone	LCG	$0 HDHP
atorvastatin calcium oral tablet 10 mg, 20 mg	LCG PV	$0 HDHP; $0 if age 40-75
atorvastatin calcium oral tablet 40 mg, 80 mg	LCG	$0 HDHP
benazepril hcl oral	LCG	$0 HDHP
betaxolol hcl oral	T1 (G)	$0 HDHP
bisoprolol fumarate oral tablet 10 mg, 5 mg	LCG	$0 HDHP
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
bumetanide oral	T1 (G)	
cartia xt	T1 (G)	
carvedilol	LCG	$0 HDHP
chlorthalidone	LCG	
cholestyramine light	T3 (NP)	
cholestyramine oral	T3 (NP)	

Drug Name	Drug Tier	Notes
clonidine hcl oral tablet 0.1 mg, 0.2 mg	LCG	
clonidine hcl oral tablet 0.3 mg	T1 (G)	
colesevelam hcl oral tablet	T3 (NP)	
colestipol hcl	T3 (NP)	
CORLANOR ORAL SOLUTION	T3 (NP)	QL (15 ML per 1 day)
CORLANOR ORAL TABLET	T3 (NP)	QL (2 EA per 1 day)
digoxin oral solution	T3 (NP)	
digoxin oral tablet 125 mcg, 250 mcg	LCG	
diltiazem hcl er beads	T1 (G)	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1 (G)	
diltiazem hcl er oral capsule extended release 24 hour	T1 (G)	
diltiazem hcl oral	T1 (G)	
dilt-xr	T1 (G)	
disopyramide phosphate	T3 (NP)	
dofetilide	T3 (NP)	
doxazosin mesylate oral	LCG	
enalapril maleate oral tablet	LCG	$0 HDHP
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1 (G)	$0 HDHP
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	LCG	$0 HDHP
ENTRESTO ORAL CAPSULE SPRINKLE	T2 (PB)	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET	T2 (PB)	QL (2 EA per 1 day)
epinephrine injection solution	T1 (G)	
epinephrine pf	T1 (G)	
eplerenone	T3 (NP)	
ethacrynic acid	T3 (NP)	
ezetimibe	T1 (G)	
ezetimibe-simvastatin	T3 (NP)	
felodipine er	T1 (G)	
fenofibrate micronized oral capsule 134 mg, 67 mg	T1 (G)	
fenofibrate micronized oral capsule 200 mg, 43 mg	T3 (NP)	
fenofibrate oral capsule 134 mg, 67 mg	T1 (G)	
fenofibrate oral capsule 200 mg	T3 (NP)	

Drug Name	Drug Tier	Notes
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1 (G)	
fenofibric acid oral capsule delayed release	T3 (NP)	
flecainide acetate	T1 (G)	
fluvastatin sodium	T3 (NP)	$0 if age 40-75
fosinopril sodium	LCG	$0 HDHP
furosemide injection	T1 (G)	
furosemide oral solution 10 mg/ml	LCG	
furosemide oral solution 8 mg/ml	T1 (G)	
furosemide oral tablet	LCG	
gemfibrozil oral	LCG	
guanfacine hcl	LCG	
hydralazine hcl oral	LCG	
hydrochlorothiazide oral	LCG	
indapamide	LCG	
irbesartan	T1 (G)	
irbesartan-hydrochlorothiazide	T1 (G)	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1 (G)	
isosorbide mononitrate	T1 (G)	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	T1 (G)	
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	LCG	
ivabradine hcl	T1 (G)	QL (2 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1 (G)	$0 HDHP
lisinopril oral	LCG	$0 HDHP
lisinopril-hydrochlorothiazide	LCG	$0 HDHP
losartan potassium oral	LCG	
losartan potassium-hctz	LCG	
lovastatin oral	T1 PV	$0 HDHP; $0 if age 40-75
mannitol intravenous solution 20 %	T3 (NP)	
methyldopa	LCG	
metolazone oral tablet 10 mg	T1 (G)	
metolazone oral tablet 2.5 mg, 5 mg	T3 (NP)	
metoprolol succinate er	T1 (G)	$0 HDHP
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	$0 HDHP
metyrosine	T1 (G)	PA; QL (16 EA per 1 day)

Drug Name	Drug Tier	Notes
mexiletine hcl oral	T3 (NP)	
midodrine hcl	T1 (G)	
minoxidil oral	T1 (G)	
nadolol oral tablet 40 mg	T1 (G)	$0 HDHP
nebivolol hcl	T3 (NP)	
niacin er (antihyperlipidemic)	T3 (NP)	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	T1 (G)	
nifedipine er oral tablet extended release 24 hour 90 mg	T3 (NP)	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	T1 (G)	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	T3 (NP)	
nimodipine oral capsule	T3 (NP)	
nitroglycerin rectal	T1 (G)	
nitroglycerin sublingual	T1 (G)	
nitroglycerin transdermal	T1 (G)	
olmesartan medoxomil oral	T1 (G)	
olmesartan medoxomil-hctz	T1 (G)	
omega-3-acid ethyl esters	T3 (NP)	
pentoxifylline er	T1 (G)	
phenoxybenzamine hcl oral	T3 (NP)	PA
pindolol	T3 (NP)	
pravastatin sodium	T1 PV	$0 HDHP; $0 if age 40-75
prazosin hcl oral	LCG	
prevalite	T3 (NP)	
procainamide hcl injection solution 100 mg/ml	T3 (NP)	
propafenone hcl	T1 (G)	
propranolol hcl er	T3 (NP)	
propranolol hcl intravenous	T1 (G)	
propranolol hcl oral solution	T1 (G)	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1 (G)	$0 HDHP
quinapril hcl	LCG	$0 HDHP
quinapril-hydrochlorothiazide	T1 (G)	$0 HDHP
quinidine sulfate	T1 (G)	
ramipril	LCG	$0 HDHP

Drug Name	Drug Tier	Notes
ranolazine er	T3 (NP)	
RECTIV	T3 (NP)	
REPATHA	T2 (PB)	PA; ST; SP-QTZ; QL (0.11 ML per 1 day)
REPATHA SURECLICK	T2 (PB)	PA; ST; SP-QTZ; QL (0.11 ML per 1 day)
rosuvastatin calcium oral	T1 PV	$0 HDHP; $0 if age 40-75
sacubitril-valsartan	T2 (PB)	QL (2 EA per 1 day)
simvastatin oral	LCG PV	$0 HDHP; $0 if age 40-75
sotalol hcl (af)	T1 (G)	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1 (G)	
sotalol hcl oral tablet 80 mg	LCG	
spironolactone oral tablet	LCG	
spironolactone-hctz	LCG	
telmisartan	T1 (G)	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1 (G)	
torsemide	LCG	
trandolapril	LCG	$0 HDHP
triamterene-hctz	LCG	
TRYNGOLZA	T4 (SP)	PA; QL (0.03 ML per 1 day)
valsartan oral tablet	T1 (G)	
valsartan-hydrochlorothiazide	T1 (G)	
verapamil hcl er oral tablet extended release	T1 (G)	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	T1 (G)	
VYNDAMAX	T4 (SP)	PA; SP-ORx; QL (1 EA per 1 day)
Central Nervous System Agents		
SKYCLARYS	T4 (SP)	PA; QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
amphetamine sulfate	T3 (NP)	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	T1 (G)	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T1 (G)	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	T1 (G)	QL (2 EA per 1 day)
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	T2 (PB)	QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg	T3 (NP)	QL (1 EA per 1 day)
clonidine hcl er	T1 (G)	
dexmethylphenidate hcl	T1 (G)	QL (2 EA per 1 day)
dexmethylphenidate hcl er	T3 (NP)	QL (1 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	T3 (NP)	QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	T3 (NP)	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T3 (NP)	QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	T3 (NP)	QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	T1 (G)	QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	T1 (G)	QL (3 EA per 1 day)
guanfacine hcl er	T3 (NP)	
lisdexamfetamine dimesylate	T2 (PB)	QL (1 EA per 1 day)
methamphetamine hcl	T1 (G)	QL (5 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	T3 (NP)	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T3 (NP)	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	T3 (NP)	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	T3 (NP)	QL (3 EA per 1 day)
methylphenidate hcl oral tablet	T1 (G)	QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
AVONEX PREFILLED	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
BETASERON	T4 (SP)	PA; SP-QTZ; QL (0.5 EA per 1 day)
dalfampridine er	T4 (SP)	PA; QL (2 EA per 1 day)
dimethyl fumarate oral	T2 (PB)	PA; SP-QTZ; QL (2 EA per 1 day)
dimethyl fumarate starter pack	T2 (PB)	PA; SP-QTZ; QL (120 EA per 365 days)
fingolimod hcl	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)

Drug Name	Drug Tier	Notes
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
KESIMPTA	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
MAYZENT ORAL TABLET 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (14 EA per 365 days)
teriflunomide	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
TYSABRI	T4 (SP)	PA; QL (0.54 ML per 1 day)
Central Nervous System Agents - Miscellaneous		
AUSTEDO	T4 (SP)	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T4 (SP)	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1 (G)	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	T1 (G)	QL (2 EA per 1 day)
pregabalin oral solution	T3 (NP)	QL (30 ML per 1 day)
riluzole	T3 (NP)	
SAVELLA	T3 (NP)	PA; ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK	T3 (NP)	PA; ST; QL (110 EA per 365 days)
tetrabenazine	T4 (SP)	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	T3 (NP)	
chlorhexidine gluconate mouth/throat	LCG	
lidocaine viscous hcl	LCG	
periogard	LCG	
pilocarpine hcl oral tablet 5 mg	T2 (PB)	
pilocarpine hcl oral tablet 7.5 mg	T3 (NP)	
PREVIDENT MOUTH/THROAT	T3 (NP)	
sodium fluoride 5000 plus	T1 (G)	
sodium fluoride 5000 ppm dental cream	T1 (G)	

Drug Name	Drug Tier	Notes
sodium fluoride 5000 ppm dental gel	T1 (G)	
sodium fluoride dental	T1 (G)	
sodium fluoride mouth/throat	T1 (G)	
triamcinolone acetonide mouth/throat	T1 (G)	
Dermatological Agents - Drugs for Skin Conditions		
accutane	T3 (NP)	
acitretin	T3 (NP)	
adapalene external cream	T3 (NP)	
adapalene external gel 0.3 %	T3 (NP)	
adapalene gel 0.1 % external (rx)	T1 (G)	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1 (G)	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	T3 (NP)	
ADBRY	T4 (SP)	PA; SP-ORx; QL (0.15 ML per 1 day)
ala-cort	T1 (G)	
alclometasone dipropionate	T1 (G)	
AMELUZ	T3 (NP)	
ammonium lactate external	T1 (G)	
amnesteem	T3 (NP)	
azelaic acid external	T3 (NP)	
benzoyl peroxide-erythromycin	T3 (NP)	
betamethasone dipropionate aug external cream	T1 (G)	
betamethasone dipropionate aug external lotion	T3 (NP)	
betamethasone dipropionate aug external ointment	T3 (NP)	
betamethasone dipropionate external cream	T1 (G)	
betamethasone dipropionate external lotion	T1 (G)	
betamethasone dipropionate external ointment	T3 (NP)	
betamethasone valerate external cream	T1 (G)	
betamethasone valerate external lotion	T1 (G)	
betamethasone valerate external ointment	T1 (G)	
calcipotriene external cream	T2 (PB)	
calcipotriene external ointment	T2 (PB)	
calcipotriene external solution	T2 (PB)	
calcipotriene-betameth diprop external ointment	T3 (NP)	
calcitriol external	T3 (NP)	

Drug Name	Drug Tier	Notes
CIBINQO	T4 (SP)	PA; QL (1 EA per 1 day)
claravis	T3 (NP)	
clindacin etz external swab	T1 (G)	
clindacin-p	T1 (G)	
clindamycin phos (once-daily)	T1 (G)	
clindamycin phos (twice-daily)	T1 (G)	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T1 (G)	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	T3 (NP)	
clindamycin phosphate external solution	T1 (G)	
clindamycin phosphate external swab	T1 (G)	
clobetasol propionate external cream 0.05 %	T3 (NP)	
clobetasol propionate external gel	T3 (NP)	
clobetasol propionate external ointment	T3 (NP)	
clobetasol propionate external solution	T3 (NP)	
clocortolone pivalate	T3 (NP)	
coal tar external	T1 (G)	
desonide external cream	T3 (NP)	
desonide external ointment	T3 (NP)	
desoximetasone external cream 0.25 %	T1 (G)	
desoximetasone external liquid	T3 (NP)	
desoximetasone external ointment 0.25 %	T3 (NP)	
diclofenac sodium gel 3 % external	T1 (G)	QL (10 GM per 1 day)
diflorasone diacetate external cream	T3 (NP)	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
EBGLYSS	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
erythromycin external	T1 (G)	
fluocinolone acetonide body	T1 (G)	
fluocinolone acetonide external cream	T3 (NP)	
fluocinolone acetonide external ointment	T3 (NP)	
fluocinolone acetonide external solution	T1 (G)	

Drug Name	Drug Tier	Notes
fluocinolone acetonide scalp	T1 (G)	
fluocinonide emulsified base	T3 (NP)	
fluocinonide external	T1 (G)	
fluorouracil external cream 5 %	T3 (NP)	
fluorouracil external solution	T1 (G)	
fluticasone propionate external cream	T1 (G)	
fluticasone propionate external ointment	T1 (G)	
halcinonide external cream	T3 (NP)	PA; ST
halobetasol propionate external cream	T3 (NP)	
halobetasol propionate external ointment	T3 (NP)	
hydrocortisone butyrate external solution	T1 (G)	
hydrocortisone cream 1 % external (rx)	T1 (G)	
hydrocortisone external cream 2.5 %	LCG	
hydrocortisone external lotion 2.5 %	T1 (G)	
hydrocortisone external ointment 1 %, 2.5 %	T1 (G)	
hydrocortisone valerate external cream	T3 (NP)	
imiquimod external cream 5 %	T1 (G)	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T3 (NP)	
ivermectin external cream	T3 (NP)	
lactic acid e	T1 (G)	
methoxsalen rapid	T3 (NP)	
metronidazole external cream	T1 (G)	
metronidazole external gel 0.75 %	T1 (G)	
mometasone furoate external	T1 (G)	
NEO-SYNALAR	T3 (NP)	
neuac	T1 (G)	
pimecrolimus	T3 (NP)	PA; ST; QL (2 GM per 1 day)
podofilox external solution	T1 (G)	
SANTYL	T3 (NP)	QL (3 GM per 1 day)
selenium sulfide external lotion	T1 (G)	
sulfacetamide sodium (acne)	T3 (NP)	
tacrolimus external	T3 (NP)	QL (2 GM per 1 day)
tazarotene external cream 0.1 %	T3 (NP)	PA
tretinoin external cream 0.025 %, 0.05 %	T2 (PB)	
tretinoin external cream 0.1 %	T3 (NP)	
tretinoin external gel 0.01 %, 0.025 %	T3 (NP)	
triamcinolone acetonide external cream	LCG	

Drug Name	Drug Tier	Notes
triamcinolone acetonide external lotion	T1 (G)	
triamcinolone acetonide external ointment 0.025 %, 0.5 %	T1 (G)	
triamcinolone acetonide external ointment 0.1 %	LCG	
triderm	LCG	
zenatane	T3 (NP)	
Diabetes - Antidiabetic Agents		
acarbose oral	T3 (NP)	
FARXIGA	T2 (PB)	$0 HDHP
glimepiride oral tablet 1 mg, 2 mg, 4 mg	LCG	$0 HDHP
glipizide er	LCG	$0 HDHP
glipizide oral tablet 10 mg, 5 mg	LCG	$0 HDHP
glipizide-metformin hcl	T3 (NP)	
glyburide micronized	LCG	$0 HDHP
glyburide oral	LCG	$0 HDHP
glyburide-metformin	T1 (G)	$0 HDHP
GLYXAMBI	T2 (PB)	$0 HDHP
JANUMET	T2 (PB)	$0 HDHP
JANUMET XR	T2 (PB)	$0 HDHP
JANUVIA	T2 (PB)	$0 HDHP
JARDIANCE	T2 (PB)	$0 HDHP
JENTADUETO	T2 (PB)	$0 HDHP
JENTADUETO XR	T2 (PB)	$0 HDHP
liraglutide	T2 (PB)	PA; $0 HDHP; QL (0.3 ML per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg	LCG	$0 HDHP; $0 if age 35-70 and prediabetes DX
metformin hcl er oral tablet extended release 24 hour 750 mg	T1 (G)	$0 HDHP; $0 if age 35-70 and prediabetes DX
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	LCG	$0 HDHP; $0 if age 35-70 and prediabetes DX
MOUNJARO	T2 (PB)	PA; $0 HDHP; QL (0.08 ML per 1 day)
nateglinide	T3 (NP)	
pioglitazone hcl	T1 (G)	$0 HDHP
repaglinide	T1 (G)	
SOLIQUA	T2 (PB)	
SYNJARDY	T2 (PB)	$0 HDHP
SYNJARDY XR	T2 (PB)	$0 HDHP
TRADJENTA	T2 (PB)	$0 HDHP

Drug Name	Drug Tier	Notes
TRULICITY	T2 (PB)	PA; $0 HDHP; QL (0.08 ML per 1 day)
XIGDUO XR	T2 (PB)	$0 HDHP
XULTOPHY	T2 (PB)	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	T2 (PB)	$0 HDHP
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	$0	
ACCU-CHEK AVIVA PLUS TEST STRIPS	T2 (PB)	$0 HDHP; QL (10 EA per 1 day)
ACCU-CHEK FASTCLIX LANCET KIT	T2 (PB)	
ACCU-CHEK GUIDE	$0	
ACCU-CHEK GUIDE CONTROL	T2 (PB)	$0 HDHP
ACCU-CHEK GUIDE KIT W/DEVICE	$0	
ACCU-CHEK GUIDE TEST STRIPS	T2 (PB)	$0 HDHP; QL (10 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTROL	T2 (PB)	$0 HDHP
ACCU-CHEK SMARTVIEW TEST STRIPS	T2 (PB)	$0 HDHP; QL (10 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	T2 (PB)	
ADVOCATE SAFETY LANCETS 21G	T2 (PB)	$0 HDHP
ADVOCATE SAFETY LANCETS 23G	T2 (PB)	$0 HDHP
ADVOCATE SAFETY LANCETS 28G	T2 (PB)	$0 HDHP
AUTOPEN	T3 (NP)	
BD PEN	T3 (NP)	
BD PEN MINI	T3 (NP)	
CARESENS LANCETS 30G	T2 (PB)	$0 HDHP
CEQUR SIMPLICITY 2U 10PK	T2 (PB)	
CHEMSTRIP 10 MD	T3 (NP)	
CHEMSTRIP 10/SG	T3 (NP)	
CHEMSTRIP 2 GP	T3 (NP)	
CHEMSTRIP 5 OB	T3 (NP)	
CHEMSTRIP 7	T3 (NP)	
CHEMSTRIP 9	T3 (NP)	
CHEMSTRIP K	T3 (NP)	
CHEMSTRIP UGK	T3 (NP)	
CHOSEN LANCETS 30G	T2 (PB)	$0 HDHP
CHOSEN SAFETY LANCETS 28G	T2 (PB)	$0 HDHP
CLEVER CHOICE COMFORT EZ	T2 (PB)	$0 HDHP
COMFORT TOUCH TWIST LANCET 30G	T2 (PB)	$0 HDHP
DEXCOM G6 RECEIVER	T2 (PB)	PA
DEXCOM G6 SENSOR	T2 (PB)	PA

Drug Name	Drug Tier	Notes
DEXCOM G6 TRANSMITTER	T2 (PB)	PA
DEXCOM G7 RECEIVER	T2 (PB)	PA
DEXCOM G7 SENSOR	T2 (PB)	PA
DROPSAFE ACTI-LANCE 23G	T2 (PB)	$0 HDHP
GUARDIAN 4 GLUCOSE SENSOR	T3 (NP)	PA
GUARDIAN 4 TRANSMITTER	T3 (NP)	PA
GUARDIAN LINK 3 TRANSMITTER	T3 (NP)	PA
GUARDIAN REAL-TIME CHARGER	T3 (NP)	
GUARDIAN REAL-TIME REPLACE PED	T3 (NP)	PA
GUARDIAN REAL-TIME TEST PLUG	T3 (NP)	
GUARDIAN SENSOR 3	T3 (NP)	PA
INPEN 100-BLUE-LILLY-HUMALOG	T3 (NP)	
INPEN 100-BLUE-NOVOLOG-FIASP	T3 (NP)	
INPEN 100-GREY-LILLY-HUMALOG	T3 (NP)	
INPEN 100-GREY-NOVOLOG-FIASP	T3 (NP)	
INPEN 100-PINK-LILLY-HUMALOG	T3 (NP)	
INPEN 100-PINK-NOVOLOG-FIASP	T3 (NP)	
KETO-DIASTIX	T3 (NP)	
KETONE CARE	T3 (NP)	
KETONE TEST	T3 (NP)	
KETOSTIX	T3 (NP)	
LANCETS	T2 (PB)	$0 HDHP
LANCETS 28G THIN	T2 (PB)	$0 HDHP
LANCETS SUPER THIN	T2 (PB)	$0 HDHP
MOBILE LANCETS 30G	T2 (PB)	$0 HDHP
MULTISTIX 10 SG	T3 (NP)	
NOVOPEN ECHO	T3 (NP)	
ONETOUCH DELICA PLUS LANCING	T3 (NP)	
ONETOUCH DELICA SAFETY LANCING	T2 (PB)	$0 HDHP
ONETOUCH ULTRA CONTROL	T2 (PB)	$0 HDHP
ONETOUCH ULTRA IN VITRO LIQUID	T2 (PB)	$0 HDHP
ONETOUCH VERIO IN VITRO LIQUID	T2 (PB)	$0 HDHP
PERFECT POINT SAFETY LANCETS	T2 (PB)	$0 HDHP
RELION KETONE TEST	T3 (NP)	
TECHLITE LANCETS 26G	T2 (PB)	$0 HDHP
UNISTIK NORMAL	T2 (PB)	$0 HDHP
VERIFINE SAFE LANCET MINI 21G	T2 (PB)	$0 HDHP
VERIFINE SAFE LANCET MINI 23G	T2 (PB)	$0 HDHP

Drug Name	Drug Tier	Notes
VERIFINE SAFE LANCET MINI 28G	T2 (PB)	$0 HDHP
VERIFINE SAFE LANCET MINI 30G	T2 (PB)	$0 HDHP
VIVAGUARD LANCETS 30G	T2 (PB)	$0 HDHP
VIVAGUARD SAFETY LANCETS 28G	T2 (PB)	$0 HDHP
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2 (PB)	
BAQSIMI TWO PACK	T2 (PB)	
diazoxide oral	T3 (NP)	
glucagon emergency kit	T1 (G)	
GLUCAGON EMERGENCY KIT	T2 (PB)	
Diabetes - Insulins		
AQ INSULIN SYRINGE	T2 (PB)	$0 HDHP
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	T2 (PB)	$0 HDHP
BD VEO INSULIN SYR ULTRAFINE	T2 (PB)	$0 HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	T2 (PB)	$0 HDHP
EASY TOUCH INSULIN BARRELS	T2 (PB)	$0 HDHP
EMBECTA INS SYR U/F 1/2 UNIT	T2 (PB)	$0 HDHP
EMBECTA INSULIN SYR ULTRAFINE	T2 (PB)	$0 HDHP
EMBECTA INSULIN SYRINGE	T2 (PB)	$0 HDHP
EMBECTA INSULIN SYRINGE U-100	T2 (PB)	$0 HDHP
EMBECTA INSULIN SYRINGE U-500	T2 (PB)	$0 HDHP
HUMALOG MIX 50/50 KWIKPEN	T2 (PB)	$0 HDHP
HUMULIN R U-500 KWIKPEN	T2 (PB)	$0 HDHP
HUMULIN R U-500 VIAL	T2 (PB)	$0 HDHP
INSULIN DEGLUDEC	T3 (NP)	PA
INSULIN DEGLUDEC FLEXTOUCH	T3 (NP)	PA
INSULIN GLARGINE-YFGN	T2 (PB)	$0 HDHP

Drug Name	Drug Tier	Notes
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 1 ML	T2 (PB)	$0 HDHP
NOVOLIN 70/30 FLEXPEN	T2 (PB)	$0 HDHP
NOVOLIN 70/30 FLEXPEN RELION	T2 (PB)	$0 HDHP
NOVOLIN 70/30 RELION	T2 (PB)	$0 HDHP
NOVOLIN 70/30 VIAL	T2 (PB)	$0 HDHP
NOVOLIN N FLEXPEN	T2 (PB)	$0 HDHP
NOVOLIN N FLEXPEN RELION	T2 (PB)	$0 HDHP
NOVOLIN N RELION	T2 (PB)	$0 HDHP
NOVOLIN N VIAL	T2 (PB)	$0 HDHP
NOVOLIN R FLEXPEN	T2 (PB)	$0 HDHP
NOVOLIN R FLEXPEN RELION	T2 (PB)	$0 HDHP
NOVOLIN R RELION	T2 (PB)	$0 HDHP
NOVOLIN R VIAL	T2 (PB)	$0 HDHP
NOVOLOG 70/30 FLEXPEN RELION	T2 (PB)	$0 HDHP
NOVOLOG FLEXPEN	T2 (PB)	$0 HDHP
NOVOLOG FLEXPEN RELION	T2 (PB)	$0 HDHP
NOVOLOG MIX 70/30 FLEXPEN	T2 (PB)	$0 HDHP
NOVOLOG MIX 70/30 RELION	T2 (PB)	$0 HDHP
NOVOLOG MIX 70/30 VIAL	T2 (PB)	$0 HDHP
NOVOLOG PENFILL	T2 (PB)	$0 HDHP
NOVOLOG RELION	T2 (PB)	$0 HDHP
NOVOLOG U-100 VIAL	T2 (PB)	$0 HDHP
REZVOGLAR KWIKPEN	T2 (PB)	$0 before deductible for some plans
ULTICARE INSULIN SYR 1/2 UNIT	T2 (PB)	$0 HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	T2 (PB)	$0 HDHP
VERIFINE INSULIN SYRINGE	T2 (PB)	$0 HDHP

Drug Name	Drug Tier	Notes
Electrolytes / Minerals / Metals / Vitamins		
ATABEX	T3 PV	
b-plex	T1 (G)	
b-plex plus	T1 (G)	
CADEAU DHA	T3 PV	
carglumic acid	T4 (SP)	PA; SP-ORx
CENTRUM SPECIALIST PRENATAL	T3 PV	
CHEMET	T3 (NP)	
classic prenatal	T1 PV	
corvita 150	T1 (G)	
cvs folic acid	T1 PV	
cvs prenatal	T1 PV	
cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg	T1 PV	
cvs prenatal multi+dha	T1 PV	
cvs prenatal multivitamin	T1 PV	
cyanocobalamin injection solution 1000 mcg/ml	T1 (G)	
cyanocobalamin nasal	T1 (G)	
deferasirox oral tablet soluble	T3 (NP)	PA
deferiprone	T3 (NP)	PA
ENFAMIL EXPECTA	T3 PV	
eql prenatal formula	T1 PV	
ergocalciferol oral capsule	T1 (G)	
fa-8	T1 PV	
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg	T1 (G)	
ferotrinsic	T1 (G)	
folate	T1 PV	
folic acid oral capsule 0.8 mg	T1 PV	
folic acid oral tablet 400 mcg, 800 mcg	T1 PV	
folic acid tablet 1 mg oral (rx)	T1 (G)	
foltrin	T1 (G)	
ft folic acid	T1 PV	
ft prenatal	T1 PV	
gnp folic acid	T1 PV	
gnp prenatal	T1 PV	
gnp prenatal/folic acid	T1 PV	
HEALTHY MAMA BE WELL ROUNDED	T3 PV	
hydroxocobalamin acetate	T1 (G)	

Drug Name	Drug Tier	Notes
iodine strong	T1 (G)	
klor-con 10	T1 (G)	
klor-con m10	T1 (G)	
klor-con m15	T1 (G)	
klor-con m20	T1 (G)	
klor-con oral packet	T3 (NP)	
klor-con oral tablet extended release	T1 (G)	
kp folic acid oral tablet 800 mcg	T1 PV	
kp prenatal multivitamins	T1 PV	
K-PHOS	T3 (NP)	
k-tan plus	T1 (G)	
levocarnitine oral solution	T2 (PB)	
levocarnitine oral tablet	T2 (PB)	
levocarnitine sf	T2 (PB)	
MASONATAL	T3 PV	
multi prenatal	T1 PV	
multivitamin w/fluoride	T1 (G)	
multi-vitamin/fluoride	T1 (G)	
multivitamin/fluoride oral tablet chewable	T1 (G)	
multi-vitamin/fluoride/iron	T1 (G)	
na ferric gluc cplx in sucrose	T1 (G)	
NASCOBAL	T3 (NP)	
NEONATAL PRENATAL	T3 PV	
NEONATAL VITAMIN	T3 PV	
ONE VITE WOMENS	T3 PV	
ONE-A-DAY WOMENS PRENATAL 1	T3 PV	
PHOSPHO-TRIN K500	T3 (NP)	
phytonadione injection solution 1 mg/0.5ml	T1 (G)	
phytonadione injection solution 10 mg/ml	T3 (NP)	
phytonadione oral	T3 (NP)	
pnv-dha	T1 (G)	
pnv-dha+docusate	T1 (G)	
pnv-omega	T1 (G)	
pnv-select	T1 (G)	
polysaccharide iron forte	T1 (G)	
potassium chloride crys er	T1 (G)	
potassium chloride er	T1 (G)	

Drug Name	Drug Tier	Notes
potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	T1 (G)	
potassium chloride oral packet	T3 (NP)	
potassium chloride oral solution	T1 (G)	
potassium citrate er	T2 (PB)	
prenatal (w/iron & fa)	T1 PV	
prenatal 19 oral tablet 29-1 mg	T1 (G)	
prenatal 19 oral tablet chewable 29-1 mg	T1 (G)	
prenatal complete oral tablet	T1 PV	
prenatal formula	T1 PV	
prenatal forte	T1 PV	
prenatal gummies/dha & fa	T1 PV	
prenatal multi +dha	T1 PV	
PRENATAL MULTIVITAMIN + DHA	T3 PV	
prenatal multivitamin plus dha	T1 PV	
prenatal one daily	T1 PV	
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T1 PV	
prenatal oral tablet 27-1 mg	LCG	
prenatal plus	LCG	
prenatal plus vitamin/mineral	LCG	
prenatal vitamin and mineral	T1 PV	
prenatal vitamins	T1 PV	
prenatal/folic acid+dha	T1 PV	
prenatal/iron	T1 PV	
purevit dualfe plus	T1 (G)	
pyridoxine hcl injection	T1 (G)	
qc folic acid	T1 PV	
qc prenatal	T1 PV	
ra folic acid	T1 PV	
ra prenatal	T1 PV	
ra prenatal formula	T1 PV	
se-tan plus	T1 (G)	
SIMILAC PRENATAL EARLY SHIELD	T3 PV	
sod citrate-citric acid	T1 (G)	
sodium acetate intravenous solution 2 meq/ml	T3 (NP)	
sodium fluoride oral	T1 PV	
sodium polystyrene sulfonate	T1 (G)	
SPS (SODIUM POLYSTYRENE SULF)	T3 (NP)	

Drug Name	Drug Tier	Notes
STUART ONE	T3 PV	
thiamine hcl injection	T1 (G)	
trientine hcl oral capsule 250 mg	T4 (SP)	PA
trigels-f forte	T1 (G)	
triphrocaps	T1 (G)	
tri-vite/fluoride	T1 (G)	
TRUE FOLIC ACID ORAL TABLET 400 MCG	T3 PV	
v-c forte	T1 (G)	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	T1 (G)	
vitamin k1 injection solution 1 mg/0.5ml	T1 (G)	
vitamin k1 injection solution 10 mg/ml	T3 (NP)	
wescaps	T1 (G)	
yl folic acid	T1 PV	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
cimetidine hcl	T1 (G)	
cimetidine oral	T1 (G)	
esomeprazole magnesium oral capsule delayed release	T1 (G)	
famotidine (pf)	T1 (G)	
famotidine oral suspension reconstituted	T3 (NP)	
famotidine oral tablet 40 mg	T1 (G)	
famotidine tablet 20 mg oral (rx)	LCG	
lansoprazole oral capsule delayed release	T1 (G)	QL (1 EA per 1 day)
misoprostol oral	T1 (G)	
nizatidine	T1 (G)	
omeprazole oral capsule delayed release	LCG	QL (1 EA per 1 day)
pantoprazole sodium intravenous	T1 (G)	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release	LCG	QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release	T2 (PB)	QL (1 EA per 1 day)
sucralfate oral tablet	LCG	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	T3 (NP)	PA
alvimopan	T1 (G)	
amoxicill-clarithro-lansopraz	T3 (NP)	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T1 (G)	

Drug Name	Drug Tier	Notes
bis subcit-metronid-tetracyc	T3 (NP)	
bisacodyl ec	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
bismuth/metronidaz/tetracyclin	T3 (NP)	
CHENODAL	T4 (SP)	PA
citrate of magnesia	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
citroma	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
clearlax	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
constulose	LCG	
cromolyn sodium oral	T3 (NP)	
CTEXLI	T4 (SP)	PA
cvs c-lax laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
cvs gentle laxative oral	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
cvs gentle laxative womens	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
cvs magnesium citrate	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
cvs purelax oral powder	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
dicyclomine hcl oral capsule	LCG	
dicyclomine hcl oral solution 10 mg/5ml	T1 (G)	
dicyclomine hcl oral tablet 20 mg	LCG	
diphenoxylate-atropine oral tablet	T1 (G)	
enulose	T1 (G)	
eq clearlax	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
eq gentle laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
eq magnesium citrate	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
eql clearlax	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
eql gentle laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
eql laxative oral tablet delayed release	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

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

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

Drug Name	Drug Tier	Notes
prucalopride succinate	T3 (NP)	PA; ST; QL (1 EA per 1 day)
qc gentle laxative oral	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
qc gentle laxative womens	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
qc laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
qc magnesium citrate	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
qc natura-lax	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
ra laxative oral powder	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
ra laxative oral tablet delayed release	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
ra magnesium citrate	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
ra womens laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
REBYOTA	T4 (SP)	PA
sb bisacodyl laxative ec	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
sb gentle lax-women	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
sb magnesium citrate	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
sb polyethylene glycol 3350	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
smooth lax oral powder	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
SYMPROIC	T2 (PB)	PA; ST; QL (1 EA per 1 day)
true laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
ursodiol oral capsule 300 mg	T3 (NP)	
ursodiol oral tablet	T3 (NP)	
womans laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
womens laxative	T1 PV	$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
betaine	T4 (SP)	
CERDELGA	T4 (SP)	PA; SP-ORx

Drug Name	Drug Tier	Notes
CHOLBAM	T4 (SP)	PA
CREON	T2 (PB)	
CYSTAGON	T4 (SP)	
EVRYSDI ORAL SOLUTION RECONSTITUTED	T4 (SP)	PA; QL (8 ML per 1 day)
GALAFOLD	T4 (SP)	PA; QL (0.5 EA per 1 day)
miglustat	T4 (SP)	PA
MYALEPT	T4 (SP)	PA
nitisinone	T4 (SP)	PA
OCALIVA	T4 (SP)	
ORFADIN ORAL SUSPENSION	T4 (SP)	PA
REVCOVI	T4 (SP)	PA
sapropterin dihydrochloride	T4 (SP)	PA
sod benz-sod phenylacet	T1 (G)	
sodium phenylbutyrate oral	T4 (SP)	PA
SUCRAID	T4 (SP)	PA
yargesa	T4 (SP)	PA
ZENPEP	T2 (PB)	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
acetic acid irrigation	T1 (G)	
bethanechol chloride oral	T1 (G)	
calcium acetate (phos binder)	T1 (G)	
calcium acetate oral tablet 667 mg	T1 (G)	
darifenacin hydrobromide er	T3 (NP)	
ELMIRON	T3 (NP)	PA
fesoterodine fumarate er	T3 (NP)	
flavoxate hcl	T1 (G)	
FOSRENOL ORAL PACKET	T3 (NP)	
glycine irrigation	T1 (G)	
glycine urologic	T1 (G)	
INTRAROSA	T3 (NP)	PA; ST
lanthanum carbonate	T3 (NP)	
mirabegron er	T2 (PB)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2 (PB)	
oxybutynin chloride er	T1 (G)	
oxybutynin chloride oral solution	T1 (G)	
oxybutynin chloride oral tablet 5 mg	T1 (G)	

Drug Name	Drug Tier	Notes
penicillamine oral tablet	T4 (SP)	
phenazopyridine hcl oral tablet 100 mg, 200 mg	LCG	
RENACIDIN	T3 (NP)	
sevelamer carbonate oral tablet	T3 (NP)	
solifenacin succinate	T1 (G)	
tadalafil oral tablet 2.5 mg, 5 mg	T1 (G)	PA; QL (1 EA per 1 day)
tiopronin oral tablet	T4 (SP)	
tolterodine tartrate	T2 (PB)	
tolterodine tartrate er	T2 (PB)	
trospium chloride	T1 (G)	
VELPHORO	T3 (NP)	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	T1 (G)	
dutasteride oral	T1 (G)	
finasteride oral tablet 5 mg	LCG	
silodosin	T2 (PB)	
tamsulosin hcl	LCG	
terazosin hcl	LCG	
Hormonal Agents - Adrenal		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T3 (NP)	
dexameth sod phos (pf) +rfid	T1 (G)	
dexamethasone intensol	LCG	
dexamethasone oral elixir	T3 (NP)	
dexamethasone oral solution	LCG	
dexamethasone oral tablet	LCG	
dexamethasone sod phos (pf)	T1 (G)	
dexamethasone sod phos +rfid	T1 (G)	
dexamethasone sod phosphate pf	T1 (G)	
dexamethasone sodium phosphate injection	T1 (G)	
fludrocortisone acetate oral	T1 (G)	
hydrocortisone oral	LCG	
KENALOG-10	T3 (NP)	
KENALOG-80	T3 (NP)	
methylprednisolone acetate suspension 40 mg/ml injection	T1 (G)	
methylprednisolone acetate suspension 80 mg/ml injection	T1 (G)	

Drug Name	Drug Tier	Notes
methylprednisolone oral	LCG	
prednisolone oral solution	LCG	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	LCG	QL (16 ML per 1 day)
prednisone oral tablet	LCG	
prednisone oral tablet therapy pack	LCG	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	T3 (NP)	
triamcinolone acetonide injection suspension 10 mg/ml	T1 (G)	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	T3 (NP)	
triamcinolone acetonide suspension 40 mg/ml injection	T1 (G)	
Hormonal Agents - Men's Health		
danazol oral	T3 (NP)	
testosterone cypionate intramuscular	T1 (G)	PA; QL (0.4 ML per 1 day)
testosterone enanthate intramuscular	T1 (G)	PA; QL (0.2 ML per 1 day)
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	T3 (NP)	PA; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%)	T3 (NP)	PA; QL (10 GM per 1 day)
testosterone transdermal solution	T3 (NP)	PA; QL (6 ML per 1 day)
Hormonal Agents - Pituitary		
cabergoline	T1 (G)	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T4 (SP)	PA
clomid	T1 (G)	
clomiphene citrate oral	T1 (G)	
desmopressin ace spray refrig	T3 (NP)	
desmopressin acetate oral	T3 (NP)	
desmopressin acetate spray	T3 (NP)	
INCRELEX	T4 (SP)	PA; SP-ORx
leuprolide acetate injection	T4 (SP)	PA
LUPRON DEPOT (1-MONTH)	T4 (SP)	PA
LUPRON DEPOT (3-MONTH)	T4 (SP)	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	T4 (SP)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	T4 (SP)	PA
LUPRON DEPOT-PED (1-MONTH)	T4 (SP)	PA; QL (0.04 EA per 1 day)

Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED (3-MONTH)	T4 (SP)	PA; QL (0.02 EA per 1 day)
LUPRON DEPOT-PED (6-MONTH)	T4 (SP)	PA; QL (0.01 EA per 1 day)
NORDITROPIN FLEXPRO	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 10	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 20	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5	T4 (SP)	PA; SP-QTZ
octreotide acetate injection	T4 (SP)	PA
octreotide acetate subcutaneous	T4 (SP)	PA
OMNITROPE	T4 (SP)	PA; SP-QTZ
oxytocin +rfid	T1 (G)	
oxytocin injection	T1 (G)	
PREGNYL	T4 (SP)	PA
SIGNIFOR	T4 (SP)	PA; QL (2 ML per 1 day)
SOMAVERT	T4 (SP)	PA; SP-ORx
SYNAREL	T2 (PB)	
vasopressin	T1 (G)	
vasopressin +rfid	T1 (G)	
Hormonal Agents - Prostaglandins		
mifepristone oral tablet 200 mg	T1 (G)	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	T3 (NP)	
raloxifene hcl	T1 (G)	$0 for breast cancer PX
Hormonal Agents - Sex Hormones and Birth Control		
abigale	T1 (G)	
abigale lo	T1 (G)	
afirmelle	T1 PV	
aftera	T1 PV	
altavera	T1 PV	
alyacen 1/35	T1 PV	
alyacen 7/7/7	T1 PV	
amethyst	T1 PV	
ANNOVERA	T3 PV	QL (1 EA per 350 days)
apri	T1 PV	
aranelle	T1 PV	
ashlyna	T1 PV	QL (1 EA per 1 day)
aubra eq	T1 PV	
aurovela 1.5/30	T1 PV	

Drug Name	Drug Tier	Notes
aurovela 1/20	T1 PV	
aurovela 24 fe	T1 PV	
aurovela fe 1.5/30	T1 PV	
aurovela fe 1/20	T1 PV	
aviane	T1 PV	
ayuna	T1 PV	
azurette	T1 PV	
balziva	T1 PV	
blisovi 24 fe	T1 PV	
blisovi fe 1.5/30	T1 PV	
blisovi fe 1/20	T1 PV	
briellyn	T1 PV	
camila	T1 PV	
camrese	T1 PV	QL (1 EA per 1 day)
camrese lo	T1 PV	QL (1 EA per 1 day)
charlotte 24 fe	T1 PV	
chateal eq	T1 PV	
COMBIPATCH	T3 (NP)	
cryselle-28	T1 PV	
cyred eq	T1 PV	
dasetta 1/35 (28)	T1 PV	
dasetta 7/7/7	T1 PV	
daysee	T1 PV	QL (1 EA per 1 day)
deblitane	T1 PV	
delyla	T1 PV	
DEPO-SUBQ PROVERA 104	T3 (NP)	$0 for MN plans; QL (0.02 ML per 1 day)
desogestrel-ethinyl estradiol	T1 PV	
dolishale	T1 PV	
dotti	T3 (NP)	
drospiren-eth estrad-levomefol	T1 PV	
drospirenone-ethinyl estradiol	T1 PV	
DUAVEE	T2 (PB)	
econtra one-step	T1 PV	
elinest	T1 PV	
ELLA	T3 PV	
eluryng	T1 PV	
emzahh	T1 PV	

Drug Name	Drug Tier	Notes
enilloring	T1 PV	
enpresse-28	T1 PV	
enskyce	T1 PV	
errin	T1 PV	
estarylla	T1 PV	
estradiol oral	LCG	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	T1 (G)	
estradiol transdermal patch twice weekly	T3 (NP)	
estradiol transdermal patch weekly	T1 (G)	
estradiol vaginal cream 0.1 mg/gm	T1 (G)	
estradiol vaginal tablet	T3 (NP)	
estradiol-norethindrone acet	T1 (G)	
ethynodiol diac-eth estradiol	T1 PV	
etonogestrel-ethinyl estradiol	T1 PV	
falmina	T1 PV	
feirza 1.5/30	T1 PV	
feirza 1/20	T1 PV	
finzala	T1 PV	
fyavolv	T2 (PB)	
galbriela	T1 PV	
gallifrey	T1 (G)	
gemmily	T1 PV	
hailey 1.5/30	T1 PV	
hailey 24 fe	T1 PV	
hailey fe 1.5/30	T1 PV	
hailey fe 1/20	T1 PV	
haloette	T1 PV	
heather	T1 PV	
her style	T1 PV	
iclevia	T1 PV	QL (1 EA per 1 day)
incassia	T1 PV	
introvale	T1 PV	QL (1 EA per 1 day)
isibloom	T1 PV	
jaimiess	T1 PV	QL (1 EA per 1 day)
jasmiel	T1 PV	
jencycla	T1 PV	
jinteli	T2 (PB)	

Drug Name	Drug Tier	Notes
jolessa	T1 PV	QL (1 EA per 1 day)
joyeaux	T1 PV	
juleber	T1 PV	
junel 1.5/30	T1 PV	
junel 1/20	T1 PV	
junel fe 1.5/30	T1 PV	
junel fe 1/20	T1 PV	
junel fe 24	T1 PV	
kaitlib fe	T1 PV	
kalliga	T1 PV	
kariva	T1 PV	
kelnor 1/35	T1 PV	
kurvelo	T1 PV	
KYLEENA	T3 PV	
larin 1.5/30	T1 PV	
larin 1/20	T1 PV	
larin 24 fe	T1 PV	
larin fe 1.5/30	T1 PV	
larin fe 1/20	T1 PV	
leena	T1 PV	
lessina	T1 PV	
levonest	T1 PV	
levonorgest-eth est & eth est	T1 PV	QL (1 EA per 1 day)
levonorgest-eth estrad 91-day	T1 PV	QL (1 EA per 1 day)
levonorgest-eth estradiol-iron	T1 PV	
levonorgestrel	T1 PV	
levonorgestrel-ethinyl estrad	T1 PV	
levonorg-eth estrad triphasic	T1 PV	
levora 0.15/30 (28)	T1 PV	
LILETTA (52 MG)	T3 PV	
lojaimiess	T1 PV	QL (1 EA per 1 day)
loryna	T1 PV	
low-ogestrel	T1 PV	
lo-zumandimine	T1 PV	
lutera	T1 PV	
lyleq	T1 PV	
lyllana	T3 (NP)	
lyza	T1 PV	

Drug Name	Drug Tier	Notes
marlissa	T1 PV	
medroxyprogesterone acetate intramuscular	T1 PV	QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	LCG	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	T1 (G)	
megestrol acetate oral tablet 20 mg	LCG	
megestrol acetate oral tablet 40 mg	T1 (G)	
meleya	T1 PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2 (PB)	
merzee	T1 PV	
mibelas 24 fe	T1 PV	
microgestin 1.5/30	T1 PV	
microgestin 1/20	T1 PV	
microgestin fe 1.5/30	T1 PV	
microgestin fe 1/20	T1 PV	
mili	T1 PV	
mimvey	T1 (G)	
minzoya	T1 PV	
MIRENA (52 MG)	T3 PV	
MIUDELLA INTRAUTERINE COPPER	T3 PV	
mono-linyah	T1 PV	
my choice	T1 PV	
my way	T1 PV	
NATAZIA	T2 PV	
necon 0.5/35 (28)	T1 PV	
new day	T1 PV	
NEXPLANON	T3 PV	
nikki	T1 PV	
nora-be	T1 PV	
norelgestromin-eth estradiol	T1 PV	
norethin ace-eth estrad-fe	T1 PV	
norethindrone acetate oral	T1 (G)	
norethindrone acet-ethinyl est	T1 PV	
norethindrone oral	T1 PV	
norethindrone-eth estradiol	T2 (PB)	
norethindron-ethinyl estrad-fe	T1 PV	
norethin-eth estradiol-fe	T1 PV	

Drug Name	Drug Tier	Notes
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1 PV	
norgestimate-ethinyl estradiol triphasic	T1 PV	
norlyroc	T1 PV	
nortrel 0.5/35 (28)	T1 PV	
nortrel 1/35 (21)	T1 PV	
nortrel 1/35 (28)	T1 PV	
nortrel 7/7/7	T1 PV	
nylia 1/35	T1 PV	
nylia 7/7/7	T1 PV	
ocella	T1 PV	
opcicon one-step	T1 PV	
OPILL	T3 PV	
option 2	T1 PV	
orquidea	T1 PV	
PARAGARD INTRAUTERINE COPPER	T3 PV	
philith	T1 PV	
pimtrea	T1 PV	
portia-28	T1 PV	
PREMARIN ORAL	T2 (PB)	
PREMARIN VAGINAL	T2 (PB)	
PREMPHASE	T2 (PB)	
PREMPRO	T2 (PB)	
progesterone intramuscular	T1 (G)	
progesterone oral	T1 (G)	
react	T1 PV	
reclipsen	T1 PV	
rivelsa	T1 PV	QL (1 EA per 1 day)
rosyrah	T1 PV	QL (1 EA per 1 day)
setlakin	T1 PV	QL (1 EA per 1 day)
sharobel	T1 PV	
simliya	T1 PV	
simpesse	T1 PV	QL (1 EA per 1 day)
SKYLA	T3 PV	
sprintec 28	T1 PV	
sronyx	T1 PV	
syeda	T1 PV	
take action	T1 PV	

Drug Name	Drug Tier	Notes
tarina 24 fe	T1 PV	
tarina fe 1/20 eq	T1 PV	
taysofy	T1 PV	
tilia fe	T1 PV	
tri-estarylla	T1 PV	
tri-legest fe	T1 PV	
tri-linyah	T1 PV	
tri-lo-estarylla	T1 PV	
tri-lo-marzia	T1 PV	
tri-lo-mili	T1 PV	
tri-lo-sprintec	T1 PV	
tri-mili	T1 PV	
tri-sprintec	T1 PV	
tri-vylibra	T1 PV	
tri-vylibra lo	T1 PV	
turqoz	T1 PV	
tydemy	T1 PV	
valtya 1/50	T1 PV	
velivet	T1 PV	
vestura	T1 PV	
vienva	T1 PV	
viorele	T1 PV	
volnea	T1 PV	
vyfemla	T1 PV	
vylibra	T1 PV	
wera	T1 PV	
wymzya fe	T1 PV	
xarah fe	T1 PV	
xelria fe	T1 PV	
xulane	T1 PV	
yuvafem	T3 (NP)	
zafemy	T1 PV	
zovia 1/35 (28)	T1 PV	
zumandimine	T1 PV	
Hormonal Agents - Thyroid		
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	LCG	
levo-t oral tablet 300 mcg	T1 (G)	

Drug Name	Drug Tier	Notes
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	LCG	
levothyroxine sodium oral tablet 300 mcg	T1 (G)	
levoxyl	LCG	
liomny	T1 (G)	
liothyronine sodium intravenous	T1 (G)	
liothyronine sodium oral	T1 (G)	
methimazole oral	T1 (G)	
np thyroid	T1 (G)	
propylthiouracil oral	T2 (PB)	
thyroid oral	T1 (G)	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	LCG	
unithroid oral tablet 300 mcg	T1 (G)	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTIMMUNE	T4 (SP)	PA; SP-ORx
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4 (SP)	PA; SP-QTZ; QL (0.01 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)

Drug Name	Drug Tier	Notes
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.15 EA per 1 day)
AVSOLA	T4 (SP)	PA
azathioprine oral tablet 100 mg	T3 (NP)	
azathioprine oral tablet 50 mg	T1 (G)	
BENLYSTA SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ
BERINERT	T4 (SP)	PA; SP-ORx; QL (0.34 EA per 1 day)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML	T2 PV	$0 for age 2 years or younger; QL (2 ML per 300 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T2 PV	$0 for age 2 years or younger; QL (0.5 ML per 300 days)
CIMZIA	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE)	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA-STARTER	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CINRYZE	T4 (SP)	PA; SP-ORx; QL (1.2 EA per 1 day)
COSENTYX (300 MG DOSE)	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG)	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY PEN	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX UNOREADY	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
cyclosporine modified	T2 (PB)	
cyclosporine oral capsule 100 mg	T3 (NP)	
cyclosporine oral capsule 25 mg	T2 (PB)	
ENBREL	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL MINI	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL SURECLICK	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)

Drug Name	Drug Tier	Notes
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T3 (NP)	
GAMIFANT	T4 (SP)	PA
gengraf	T2 (PB)	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T4 (SP)	
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4 (SP)	PA; SP-QTZ; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER	T4 (SP)	PA; SP-QTZ; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START	T4 (SP)	PA; SP-QTZ; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UVEIT START	T4 (SP)	PA; SP-QTZ; QL (1.6 ML per 365 days)
icatibant acetate	T4 (SP)	PA; QL (0.6 ML per 1 day)
ILARIS	T4 (SP)	PA; QL (0.08 ML per 1 day)
INFLECTRA	T4 (SP)	PA
KINERET	T4 (SP)	PA
leflunomide oral	T1 (G)	
methotrexate sodium	T1 (G)	
methotrexate sodium (pf)	T1 (G)	
mycophenolate mofetil hcl	T3 (NP)	
mycophenolate mofetil intravenous	T3 (NP)	
mycophenolate mofetil oral capsule	T2 (PB)	
mycophenolate mofetil oral suspension reconstituted	T3 (NP)	

Drug Name	Drug Tier	Notes
mycophenolate mofetil oral tablet	T2 (PB)	
mycophenolate sodium	T2 (PB)	
mycophenolic acid	T2 (PB)	
ORENCIA CLICKJECT	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T4 (SP)	PA; SP-QTZ; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4 (SP)	PA; SP-QTZ; QL (55 EA per 365 days)
OTULFI INTRAVENOUS	T4 (SP)	PA; SP-QTZ
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
RINVOQ	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
SIMPONI ARIA	T4 (SP)	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
sirolimus oral	T3 (NP)	
SKYRIZI INTRAVENOUS	T4 (SP)	PA
SKYRIZI PEN	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4 (SP)	PA; SP-QTZ; QL (0.05 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SPEVIGO SUBCUTANEOUS	T4 (SP)	PA; QL (0.08 ML per 1 day)
STEQEYMA INTRAVENOUS	T4 (SP)	PA

Drug Name	Drug Tier	Notes
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SYNAGIS	T4 (SP)	PA
tacrolimus oral	T2 (PB)	
temsirolimus	T4 (SP)	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA INTRAVENOUS	T4 (SP)	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
VEOPOZ	T4 (SP)	PA
XELJANZ ORAL SOLUTION	T4 (SP)	PA; SP-QTZ; QL (10 ML per 1 day)
XELJANZ ORAL TABLET	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
XELJANZ XR	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
YESINTEK INTRAVENOUS	T4 (SP)	PA
YESINTEK SUBCUTANEOUS SOLUTION	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
Immunological Agents - Drugs for Vaccination		
ABRYSVO	T3 (NP)	$0 for age 50 years and older or pregnancy; QL (1 EA per 999 days)
ACTHIB	T2 PV	$0 for age 6 years or younger
ADACEL INTRAMUSCULAR SUSPENSION	T2 PV	
AFLURIA	T2 PV	
AFLURIA PRESERVATIVE FREE	T2 PV	

Drug Name	Drug Tier	Notes
AREXVY	T3 (NP)	$0 for age 50 years and older; QL (1 EA per 999 days)
BEXSERO	T2 PV	
BOOSTRIX	T2 PV	
COMIRNATY	T2 PV	
COMIRNATY 5-11 YEARS	T2 PV	
DAPTACEL	T2 PV	
DENGVAXIA	T2 PV	$0 if age 9-16 years
ENGERIX-B	T2 PV	
FLUAD	T2 PV	$0 if age 65 years and older
FLUARIX	T2 PV	
FLUBLOK	T2 PV	
FLUCELVAX	T2 PV	
FLULAVAL	T2 PV	
FLUMIST	T2 PV	$0 if age 2-49 years
FLUZONE	T2 PV	
FLUZONE HIGH-DOSE	T2 PV	$0 if age 65 years and older
GARDASIL 9	T2 PV	$0 for age 9-45 years
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	T2 PV	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	T2 PV	
HEPLISAV-B	T2 PV	$0 for age 18 years and older
HIBERIX	T2 PV	$0 for age 6 years or younger
INFANRIX	T2 PV	
IPOL INJECTION INJECTABLE	T2 PV	$0 for age 17 years or younger
KINRIX	T2 PV	
MENQUADFI	T2 PV	
MENVEO	T2 PV	
M-M-R II	T2 PV	
MNEXSPIKE	T2 PV	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	T2 PV	
NUVAXOVID COVID-19 VACCINE	T2 PV	
PEDIARIX	T2 PV	
PEDVAX HIB	T2 PV	$0 for age 6 years or younger
PENBRAYA	T2 PV	
PENTACEL	T2 PV	

Drug Name	Drug Tier	Notes
PNEUMOVAX 23	T2 PV	
PREVNAR 20	T2 PV	
PRIORIX	T2 PV	
PROQUAD	T2 PV	
QUADRACEL	T2 PV	
RECOMBIVAX HB	T2 PV	
ROTARIX	T2 PV	$0 for age 8 months or younger
ROTATEQ	T2 PV	$0 for age 8 months or younger
SHINGRIX	T2 PV	$0 for age 19 years and older
SPIKEVAX	T2 PV	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T2 PV	
TRUMENBA	T2 PV	
TWINRIX	T2 PV	
VAQTA INTRAMUSCULAR SUSPENSION	T2 PV	
VARIVAX	T2 PV	
VAXELIS	T2 PV	
VAXNEUVANCE	T2 PV	
Inflammatory Bowel Disease Agents		
balsalazide disodium	T3 (NP)	
budesonide er	T3 (NP)	
budesonide oral	T3 (NP)	
CORTIFOAM	T3 (NP)	
DIPENTUM	T3 (NP)	
hydrocortisone (perianal)	T1 (G)	
hydrocortisone ace-pramoxine external cream 1-1 %	T1 (G)	
hydrocortisone rectal	T3 (NP)	
mesalamine er oral capsule 0.375 gm	T3 (NP)	
mesalamine oral tablet delayed release 1.2 gm	T3 (NP)	
mesalamine rectal	T3 (NP)	
procto-med hc	T1 (G)	
SFROWASA	T3 (NP)	
sulfasalazine oral	T1 (G)	
Metabolic Bone Disease Agents		
XGEVA	T4 (SP)	PA
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	T1 (G)	$0 HDHP

Drug Name	Drug Tier	Notes
alendronate sodium oral tablet 35 mg, 70 mg	LCG	$0 HDHP; QL (0.15 EA per 1 day)
calcitonin (salmon) injection	T1 (G)	$0 HDHP
calcitonin (salmon) nasal	T1 (G)	$0 HDHP; QL (0.13 ML per 1 day)
ibandronate sodium intravenous	T1 (G)	QL (0.04 ML per 1 day)
ibandronate sodium oral	T1 (G)	$0 HDHP; QL (0.04 EA per 1 day)
pamidronate disodium	T4 (SP)	
PROLIA	T4 (SP)	PA; QL (2 ML per 250 days)
risedronate sodium oral tablet 150 mg	T3 (NP)	QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg	T3 (NP)	
risedronate sodium oral tablet 35 mg	T1 (G)	$0 HDHP; QL (0.15 EA per 1 day)
risedronate sodium oral tablet 5 mg	T1 (G)	$0 HDHP
risedronate sodium oral tablet delayed release	T3 (NP)	QL (0.15 EA per 1 day)
TERIPARATIDE	T4 (SP)	PA
zoledronic acid	T4 (SP)	
Metabolic Bone Disease Agents - Other		
calcitriol intravenous	T1 (G)	
calcitriol oral	T1 (G)	
cinacalcet hcl	T3 (NP)	PA
doxercalciferol intravenous	T1 (G)	
paricalcitol	T1 (G)	
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	T2 (PB)	$0 HDHP
AEROCHAMBER HOLDING CHAMBER	T2 (PB)	$0 HDHP
AEROCHAMBER MINI CHAMBER	T2 (PB)	$0 HDHP
AEROCHAMBER MV	T2 (PB)	$0 HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	T2 (PB)	$0 HDHP
AEROCHAMBER PLUS FLO-VU INTERM	T2 (PB)	$0 HDHP
AEROCHAMBER PLUS FLO-VU LARGE	T2 (PB)	$0 HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM	T2 (PB)	$0 HDHP
AEROCHAMBER PLUS FLO-VU SMALL	T2 (PB)	$0 HDHP
AEROCHAMBER PLUS FLOW VU	T2 (PB)	$0 HDHP
AEROCHAMBER Z-STAT PLUS	T2 (PB)	$0 HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR	T2 (PB)	$0 HDHP
AEROCHAMBER Z-STAT PLUS/LARGE	T2 (PB)	$0 HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2 (PB)	$0 HDHP
AEROCHAMBER Z-STAT PLUS/SMALL	T2 (PB)	$0 HDHP
AEROCHAMBER2GO ANTI-STATIC	T2 (PB)	$0 HDHP

Drug Name	Drug Tier	Notes
AEROVENT PLUS	T2 (PB)	$0 HDHP
AIMSCO LUBRICATED	T3 PV	
ALCOHOL PREP PADS PAD , 70 %	T3 (NP)	
AQINJECT PEN NEEDLE	T2 (PB)	$0 HDHP
ASSURE ID DUO PRO PEN NEEDLES	T2 (PB)	$0 HDHP
ASSURE ID PRO PEN NEEDLES	T2 (PB)	$0 HDHP
AUM ALCOHOL PREP PADS	T3 (NP)	
AUM INSULIN SAFETY PEN NEEDLE	T2 (PB)	$0 HDHP
AUM MINI INSULIN PEN NEEDLE	T2 (PB)	$0 HDHP
AUM PEN NEEDLE	T2 (PB)	$0 HDHP
AUM READYGARD DUO PEN NEEDLE	T2 (PB)	$0 HDHP
AUM SAFETY PEN NEEDLE	T2 (PB)	$0 HDHP
BD AUTOSHIELD DUO PEN NEEDLES	T2 (PB)	$0 HDHP
BD PEN NEEDLE MICRO ULTRAFINE	T2 (PB)	$0 HDHP
BD PEN NEEDLE MINI ULTRAFINE	T2 (PB)	$0 HDHP
BD PEN NEEDLE NANO ULTRAFINE	T2 (PB)	$0 HDHP
BD PEN NEEDLE ORIG ULTRAFINE	T2 (PB)	$0 HDHP
BD PEN NEEDLE SHORT ULTRAFINE	T2 (PB)	$0 HDHP
BD ULTRA-FINE PEN NEEDLES	T2 (PB)	$0 HDHP
BOTOX	T3 (NP)	PA
BREATHE COMFORT CHAMBER/ADULT	T2 (PB)	$0 HDHP
BREATHE COMFORT CHAMBER/CHILD	T2 (PB)	$0 HDHP
BREATHE EASE LARGE	T2 (PB)	$0 HDHP
BREATHE EASE MEDIUM	T2 (PB)	$0 HDHP
BREATHE EASE SMALL	T2 (PB)	$0 HDHP
BREATHERITE VALVED MDI CHAMBER	T2 (PB)	$0 HDHP
BYLVAY	T4 (SP)	PA
BYLVAY (PELLETS)	T4 (SP)	PA
CAYA	T3 PV	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T2 (PB)	$0 HDHP
CLEVER CHOICE HOLDING CHAMBER	T2 (PB)	$0 HDHP
COMFORT EZ PRO PEN NEEDLES	T2 (PB)	$0 HDHP
COMPACT SPACE CHAMBER	T2 (PB)	$0 HDHP
COMPACT SPACE CHAMBER/LG MASK	T2 (PB)	$0 HDHP
COMPACT SPACE CHAMBER/MED MASK	T2 (PB)	$0 HDHP
COMPACT SPACE CHAMBER/SM MASK	T2 (PB)	$0 HDHP
CONDOMS	T3 PV	

Drug Name	Drug Tier	Notes
deferoxamine mesylate	T1 (G)	
DIASCREEN 10	T3 (NP)	
DIASCREEN 1B	T3 (NP)	
DIASCREEN 1G	T3 (NP)	
DIASCREEN 1K	T3 (NP)	
DIASCREEN 2GK	T3 (NP)	
DIASCREEN 2GP	T3 (NP)	
DIASCREEN 3	T3 (NP)	
DIASCREEN 4NL	T3 (NP)	
DIASCREEN 4OBL	T3 (NP)	
DIASCREEN 4PH	T3 (NP)	
DIASCREEN 5	T3 (NP)	
DIASCREEN 6	T3 (NP)	
DIASCREEN 7	T3 (NP)	
DIASCREEN 8	T3 (NP)	
DIASCREEN 9	T3 (NP)	
DIASCREEN LIQUID URINE CONTROL	T3 (NP)	
DROPLET MICRON	T2 (PB)	$0 HDHP
DROPSAFE ALCOHOL PREP	T3 (NP)	
DUREX EXTRA SENSITIVE THIN	T3 PV	
DUREX REALFEEL	T3 PV	
DUREX TROPICAL	T3 PV	
EASIVENT	T2 (PB)	$0 HDHP
EASIVENT MASK LARGE	T2 (PB)	$0 HDHP
EASIVENT MASK MEDIUM	T2 (PB)	$0 HDHP
EASIVENT MASK SMALL	T2 (PB)	$0 HDHP
EMBECTA AUTOSHIELD DUO	T2 (PB)	$0 HDHP
EMBECTA PEN NEEDLE NANO	T2 (PB)	$0 HDHP
EMBECTA PEN NEEDLE NANO 2 GEN	T2 (PB)	$0 HDHP
EMBECTA PEN NEEDLE ULTRAFINE	T2 (PB)	$0 HDHP
EMBRACE PEN NEEDLES	T2 (PB)	$0 HDHP
ENCARE	T3 PV	
ENDARI	T3 (NP)	
EQ SPACE CHAMBER ANTI-STATIC	T2 (PB)	$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC L	T2 (PB)	$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC M	T2 (PB)	$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC S	T2 (PB)	$0 HDHP
FANTASY LUBRICATED	T3 PV	

Drug Name	Drug Tier	Notes
FANTASY LUBRICATED/SPERMICIDE	T3 PV	
FC2 FEMALE CONDOM	T3 PV	
FEMCAP	T3 PV	
FLEXICHAMBER	T2 (PB)	$0 HDHP
FLEXICHAMBER ADULT MASK/SMALL	T2 (PB)	$0 HDHP
FLEXICHAMBER CHILD MASK/LARGE	T2 (PB)	$0 HDHP
FLEXICHAMBER CHILD MASK/SMALL	T2 (PB)	$0 HDHP
GNP PEN NEEDLES	T2 (PB)	$0 HDHP
GNP ULTIGUARD SAFEPACK NEEDLE	T2 (PB)	$0 HDHP
GOODSENSE ALCOHOL SWABS	T3 (NP)	
INCONTROL ULTICARE PEN NEEDLES	T2 (PB)	$0 HDHP
INSPIREASE	T2 (PB)	$0 HDHP
INSPIREASE RESERVOIR BAGS	T2 (PB)	$0 HDHP
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	T2 (PB)	$0 HDHP
INSUPEN32G EXTR3ME	T2 (PB)	$0 HDHP
J-TIP KIT W/VIAL ADAPTERS	T3 (NP)	
KAMELEON LUBRICATED	T3 PV	
KIMONO	T3 PV	
KIMONO COLORS	T3 PV	
KIMONO MAXX-LARGE FLARE	T3 PV	
KIMONO MICRO THIN	T3 PV	
KIMONO MICRO THIN PLUS	T3 PV	
KIMONO PLUS	T3 PV	
KIMONO PS	T3 PV	
KIMONO PS PLUS	T3 PV	
KIMONO SENSATION	T3 PV	
KIMONO SENSATION PLUS	T3 PV	
KIMONO SPECIAL	T3 PV	
l-glutamine oral packet	T1 (G)	
MAXX	T3 PV	
MAXX PLUS	T3 PV	
methylergonovine maleate oral	T3 (NP)	QL (28 EA per 1 fill)
MICROCHAMBER	T2 (PB)	$0 HDHP
MICROSPACER	T2 (PB)	$0 HDHP

Drug Name	Drug Tier	Notes
NOVOFINE PEN NEEDLE	T2 (PB)	$0 HDHP
NOVOFINE PLUS PEN NEEDLE	T2 (PB)	$0 HDHP
OMNIFLEX DIAPHRAGM	T3 PV	
OMNIPOD 5 DEXCOM INTRO KIT	T2 (PB)	
OMNIPOD 5 DEXCOM PODS	T2 (PB)	
OMNIPOD 5 LIBRE2 G6 INTRO G5	T2 (PB)	
OMNIPOD 5 LIBRE PODS	T2 (PB)	
OMNIPOD DASH INTRO KIT	T2 (PB)	
OMNIPOD DASH PDM (GEN 4)	T2 (PB)	
OMNIPOD DASH PODS	T2 (PB)	
OPTICHAMBER DIAMOND	T2 (PB)	$0 HDHP
OPTICHAMBER DIAMOND-LG MASK	T2 (PB)	$0 HDHP
OPTICHAMBER DIAMOND-MD MASK	T2 (PB)	$0 HDHP
OPTICHAMBER DIAMOND-SM MASK	T2 (PB)	$0 HDHP
OPTIONS GYNOL II CONTRACEPTIVE	T3 PV	
PANDA MASK LARGE	T2 (PB)	$0 HDHP
PANDA MASK MEDIUM	T2 (PB)	$0 HDHP
PANDA MASK SMALL	T2 (PB)	$0 HDHP
PARI VORTEX ADULT MASK	T2 (PB)	$0 HDHP
PARI VORTEX PEDIATRIC MASK	T2 (PB)	$0 HDHP
PEDIATRIC PANDA MASK	T2 (PB)	$0 HDHP
PEN NEEDLE/5-BEVEL TIP	T2 (PB)	$0 HDHP
PENTIPS GENERIC PEN NEEDLES	T2 (PB)	$0 HDHP
PIP PEN NEEDLES 31G X 5MM	T2 (PB)	$0 HDHP
PIP PEN NEEDLES 32G X 4MM	T2 (PB)	$0 HDHP
POCKET CHAMBER	T2 (PB)	$0 HDHP
POCKET SPACER	T2 (PB)	$0 HDHP
PRO COMFORT SPACER ADULT	T2 (PB)	$0 HDHP
PRO COMFORT SPACER CHILD	T2 (PB)	$0 HDHP
PRO COMFORT SPACER INFANT	T2 (PB)	$0 HDHP
PROCARE SPACER/ADULT MASK	T2 (PB)	$0 HDHP
PROCARE SPACER/CHILD MASK	T2 (PB)	$0 HDHP
PROCHAMBER VHC	T2 (PB)	$0 HDHP
PURE COMFORT SAFETY PEN NEEDLE	T2 (PB)	$0 HDHP
PURE COMFORT SPACER CHAMBER	T2 (PB)	$0 HDHP
QUICK TOUCH INSULIN PEN NEEDLE	T2 (PB)	$0 HDHP
RAYA SURE PEN NEEDLE	T2 (PB)	$0 HDHP
REALITY LATEX CONDOMS	T3 PV	

Drug Name	Drug Tier	Notes
REALITY LATEX/ULTRA TEXTURED	T3 PV	
REALITY LATEX/ULTRA THIN	T3 PV	
RITEFLO	T2 (PB)	$0 HDHP
SAFETY PEN NEEDLES	T2 (PB)	$0 HDHP
sorbitol-mannitol	T1 (G)	
TECHLITE PLUS PEN NEEDLES	T2 (PB)	$0 HDHP
TODAY SPONGE	T3 PV	
TROJAN ENZ	T3 PV	
TROJAN MAGNUM	T3 PV	
TROJAN ULTRA RIBBED LUBRICATED	T3 PV	
TROJAN ULTRA THIN	T3 PV	
TROJAN ULTRA THIN/SPERMICIDAL	T3 PV	
TROJAN-ENZ LUBRICATED	T3 PV	
TROJAN-ENZ/SPERMICIDAL	T3 PV	
TRUE COMFORT SAFETY PEN NEEDLE	T2 (PB)	$0 HDHP
TRUE COVER	T3 PV	
TRUSTEX COLOR CONDOMS + LUBE	T3 PV	
TRUSTEX LUB/RIBBED/STUDDED	T3 PV	
TRUSTEX LUB/SPERMICIDE EX ST	T3 PV	
TRUSTEX LUB/SPERMICIDE XL	T3 PV	
TRUSTEX LUBRICATED	T3 PV	
TRUSTEX LUBRICATED EX LARGE	T3 PV	
TRUSTEX LUBRICATED EXTRA ST	T3 PV	
TRUSTEX LUBRICATED/SPERMICIDE	T3 PV	
TRUSTEX NATURAL CONDOMS + LUBE	T3 PV	
TRUSTEX NON-LUBRICATED	T3 PV	
TRUSTEX RIA LUB/SPERMICIDE	T3 PV	
TRUSTEX RIA LUBRICATED	T3 PV	
TRUSTEX RIA NON-LUBRICATED	T3 PV	
TRUSTEX-NONOXYNOL-9/RIB/STUD	T3 PV	
UNIFINE OTC PEN NEEDLES	T2 (PB)	$0 HDHP
UNIFINE PROTECT PEN NEEDLE	T2 (PB)	$0 HDHP
VCF VAGINAL CONTRACEPTIVE	T3 PV	
VERIFINE INSULIN PEN NEEDLE	T2 (PB)	$0 HDHP
VERIFINE PLUS PEN NEEDLE	T2 (PB)	$0 HDHP
VISTOGARD	T3 (NP)	
VORTEX VALVE CHAMBER-PEDI MASK	T2 (PB)	$0 HDHP
VORTEX VALVED HOLDING CHAMBER	T2 (PB)	$0 HDHP

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 60	T3 PV	
WIDE-SEAL DIAPHRAGM 65	T3 PV	
WIDE-SEAL DIAPHRAGM 70	T3 PV	
WIDE-SEAL DIAPHRAGM 75	T3 PV	
WIDE-SEAL DIAPHRAGM 80	T3 PV	
WIDE-SEAL DIAPHRAGM 85	T3 PV	
WIDE-SEAL DIAPHRAGM 90	T3 PV	
WIDE-SEAL DIAPHRAGM 95	T3 PV	
XIAFLEX	T4 (SP)	PA
ZOKINVY	T4 (SP)	PA; QL (4 EA per 1 day)
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCRIL	T3 (NP)	
AZASITE	T3 (NP)	
azelastine hcl ophthalmic	T1 (G)	
bacitracin ophthalmic	T3 (NP)	
bromfenac sodium (once-daily)	T3 (NP)	QL (6.8 ML per 365 days)
bromfenac sodium ophthalmic solution 0.07 %	T1 (G)	QL (12 ML per 365 days)
ciprofloxacin hcl ophthalmic	T1 (G)	
cromolyn sodium ophthalmic	T1 (G)	
dexamethasone sodium phosphate ophthalmic	T1 (G)	
diclofenac sodium ophthalmic	T1 (G)	
difluprednate	T3 (NP)	
epinastine hcl	T3 (NP)	
erythromycin ophthalmic	T1 (G)	
FLAREX	T3 (NP)	
fluorometholone	T1 (G)	
flurbiprofen sodium	T1 (G)	
gatifloxacin ophthalmic	T1 (G)	
gentamicin sulfate ophthalmic	T1 (G)	
ketorolac tromethamine ophthalmic	T1 (G)	
levofloxacin ophthalmic solution 0.5 %	T3 (NP)	
moxifloxacin hcl (2x day)	T3 (NP)	
moxifloxacin hcl ophthalmic	T1 (G)	
NATACYN	T2 (PB)	
neomycin-polymyxin-dexameth	LCG	
neomycin-polymyxin-hc ophthalmic	T1 (G)	
ofloxacin ophthalmic	T1 (G)	

Drug Name	Drug Tier	Notes
olopatadine hcl solution 0.2 % ophthalmic (rx)	T1 (G)	
prednisolone acetate ophthalmic	T1 (G)	
prednisolone sodium phosphate ophthalmic	T1 (G)	
sulfacetamide sodium ophthalmic	T1 (G)	
TOBRADEX	T3 (NP)	
TOBRADEX ST	T3 (NP)	
tobramycin ophthalmic	LCG	
tobramycin-dexamethasone	T1 (G)	
TOBREX	T3 (NP)	
trifluridine	T3 (NP)	
ZERVIATE	T3 (NP)	PA; ST
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide er	T3 (NP)	
acetazolamide oral	T3 (NP)	
apraclonidine hcl	T1 (G)	
betaxolol hcl ophthalmic	T1 (G)	
bimatoprost ophthalmic	T3 (NP)	QL (0.1 ML per 1 day)
brimonidine tartrate ophthalmic solution 0.1 %	T2 (PB)	
brimonidine tartrate ophthalmic solution 0.2 %	T1 (G)	
brimonidine tartrate-timolol	T2 (PB)	
carteolol hcl	T1 (G)	
dorzolamide hcl ophthalmic	T1 (G)	
dorzolamide hcl-timolol mal	T1 (G)	
latanoprost ophthalmic	T1 (G)	
levobunolol hcl	T1 (G)	
LUMIGAN	T2 (PB)	QL (0.1 ML per 1 day)
PHOSPHOLINE IODIDE	T3 (NP)	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1 (G)	
RHOPRESSA	T3 (NP)	QL (0.1 ML per 1 day)
SIMBRINZA	T2 (PB)	
tafluprost (pf)	T2 (PB)	QL (1 EA per 1 day)
timolol maleate ophthalmic solution	LCG	
travoprost (bak free)	T3 (NP)	QL (0.12 ML per 1 day)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
altafrin	T1 (G)	
atropine sulfate ophthalmic solution 1 %	LCG	
bacitracin-polymyxin b	T1 (G)	

Drug Name	Drug Tier	Notes
bacitra-neomycin-polymyxin-hc	T1 (G)	
cyclopentolate hcl ophthalmic	T1 (G)	
cyclosporine ophthalmic	T3 (NP)	PA; QL (2 EA per 1 day)
CYSTADROPS	T4 (SP)	QL (0.72 ML per 1 day)
CYSTARAN	T4 (SP)	QL (2.15 ML per 1 day)
neomycin-bacitracin zn-polymyx	T1 (G)	
neomycin-polymyxin-gramicidin	T1 (G)	
phenylephrine hcl ophthalmic	T1 (G)	
polymyxin b-trimethoprim	LCG	
sulfacetamide-prednisolone	T1 (G)	
SYFOVRE	T4 (SP)	PA
ZYLET	T3 (NP)	
Otic Agents - Drugs for Ear Conditions		
acetic acid otic	T1 (G)	
CIPRO HC	T3 (NP)	
ciprofloxacin hcl otic	T3 (NP)	
ciprofloxacin-dexamethasone	T3 (NP)	
CORTISPORIN-TC	T3 (NP)	
fluocinolone acetonide otic	T1 (G)	
hydrocortisone-acetic acid	T3 (NP)	
neomycin-polymyxin-hc otic	T2 (PB)	
ofloxacin otic	T1 (G)	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	T1 (G)	QL (2 ML per 1 day)
azelastine-fluticasone	T3 (NP)	QL (0.77 GM per 1 day)
benzonatate oral capsule 100 mg, 200 mg	LCG	
benzonatate oral capsule 150 mg	T1 (G)	
carbinoxamine maleate oral solution	T1 (G)	
carbinoxamine maleate oral tablet 4 mg	T1 (G)	
cetirizine hcl oral solution	T1 (G)	
clemastine fumarate oral tablet	T1 (G)	
cyproheptadine hcl oral	T1 (G)	
desloratadine oral tablet	T3 (NP)	
diphenhydramine hcl injection	T1 (G)	
flunisolide nasal	T2 (PB)	QL (0.84 ML per 1 day)
fluticasone propionate nasal	T1 (G)	
hydrocodone bit-homatrop mbr oral solution	T1 (G)	PA; QL (240 ML per 1 fill)

Drug Name	Drug Tier	Notes
hydrocodone bit-homatrop mbr oral tablet	T1 (G)	PA; QL (6 EA per 1 day)
hydromet	T1 (G)	PA; QL (240 ML per 1 fill)
ipratropium bromide nasal	LCG	
levocetirizine dihydrochloride oral tablet	T1 (G)	
mometasone furoate nasal	T3 (NP)	QL (1.14 GM per 1 day)
olopatadine hcl nasal	T3 (NP)	QL (1.02 GM per 1 day)
sodium chloride inhalation	T1 (G)	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
acetylcysteine inhalation	T3 (NP)	
ADVAIR HFA	T2 (PB)	$0 HDHP; QL (0.4 GM per 1 day)
albuterol sulfate hfa	T1 (G)	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	T1 (G)	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	T1 (G)	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	LCG	QL (5 EA per 1 day)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	LCG	QL (5 EA per 1 day)
ANORO ELLIPTA	T2 (PB)	QL (2 EA per 1 day)
arformoterol tartrate	T3 (NP)	QL (4 ML per 1 day)
ARNUITY ELLIPTA	T2 (PB)	$0 HDHP; QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES)	T2 (PB)	PA; ST; $0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES)	T2 (PB)	PA; ST; $0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES)	T2 (PB)	PA; ST; $0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES)	T2 (PB)	PA; ST; $0 HDHP; QL (0.04 EA per 1 day)
ASMANEX HFA	T2 (PB)	PA; ST; $0 HDHP; QL (0.44 GM per 1 day)
ATROVENT HFA	T3 (NP)	QL (0.86 GM per 1 day)
BREO ELLIPTA	T2 (PB)	$0 HDHP; QL (2 EA per 1 day)
breyna	T2 (PB)	$0 HDHP; QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE	T2 (PB)	QL (0.36 GM per 1 day)
budesonide inhalation	T3 (NP)	$0 HDHP; QL (4 ML per 1 day)

Drug Name	Drug Tier	Notes
budesonide-formoterol fumarate	T2 (PB)	$0 HDHP; QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT	T2 (PB)	QL (0.27 GM per 1 day)
epinephrine (anaphylaxis) injection solution 30 mg/30ml	T1 (G)	
epinephrine injection solution auto-injector	T1 (G)	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	T2 (PB)	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	T2 (PB)	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	T2 (PB)	$0 HDHP; QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	T2 (PB)	$0 HDHP; QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T2 (PB)	$0 HDHP; QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	T3 (NP)	QL (0.04 EA per 1 day)
formoterol fumarate inhalation	T3 (NP)	QL (4 ML per 1 day)
ipratropium bromide inhalation	LCG	QL (10.42 ML per 1 day)
ipratropium-albuterol	T1 (G)	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	T3 (NP)	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	T3 (NP)	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	T3 (NP)	QL (9 ML per 1 day)
montelukast sodium oral tablet	LCG	
montelukast sodium oral tablet chewable	LCG	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4 (SP)	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	T4 (SP)	PA; QL (0.11 EA per 1 day)

Drug Name	Drug Tier	Notes
OFEV	T4 (SP)	PA; SP-QTZ
pirfenidone	T4 (SP)	PA; SP-QTZ
PROLASTIN-C	T4 (SP)	PA
QVAR REDIHALER	T2 (PB)	$0 HDHP; QL (0.71 GM per 1 day)
roflumilast	T1 (G)	PA
SEREVENT DISKUS	T2 (PB)	QL (2 EA per 1 day)
SPIRIVA RESPIMAT	T2 (PB)	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT	T2 (PB)	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT	T2 (PB)	QL (0.14 GM per 1 day)
theophylline er	T3 (NP)	
tiotropium bromide monohydrate inhalation capsule 18 mcg	T2 (PB)	QL (1 EA per 1 day)
TRELEGY ELLIPTA	T2 (PB)	QL (2 EA per 1 day)
wixela inhub	T2 (PB)	$0 HDHP; QL (2 EA per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	T4 (SP)	PA
zafirlukast	T3 (NP)	
zileuton er	T3 (NP)	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
KALYDECO ORAL TABLET	T4 (SP)	PA; SP-ORx
ORKAMBI ORAL PACKET 75-94 MG	T4 (SP)	PA; SP-ORx; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	T4 (SP)	PA; SP-ORx; QL (112 EA per 28 days)
PULMOZYME	T4 (SP)	PA
tobramycin nebulization solution 300 mg/5ml inhalation	T4 (SP)	QL (10 ML per 1 day)

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T4 (SP)	PA; QL (3 EA per 1 day)
alyq	T4 (SP)	PA; QL (2 EA per 1 day)
ambrisentan	T4 (SP)	PA; QL (1 EA per 1 day)
bosentan oral tablet	T4 (SP)	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
OPSUMIT	T4 (SP)	PA; QL (1 EA per 1 day)
sildenafil citrate oral suspension reconstituted	T4 (SP)	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	T4 (SP)	PA; QL (3 EA per 1 day)
tadalafil (pah)	T4 (SP)	PA; QL (2 EA per 1 day)
TRACLEER 32 MG	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
treprostinil	T4 (SP)	PA
TYVASO	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	T4 (SP)	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT	T4 (SP)	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL	T4 (SP)	PA
UPTRAVI TITRATION	T4 (SP)	PA
VENTAVIS	T4 (SP)	PA; QL (9 ML per 1 day)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg	LCG	
baclofen oral tablet 20 mg	T1 (G)	
carisoprodol oral tablet 350 mg	T1 (G)	
chlorzoxazone oral tablet 500 mg	T1 (G)	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	LCG	
metaxalone oral tablet 800 mg	T3 (NP)	
methocarbamol injection	T1 (G)	
methocarbamol oral tablet 500 mg	LCG	
methocarbamol tablet 750 mg oral	LCG	
orphenadrine citrate er	T1 (G)	QL (2 EA per 1 day)
orphenadrine-aspirin-caffeine	T3 (NP)	QL (4 EA per 1 day)
tizanidine hcl oral capsule 2 mg, 4 mg	T1 (G)	
tizanidine hcl oral tablet	T1 (G)	
Sleep Disorder Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	T2 (PB)	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
armodafinil oral tablet 50 mg	T2 (PB)	PA; QL (2 EA per 1 day)
BELSOMRA	T3 (NP)	PA; ST; QL (1 EA per 1 day)
DAYVIGO	T3 (NP)	
doxepin hcl oral tablet	T3 (NP)	QL (1 EA per 1 day)
eszopiclone	T1 (G)	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg	T3 (NP)	PA; QL (1 EA per 1 day)
modafinil oral	T1 (G)	PA; QL (1 EA per 1 day)
ramelteon	T3 (NP)	QL (1 EA per 1 day)
SUNOSI	T3 (NP)	PA; QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg	T1 (G)	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg	T1 (G)	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	T1 (G)	QL (1 EA per 1 day)
zolpidem tartrate er	T1 (G)	QL (1 EA per 1 day)
zolpidem tartrate oral tablet	T1 (G)	QL (1 EA per 1 day)

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