



# 2026 Small Group ACA Drug Formulary – Illinois January 1, 2026

## **QuartzBenefits.com**

This document includes a list of drugs covered by your prescription drug benefit with Quartz (the formulary). This listing is updated monthly and is subject to change. All previous versions are no longer in effect. This formulary applies to small group (less than 50 employees) commercial plans sold in the state of Illinois by Quartz Health Benefit Plans Corporation or Quartz Health Insurance Corporation 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>.



## Small Group ACA Formulary – Illinois

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## 2026 Quartz Small Group ACA Drug Formulary – Illinois Information

This Formulary serves members with a Quartz Small Group Commercial (50 employees or less) employer-sponsored health plan based in Illinois.

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 monthly. The most recent version is available at [www.QuartzBenefits.com/formulary](http://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**. Members with claims for a drug that is negatively affected (removed from the formulary, moved to a higher cost sharing tier, etc.) will receive written notification at least 60 days before the change affects them. If your provider notifies the health plan that use of the drug that is changing is medically necessary for you, coverage will be continued at the existing level before the change occurred through the remainder of the benefit year.

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

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

Some state and federal laws require Quartz to cover specific drugs for some benefits that are excluded for others. This formulary includes drugs covered for ALL fully insured Illinois small group commercial policies. Certain drugs on the formulary may not be covered by your specific plan. Quartz prescription drug policies provide coverage for drugs, devices, and FDA-approved products pursuant to the following:

- 215 ILCS 5/356w – coverage for diabetes self-management equipment including glucometers, lancets, syringes and needles, test strips, and insulin and oral drugs used to control blood sugar
- 215 ILCS 5/356z.4(a) – coverage of contraceptives to prevent unintended pregnancy
- 215 ILCS 5/356z.41 – coverage of insulin at a maximum cost share of \$35 per 30-day supply
- 215 ILCS 5/356z.60 – coverage of abortifacients, hormone therapy to treat gender identity diagnoses, and human immunodeficiency virus (HIV) pre- and post-exposure preventive drugs
- 215 ILCS 5/356z.62 – coverage of preventive health services

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

- 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 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**.

## General Drug Plan Definitions

**Allowed Amount:** the maximum amount on which the plan bases payment for a covered drug product. This may also be called the “eligible expense”, “payment allowance”, or “negotiated rate”. If the health care provider charges more than the allowed amount and is not a part of the plan’s provider network, you may have to pay the difference. Allowed amount will not exceed the retail price of the drug without use of plan drug coverage (cash price).

**Brand Name Drug:** a drug marketed under a proprietary, trademark protected name. The brand name drug must be listed in all capital letters.

**Coinsurance:** a percentage of the cost of a covered drug which you are responsible to pay. The cost of the covered drug is generally determined by the allowed amount which may differ from the retail price that you would pay for the same drug without using insurance. Typically, coinsurance does not apply until after you have met any applicable plan deductibles, unless the health insurance issuer has waived or lowered the deductible for the drug in question.

**Copayment:** a fixed dollar amount that you pay for a covered drug. Typically, copayment does not apply until after you have met any applicable plan deductibles, unless the health insurance issuer has waived or lowered the deductible for the drug in question.

**Covered Individual:** an individual enrolled in, subscribed to, or insured under a health plan, whether directly or as a dependent or beneficiary.

**Deductible:** the amount you pay for a covered drug before your health plan begins payment for all or part of the cost of that drug under the terms of coverage. If your health plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some drugs, such as preventive drugs, the health insurance issuer might waive or lower the deductible to pay for costs for the drug from the first dollar of coverage, but this tends not to happen for most other covered services.

**Drug Tier:** a group of drugs that corresponds to a specified cost sharing tier in the health plan's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.

**Exception Request:** a request for coverage of i) a non-formulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a listed quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

**Exigent Circumstances:** when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

**Formulary:** the complete list of drugs preferred for use and eligible for coverage under a health plan that includes all drugs covered under the outpatient or pharmacy drug benefit of the plan. The formulary is also known as a drug list or prescription drug list.

**Generic Drug:** a drug that is the same as its brand name equivalent in dosage, safety, strength, how it's taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

**Non-formulary Drug:** a drug that is not listed on the health plan's formulary as a covered drug but may be eligible for coverage under an exception request.

**Out-of-Pocket Cost:** copayments, coinsurance, and the applicable deductible, plus all costs for a drug that the health plan does not cover.

**Prescribing Provider:** a health care provider authorized to write a prescription to treat your health condition.

**Prescription:** an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider (if the prescription is in writing), and if requested by you, the health condition or purpose for which the drug is being used.

**Prescription Drug:** a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

**Prior Authorization:** a health plan's requirement that you, or your prescribing provider, obtain the health plan's authorization for a drug before the health plan will cover the drug. The health plan must grant a prior authorization when it is medically necessary for you to obtain the drug.

## Using the Formulary Document

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

Each page of the formulary has three columns: **Drug Name, Drug Tier, and Coverage Requirements and Limits**. 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 bold and italicized lowercase font. The generic name of a brand name drug is included after the brand name in parentheses. 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.

**Small Group 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 within 24 hours of an exigent request or within 72 hours of all other exception requests of the coverage decision. Approved requests will be authorized for the lesser of 12 months or until the benefit year renewal. If a request is denied, the notifications will include documentation on how to appeal the denial with the health plan. You may also file a grievance or complaint with the Illinois Department of Insurance regarding denied exception requests. 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 Illinois has statute 215 ILCS 5/356z.20 that affect cost share. 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 **Coverage Requirements and Limits** column that will describe what uses are included.

## Formulary Coverage Requirements and Limits

The **Coverage Requirements and Limits** 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](http://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 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. Requests for coverage that are not reviewed in a timely manner, within 24 hours of an exigent request or within 72 hours of all other requests, will be approved. Approved prior authorization requests will be valid for the lesser of 6-12 months or the length of treatment determined by the prescribing provider when subject to the Illinois Prior Authorization Reform Act.

**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 **Coverage Requirements and Limits** 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.**

**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.

Each page of the categorical list of drugs will include the following annotated key explaining each of the abbreviations, symbols, and notations used in the formulary.

**IL Small Group ACA Formulary:**

\$0 – zero-dollar cost share drug; LCG PV – low cost generic preventive drugs – may be \$0 cost share; LCG – low cost generic drugs; T1 PV – preferred generic preventive – may be \$0 cost share; T1 (G) – generic drugs; T2 PV – preferred brand preventive – may be \$0 cost share; T2 (PB) – preferred brand drugs; T3 PV – non-preferred drug preventive – may be \$0 cost share; T3 (NP) – non-preferred brand and generic drugs; T4 (SP) – specialty drugs; AL – age limit, drug covered within the listed age(s); HDHP – drug is covered at \$0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; SP-QTZ – drug must be filled at a Quartz specialty pharmacy; SP-ORX – drug must be filled at an Optum specialty pharmacy; \$0 for 180days/year – smoking treatment drug covered at \$0 cost share for 180 days per calendar year; \$0 for breast cancer PX – drug covered at \$0 if being used to prevent breast cancer; \$0 if age 35-70 and prediabetes DX – drug covered at \$0 with a diagnosis of prediabetes in the listed age range; \$0 for age 40-75 – drug covered at \$0 cost share in the listed age range; \$0 for gender identity-related DX – drug covered at \$0 cost share if being used for a gender-identity-related diagnosis; \$0 for age 45-70 for 2 fills per year – drug covered at \$0 cost share for preventive bowel preparation within the age range up to twice a calendar year; \$0 copay for HIV PX – drug covered at \$0 cost share if used for prevention of HIV infection; \$0 for age less than 55 years – covered at \$0 cost share for age range

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

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

# 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](https://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)	<ul style="list-style-type: none"> <li>• To prevent preeclampsia (very high blood pressure) during pregnancy</li> <li>• Covered at \$0 cost-share for persons aged 54 years and younger</li> </ul>
<ul style="list-style-type: none"> <li>• Folic acid 400 and 800 mcg (OTC)</li> <li>• Prenatal vitamins with 400–800 mcg of folic acid (Various – OTC)</li> </ul>	To prevent birth defects during pregnancy
<ul style="list-style-type: none"> <li>• Bisacodyl 5 mg (OTC)</li> <li>• Magnesium citrate solution (OTC)</li> <li>• Polyethylene glycol (PEG) 3350 (generic Miralax products – OTC)</li> <li>• PEG 3350/electrolytes (Gavilyte-C)</li> <li>• PEG 3350/electrolytes (generic Golytely, Gavilyte-G)</li> <li>• PEG 3350/NaCL/NaBicarbonate/KCL (generic Nulytely)</li> </ul>	<ul style="list-style-type: none"> <li>• Bowel preparation for colonoscopy for preventive colon cancer screening</li> <li>• Covered at \$0 cost-share for two fills per year for persons aged 45–75 years</li> </ul>

Drug/Supplement name	Reason and covered population
Fluoride 0.25 mg, 0.5 mg, 1 mg, and 0.125 mg drops (does NOT include dental pastes or rinses)	To prevent dental cavities when water sources do not contain fluoride
Metformin 500 mg, 850 mg, 1000 mg, 500 mg ER, 750 mg ER	<ul style="list-style-type: none"> <li>To prevent the conversion of prediabetes to diabetes</li> <li>Covered at \$0 cost-share for persons aged 35–70 years when the pharmacy submits a submission clarification code indicating a diagnosis of prediabetes</li> </ul>

## Tobacco cessation drugs

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

Drug name
<ul style="list-style-type: none"> <li>Nicotine gum (OTC)</li> <li>Nicotine lozenges (OTC)</li> <li>Nicotine patches (OTC)</li> <li>Bupropion 150 mg sustained release tab</li> <li>Nicotine inhaler</li> <li>Nicotine nasal spray</li> <li>Varenicline</li> </ul>

## Human Immunodeficiency Virus (HIV) preventive drugs

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

Drug name	Covered population
<ul style="list-style-type: none"> <li>Apretude</li> <li>Descovy</li> <li>Emtricitabine-tenofovir 200/300 mg (generic Truvada)</li> <li>Tenofovir (generic Viread)</li> </ul>	Claims will process at \$0 cost share if there are no other antivirals used to treat HIV in the drug claim history

## Breast cancer prevention drugs

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

Drug name	Covered population
<ul style="list-style-type: none"><li>Anastrozole</li><li>Exemestane</li><li>Letrozole</li><li>Raloxifene</li><li>Tamoxifen</li></ul>	<ul style="list-style-type: none"><li>Covered for persons aged 35 or older at increased risk for the first occurrence of breast cancer</li><li>A copay waiver must be submitted for a \$0 cost-share to apply</li></ul>

## Statin preventive drugs

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

Drug name	Covered population
<ul style="list-style-type: none"><li>Atorvastatin 10 mg and 20 mg</li><li>Lovastatin – all strengths</li><li>Pravastatin – all strengths</li><li>Rosuvastatin – all strengths</li><li>Simvastatin – all strengths</li></ul>	Covered at \$0 cost-share for persons aged 40–75 years

## Birth control products

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
Birth control caps and diaphragms		Caya Femcap Omniflex Wide-Seal
Combination birth control pills		Natazia
	Afirmelle, Aubra, Aviane, Delyla, Falmina, Lessina, 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 estradiol/ethynodiol 1/35, Keknor 1/35, Zovia 1/35	Demulen 1/35
	Ethinyl estradiol/ethynodiol 1/50, Kelnor 1/50, Valtia 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
	Estartylla, 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-Estartylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra	Ortho Tri-Cyclen
	Norgestimate/ethinyl estradiol, Tri Lo-Estartylla, Tri Lo-Marzia, Tri Lo-Mili, Tri 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
		Nexplanon
		Paragard
		Skyla

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



## Vaccinations

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

Disease (vaccine name)	Coverage limits (if applicable)
COVID-19 (Comirnaty, Moderna 2025-26, mNEXSPIKE, Novavax, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	<ul style="list-style-type: none"> <li>FluMist is covered for persons aged 2-49 years</li> <li>Fluad and Fluzone HD are covered for persons aged 65 years and older</li> </ul>
Haemophilus influenzae B (ActHIB, Hilberix, 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)	
Poliovirus (Ipol)	Covered for persons aged 17 years and younger
Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus, mRESVIA)	<ul style="list-style-type: none"> <li>Abrysvo is covered for persons aged 50 years and older or when the pharmacy enters a submission clarification code confirming pregnancy</li> <li>Arexvy and mRESVIA are covered for persons aged 50 years and older</li> <li>Beyfortus is covered for persons aged 24 months and younger</li> </ul>
Rotavirus (Rotarix, Rotateq)	Covered for persons aged 8 months and younger
Smallpox Mpox (Jynneos)	Covered for persons aged 18 years and older

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OTC = available over-the-counter

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

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 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.

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTIDOTE THERAPEUTICS</b>		
<b>ACETAMINOPHEN ANTIDOTE</b>		
<i>acetylcysteine inhalation</i>	T3 (NP)	
<b>ALCOHOL DETERRENTS (91:02)</b>		
<i>acamprosate calcium</i>	LCG	
<i>disulfiram oral</i>	LCG	
<i>naltrexone hcl oral</i>	T1 (G)	
VIVITROL ( <i>naltrexone</i> )	T2 (PB)	
<b>ANTIDOTE THERAPEUTICS</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	LCG	
BAQSIMI ONE PACK ( <i>glucagon</i> )	T2 (PB)	
BAQSIMI TWO PACK ( <i>glucagon</i> )	T2 (PB)	
CHEMET ( <i>succimer</i> )	T3 (NP)	
<i>deferoxamine mesylate</i>	T1 (G)	
<i>ft naloxone hcl</i>	\$0	
<i>glucagon emergency kit injection kit 1 mg</i>	T1 (G)	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	T2 (PB)	
<i>gnp naloxone hcl</i>	\$0	
<i>hyoscyamine sulfate oral</i>	T1 (G)	
<i>hyoscyamine sulfate sl</i>	T1 (G)	
<i>hyoscyamine sulfate sublingual</i>	T1 (G)	
<i>iodine strong</i>	T1 (G)	
KLOXXADO ( <i>naloxone hcl</i> )	\$0	
<i>naloxone hcl injection</i>	\$0	
<i>naloxone hcl nasal</i>	\$0	

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Drug Name	Drug Tier	Coverage Requirements & Limits
NARCAN ( <i>naloxone hcl</i> )	\$0	
<i>penicillamine oral tablet</i>	T4 (SP)	
<i>phytonadione injection solution 1 mg/0.5ml</i>	T1 (G)	
<i>phytonadione injection solution 10 mg/ml</i>	T3 (NP)	
<i>phytonadione oral</i>	T3 (NP)	
REXTOVY ( <i>naloxone hcl</i> )	\$0	
RIVIVE ( <i>naloxone hcl</i> )	\$0	
<i>vitamin k1 injection solution 1 mg/0.5ml</i>	T1 (G)	
<i>vitamin k1 injection solution 10 mg/ml</i>	T3 (NP)	
ZIMHI ( <i>naloxone hcl</i> )	\$0	
<b>ANTIDOTES (91:04)</b>		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1 (G)	
<i>naloxone hcl injection</i>	\$0	
<i>naltrexone hcl oral</i>	T1 (G)	
<i>sevelamer carbonate oral tablet</i>	T3 (NP)	
<i>sodium polystyrene sulfonate</i>	T1 (G)	
SPS (SODIUM POLYSTYRENE SULF) ( <i>sodium polystyrene sulfonate</i> )	T3 (NP)	
VIVITROL ( <i>naltrexone</i> )	T2 (PB)	
ZIMHI ( <i>naloxone hcl</i> )	\$0	
<b>CHEMOTHERAPY ANTIDOTES/PROTECTANTS</b>		
<i>leucovorin calcium injection solution reconstituted</i>	T1 (G)	
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	T1 (G)	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	T3 (NP)	
<b>FLUOROPYRIMIDINE ANTIDOTE</b>		
VISTOGARD ( <i>uridine triacetate</i> )	T3 (NP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTI HISTAMINE DRUGS</b>		
<b>ANTI HISTAMINE DRUGS</b>		
<i>promethazine hcl oral tablet 25 mg</i>	LCG	
<b>ETHANOLAMINE DERIVATIVES</b>		
<i>carbinoxamine maleate oral solution</i>	T1 (G)	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1 (G)	
<i>clemastine fumarate oral tablet</i>	T1 (G)	
<i>diphenhydramine hcl injection</i>	T1 (G)	
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC.</b>		
<i>cyproheptadine hcl oral</i>	T1 (G)	
<b>FIRST GENERATION ANTIHISTAMINES</b>		
<i>carbinoxamine maleate oral solution</i>	T1 (G)	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1 (G)	
<i>clemastine fumarate oral tablet</i>	T1 (G)	
<i>cyproheptadine hcl oral</i>	T1 (G)	
<i>dimenhydrinate injection</i>	T1 (G)	
<i>diphenhydramine hcl injection</i>	T1 (G)	
<i>hydroxyzine hcl oral</i>	LCG	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T3 (NP)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	LCG	
<i>meclizine hcl oral tablet 50 mg</i>	T2 (PB)	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	LCG	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	LCG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	LCG	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1 (G)	
<i>promethazine hcl oral tablet 25 mg</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl rectal</i>	T3 (NP)	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	LCG	
<b>OTHER ANTIHISTAMINES</b>		
<i>cimetidine hcl</i>	T1 (G)	
<i>cimetidine oral</i>	T1 (G)	
<i>famotidine (pf)</i>	T1 (G)	
<i>famotidine oral suspension reconstituted</i>	T3 (NP)	
<i>famotidine oral tablet 40 mg</i>	T1 (G)	
<i>famotidine tablet 20 mg oral (rx)</i>	LCG	
<i>hydroxyzine hcl oral</i>	LCG	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T3 (NP)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	LCG	
<i>nizatidine</i>	T1 (G)	
<i>olopatadine hcl nasal</i>	T3 (NP)	QL (1.02 GM per 1 day)
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	T1 (G)	
<b>PHENOTHIAZINE DERIVATIVES</b>		
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	LCG	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1 (G)	
<i>promethazine hcl oral tablet 25 mg</i>	LCG	
<i>promethazine hcl rectal</i>	T3 (NP)	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	LCG	
<b>SECOND GENERATION ANTIHISTAMINES</b>		
<i>cetirizine hcl oral solution</i>	T1 (G)	
<i>desloratadine oral tablet</i>	T3 (NP)	
<i>epinastine hcl</i>	T3 (NP)	
<i>levocetirizine dihydrochloride oral tablet</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ZERVIAE ( <i>cetirizine hcl</i> )	T3 (NP)	
<b>ANTI-INFECTIVE AGENTS</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefadroxil oral capsule</i>	T1 (G)	
<i>cefadroxil oral suspension reconstituted</i>	T3 (NP)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	T1 (G)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	T1 (G)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	T1 (G)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	LCG	
<i>cephalexin oral suspension reconstituted</i>	T1 (G)	
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefaclor</i>	T1 (G)	
<i>cefotetan disodium</i>	T1 (G)	
<i>cefoxitin sodium</i>	T1 (G)	
<i>cefprozil</i>	T1 (G)	
<i>cefuroxime axetil</i>	T1 (G)	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefdinir</i>	T1 (G)	
<i>cefpodoxime proxetil</i>	T3 (NP)	
<i>ceftazidime injection</i>	T1 (G)	
<i>ceftazidime intravenous</i>	T1 (G)	
<i>ceftriaxone sodium injection</i>	T1 (G)	
<i>ceftriaxone sodium intravenous</i>	T1 (G)	
<i>tazicef injection</i>	T1 (G)	
<i>tazicef intravenous solution reconstituted</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>4TH GENERATION CEPHALOSPORIN ANTIBIOTICS</b>		
<i>cefepime hcl injection</i>	T3 (NP)	
<i>cefepime hcl intravenous solution 1 gm/50ml</i>	T3 (NP)	
<i>cefepime hcl solution reconstituted 2 gm intravenous</i>	T3 (NP)	
<b>ADAMANTANE ANTIVIRALS</b>		
<i>amantadine hcl oral capsule</i>	T1 (G)	
<i>amantadine hcl oral solution</i>	T1 (G)	
<i>rimantadine hcl</i>	T1 (G)	
<b>ALLYLAMINE ANTIFUNGALS</b>		
<i>terbinafine hcl oral</i>	LCG	QL (84 day supply per 180 days)
<b>AMEBICIDES</b>		
<i>chlorhexidine gluconate mouth/throat</i>	LCG	
HUMATIN ( <i>paromomycin sulfate</i> )	T2 (PB)	
<i>metronidazole external cream</i>	T1 (G)	
<i>metronidazole external gel 0.75 %</i>	T1 (G)	
<i>metronidazole intravenous</i>	T1 (G)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	LCG	
<i>metronidazole vaginal</i>	T1 (G)	
<i>periogard</i>	LCG	
<b>AMINOGLYCOSIDE ANTIBIOTICS</b>		
<i>gentamicin sulfate external</i>	T1 (G)	
<i>gentamicin sulfate ophthalmic</i>	T1 (G)	
HUMATIN ( <i>paromomycin sulfate</i> )	T2 (PB)	
<i>neomycin sulfate oral</i>	LCG	
<i>streptomycin sulfate intramuscular</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TOBRADEX ( <i>tobramycin-dexamethasone</i> )	T3 (NP)	
TOBRADEX ST ( <i>tobramycin-dexamethasone</i> )	T3 (NP)	
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T4 (SP)	QL (10 ML per 1 day)
<i>tobramycin ophthalmic</i>	LCG	
<i>tobramycin-dexamethasone</i>	T1 (G)	
TOBREX ( <i>tobramycin</i> )	T3 (NP)	
<b>AMINOPENICILLIN ANTIBIOTICS</b>		
<i>amoxicill-clarithro-lansopraz</i>	T3 (NP)	
<i>amoxicillin</i>	LCG	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1 (G)	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	T3 (NP)	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T1 (G)	
<i>ampicillin</i>	T1 (G)	
<i>ampicillin sodium</i>	T1 (G)	
<i>ampicillin-sulbactam sodium</i>	T1 (G)	
AUGMENTIN ( <i>amoxicillin-pot clavulanate</i> )	T3 (NP)	
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	T2 (PB)	
<b>ANTHELMINTICS</b>		
<i>albendazole oral</i>	T3 (NP)	PA
EMVERM ( <i>mebendazole</i> )	T2 (PB)	
<i>ivermectin oral tablet 3 mg</i>	T3 (NP)	
<i>praziquantel oral</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTIFUNGALS, MISCELLANEOUS</b>		
<i>griseofulvin microsize oral</i>	T3 (NP)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T3 (NP)	
<i>iodine strong</i>	T1 (G)	
<b>ANTI-INFECTIVES (SYSTEMIC), MISC.</b>		
<i>bis subcit-metronid-tetracyc</i>	T3 (NP)	
<i>bismuth/metronidazol/tetracyclin</i>	T3 (NP)	
<b>ANTILEPROSY AGENTS</b>		
<i>dapsone oral</i>	T3 (NP)	
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	T3 (NP)	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	T1 (G)	
<i>chloroquine phosphate oral</i>	T3 (NP)	
COARTEM ( <i>artemether-lumefantrine</i> )	T3 (NP)	
<i>doxycycline hyclate oral capsule</i>	T1 (G)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1 (G)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1 (G)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T3 (NP)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T1 (G)	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	T1 (G)	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	LCG	
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	T2 (PB)	
<i>mefloquine hcl</i>	T1 (G)	
MINOCIN ( <i>minocycline hcl</i> )	T3 (NP)	
<i>minocycline hcl oral capsule</i>	T1 (G)	
<i>primaquine phosphate</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pyrimethamine oral</i>	T4 (SP)	PA
<i>quinidine sulfate</i>	T1 (G)	
<i>quinine sulfate</i>	T2 (PB)	
<i>tetracycline hcl oral capsule</i>	T3 (NP)	
<b>ANTIMYCOBACTERIALS, MISCELLANEOUS</b>		
<i>dapsone oral</i>	T3 (NP)	
<b>ANTIPROTOZOALS, CRYPTOSPORIDIOSIS</b>		
<i>nitazoxanide oral</i>	T3 (NP)	
<b>ANTIPROTOZOALS, MISCELLANEOUS</b>		
<i>atovaquone</i>	T3 (NP)	
BENZNIDAZOLE	T3 (NP)	
<i>bis subcit-metronid-tetracyc</i>	T3 (NP)	
<i>bismuth/metronidaz/tetracyclin</i>	T3 (NP)	
<i>dapsone oral</i>	T3 (NP)	
IMPAVIDO ( <i>miltefosine</i> )	T3 (NP)	
<i>metronidazole intravenous</i>	T1 (G)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	LCG	
<i>nitazoxanide oral</i>	T3 (NP)	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T1 (G)	
<i>sulfamethoxazole-trimethoprim oral</i>	LCG	
<i>sulfatrim pediatric</i>	LCG	
<i>tinidazole oral</i>	T1 (G)	
<b>ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE</b>		
<i>tinidazole oral</i>	T1 (G)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTITUBERCULOSIS AGENTS</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED ( <i>ciprofloxacin</i> )	T3 (NP)	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	LCG	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	T1 (G)	
<i>ciprofloxacin in d5w</i>	T3 (NP)	
<i>clarithromycin oral suspension reconstituted</i>	T3 (NP)	
<i>clarithromycin oral tablet</i>	T1 (G)	
<i>cycloserine oral</i>	T1 (G)	
<i>ethambutol hcl oral</i>	T3 (NP)	
<i>isoniazid injection</i>	T1 (G)	
<i>isoniazid oral syrup</i>	T1 (G)	
<i>isoniazid oral tablet 100 mg</i>	T1 (G)	
<i>isoniazid oral tablet 300 mg</i>	LCG	
<i>levofloxacin intravenous</i>	T3 (NP)	
<i>levofloxacin oral solution</i>	T3 (NP)	
<i>levofloxacin oral tablet</i>	T1 (G)	
<i>moxifloxacin hcl in nacl</i>	T1 (G)	
<i>moxifloxacin hcl oral</i>	T1 (G)	
PRETOMANID	T2 (PB)	
PRIFTIN ( <i>rifapentine</i> )	T3 (NP)	
<i>pyrazinamide oral</i>	T1 (G)	
<i>rifabutin</i>	T3 (NP)	
<i>rifampin oral</i>	T2 (PB)	
SIRTURO ( <i>bedaquiline fumarate</i> )	T3 (NP)	
<i>streptomycin sulfate intramuscular</i>	T3 (NP)	

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTIVIRALS, MISCELLANEOUS</b>		
PAXLOVID (150/100) ( <i>nirmatrelvir-ritonavir</i> )	T3 (NP)	QL (4 EA per 1 day)
PAXLOVID (300/100 & 150/100) ( <i>nirmatrelvir-ritonavir</i> )	T3 (NP)	QL (11 EA per 56 days)
PAXLOVID (300/100) ( <i>nirmatrelvir-ritonavir</i> )	T3 (NP)	QL (6 EA per 1 day)
<b>AZOLE ANTIFUNGALS</b>		
<i>fluconazole in sodium chloride</i>	T1 (G)	
<i>fluconazole oral</i>	LCG	
<i>itraconazole oral capsule</i>	T3 (NP)	PA
<i>ketoconazole external cream</i>	T1 (G)	
<i>ketoconazole external shampoo</i>	T1 (G)	
<i>ketoconazole oral</i>	LCG	
<i>voriconazole oral tablet</i>	T3 (NP)	PA
<b>BACITRACIN ANTIBIOTICS</b>		
<i>bacitracin ophthalmic</i>	T3 (NP)	
<i>bacitracin-polymyxin b</i>	T1 (G)	
<i>bacitra-neomycin-polymyxin-hc</i>	T1 (G)	
<b>CARBAPENEM ANTIBIOTICS</b>		
<i>ertapenem sodium</i>	T3 (NP)	
<i>imipenem-cilastatin</i>	T3 (NP)	
VABOMERE ( <i>meropenem-vaborbactam</i> )	T3 (NP)	
<b>CEPHAMYCIN ANTIBIOTICS</b>		
<i>cefotetan disodium</i>	T1 (G)	
<i>cefoxitin sodium</i>	T1 (G)	
<b>CORONAVIRUS (COVID-19)</b>		
PAXLOVID (150/100) ( <i>nirmatrelvir-ritonavir</i> )	T3 (NP)	QL (4 EA per 1 day)
PAXLOVID (300/100 & 150/100) ( <i>nirmatrelvir-ritonavir</i> )	T3 (NP)	QL (11 EA per 56 days)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
PAXLOVID (300/100) ( <i>nirmatrelvir-ritonavir</i> )	T3 (NP)	QL (6 EA per 1 day)
<b>CYCLIC LIPOPEPTIDE ANTIBIOTICS</b>		
<i>daptomycin</i>	T3 (NP)	
<b>ECHINOCANDIN ANTIFUNGALS</b>		
<i>caspofungin acetate</i>	T3 (NP)	
<b>ERYTHROMYCIN ANTIBIOTICS</b>		
<i>erythromycin base oral</i>	T3 (NP)	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	T3 (NP)	
<i>erythromycin external</i>	T1 (G)	
<i>erythromycin oral</i>	T3 (NP)	
<b>EXTENDED-SPECTRUM PENICILLINS</b>		
<i>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</i>	T1 (G)	
<b>GLYCOPEPTIDE ANTIBIOTICS</b>		
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 500 mg, 750 mg</i>	T1 (G)	
<i>vancomycin hcl oral</i>	T3 (NP)	
<b>HCV POLYMERASE INHIBITOR ANTIVIRALS</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL PACKET 33.75-150 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
SOVALDI ORAL TABLET 400 MG ( <i>sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ
<b>HCV PROTEASE INHIBITOR ANTIVIRALS</b>		
MAVYRET ORAL PACKET ( <i>glecaprevir-pibrentasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (5 EA per 1 day)
MAVYRET ORAL TABLET ( <i>glecaprevir-pibrentasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (3 EA per 1 day)
ZEPATIER ( <i>elbasvir-grazoprevir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>HCV REPLICATION COMPLEX INHIBITORS</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
MAVYRET ORAL PACKET ( <i>glecaprevir-pibrentasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (5 EA per 1 day)
MAVYRET ORAL TABLET ( <i>glecaprevir-pibrentasvir</i> )	T3 (NP)	PA; SP-QTZ; QL (3 EA per 1 day)
ZEPATIER ( <i>elbasvir-grazoprevir</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>HIV ENTRY AND FUSION INHIBITORS</b>		
FUZEON ( <i>enfuvirtide</i> )	T2 (PB)	SP-QTZ
<i>maraviroc</i>	T1 (G)	PA; SP-QTZ
RUKOBIA ( <i>fostemsavir tromethamine</i> )	T2 (PB)	SP-QTZ
SELZENTRY ORAL SOLUTION ( <i>maraviroc</i> )	T2 (PB)	PA; SP-QTZ
<b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS</b>		
APRETUDE ( <i>cabotegravir</i> )	T3 (NP)	\$0 copay for HIV PX
BIKTARVY ( <i>bictegravir-emtricitab-tenofovir</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
DOVATO ( <i>dolutegravir-lamivudine</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
ISENTRESS ( <i>raltegravir potassium</i> )	T2 (PB)	SP-QTZ; \$0 copay for HIV PX
ISENTRESS HD ( <i>raltegravir potassium</i> )	T2 (PB)	SP-QTZ
JULUCA ( <i>dolutegravir-rilpivirine</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
TIVICAY ( <i>dolutegravir sodium</i> )	T2 (PB)	SP-QTZ
TIVICAY PD ( <i>dolutegravir sodium</i> )	T2 (PB)	SP-QTZ; \$0 copay for HIV PX

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Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ ( <i>abacavir-dolutegravir-lamivudine</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
<b>HIV NONNUCLEOSIDE REV.TRANScrip. INHIB.</b>		
BIKTARVY ( <i>bictegravir-emtricitabine-tenofovir</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
COMPLERA ( <i>emtricitabine-rilpivirine-tenofovir</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
DELSTRIGO ( <i>doravirine-lamivudine-tenofovir df</i> )	T2 (PB)	SP-QTZ
EDURANT ( <i>rilpivirine hcl</i> )	T3 (NP)	SP-QTZ
EDURANT PED ( <i>rilpivirine hcl</i> )	T3 (NP)	SP-QTZ
<i>efavirenz</i>	T3 (NP)	SP-QTZ
<i>efavirenz-emtricitabine-tenofovir df</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>emtricitabine-rilpivirine-tenofovir df</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>etravirine</i>	T3 (NP)	SP-QTZ
INTELENCE ORAL TABLET 25 MG ( <i>etravirine</i> )	T3 (NP)	SP-QTZ
JULUCA ( <i>dolutegravir-rilpivirine</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	LCG	
<i>nevirapine</i>	T3 (NP)	SP-QTZ
<i>nevirapine er</i>	T3 (NP)	SP-QTZ
ODEFSEY ( <i>emtricitabine-rilpivirine-tenofovir af</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
PIFELTRO ( <i>doravirine</i> )	T3 (NP)	SP-QTZ

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS</b>		
<b><i>abacavir sulfate oral solution</i></b>	T3 (NP)	SP-QTZ
<b><i>abacavir sulfate oral tablet</i></b>	T1 (G)	SP-QTZ
<b><i>abacavir sulfate-lamivudine</i></b>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
BIKTARVY ( <i>bictegravir-emtricitab-tenofovir</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
CIMDUO ( <i>lamivudine-tenofovir</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
COMPLERA ( <i>emtricitab-rilpivir-tenofovir</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
DELSTRIGO ( <i>doravirin-lamivudin-tenofovir df</i> )	T2 (PB)	SP-QTZ
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	T3 (NP)	PA; SP-QTZ; \$0 copay for HIV PX
DOVATO ( <i>dolutegravir-lamivudine</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
<b><i>efavirenz-emtricitab-tenofovir df</i></b>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<b><i>efavirenz-lamivudine-tenofovir</i></b>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<b><i>emtricitabine</i></b>	T3 (NP)	SP-QTZ
<b><i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i></b>	T3 (NP)	SP-QTZ; \$0 copay for HIV PX; QL (1 EA per 1 day)
<b><i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i></b>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<b><i>emtricitab-rilpivir-tenofovir df</i></b>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION ( <i>emtricitabine</i> )	T2 (PB)	SP-QTZ
<b><i>lamivudine oral solution 10 mg/ml</i></b>	T3 (NP)	SP-QTZ

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>lamivudine oral tablet 100 mg</b>	T1 (G)	
<b>lamivudine oral tablet 150 mg, 300 mg</b>	T1 (G)	SP-QTZ
<b>lamivudine-zidovudine</b>	T3 (NP)	SP-QTZ
ODEFSEY ( <b>emtricitabine-rilpivir-tenofovir AF</b> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
SYMTUZA ( <b>darunavir-cobicistat-tenofovir DF</b> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<b>tenofovir disoproxil fumarate</b>	T1 (G)	SP-QTZ; \$0 copay for HIV PX
TRIUMEQ ( <b>abacavir-dolutegravir-lamivudine</b> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
VIREAD ORAL POWDER ( <b>tenofovir disoproxil fumarate</b> )	T2 (PB)	SP-QTZ
VIREAD ORAL TABLET 150 MG ( <b>tenofovir disoproxil fumarate</b> )	T3 (NP)	SP-QTZ
VIREAD ORAL TABLET 200 MG, 250 MG ( <b>tenofovir disoproxil fumarate</b> )	T2 (PB)	SP-QTZ
<b>zidovudine</b>	T3 (NP)	SP-QTZ
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS</b>		
APTIVUS ( <b>tipranavir</b> )	T4 (SP)	SP-QTZ
<b>atazanavir sulfate</b>	T3 (NP)	SP-QTZ
<b>darunavir oral tablet 600 mg</b>	T1 (G)	SP-QTZ
<b>darunavir oral tablet 800 mg</b>	T1 (G)	SP-QTZ; \$0 copay for HIV PX
EVOTAZ ( <b>atazanavir-cobicistat</b> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
<b>fosamprenavir calcium</b>	T3 (NP)	SP-QTZ
<b>lopinavir-ritonavir oral tablet 100-25 mg</b>	T1 (G)	SP-QTZ
<b>lopinavir-ritonavir oral tablet 200-50 mg</b>	T3 (NP)	SP-QTZ

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
NORVIR ORAL PACKET ( <i>ritonavir</i> )	T2 (PB)	SP-QTZ
PREZCOBIX ORAL TABLET 675-150 MG ( <i>darunavir-cobicistat</i> )	T2 (PB)	SP-QTZ
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION ( <i>darunavir</i> )	T2 (PB)	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG ( <i>darunavir</i> )	T2 (PB)	SP-QTZ
PREZISTA ORAL TABLET 800 MG ( <i>darunavir</i> )	T2 (PB)	SP-QTZ; \$0 copay for HIV PX
REYATAZ ORAL PACKET ( <i>atazanavir sulfate</i> )	T2 (PB)	SP-QTZ
<i>ritonavir</i>	T3 (NP)	SP-QTZ; \$0 copay for HIV PX
SYMTUZA ( <i>darun-cobic-emtricit-tenofaf</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
VIRACEPT ( <i>nelfinavir mesylate</i> )	T4 (SP)	SP-QTZ
<b>INTERFERON ANTIVIRALS</b>		
PEGASYS ( <i>peginterferon alfa-2a</i> )	T4 (SP)	PA; SP-QTZ
<b>LINCOMYCIN ANTIBIOTICS</b>		
<i>clindacin etz external swab</i>	T1 (G)	
<i>clindacin-p</i>	T1 (G)	
<i>clindamycin hcl oral</i>	T1 (G)	
<i>clindamycin palmitate hcl</i>	T1 (G)	
<i>clindamycin phos (once-daily)</i>	T1 (G)	
<i>clindamycin phos (twice-daily)</i>	T1 (G)	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1 (G)	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	T3 (NP)	
<i>clindamycin phosphate external solution</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin phosphate external swab</i>	T1 (G)	
<i>clindamycin phosphate in d5w</i>	T1 (G)	
<i>clindamycin phosphate injection</i>	T1 (G)	
<i>clindamycin phosphate vaginal</i>	T1 (G)	
<i>neuac</i>	T1 (G)	
<b>MONOBACTAM ANTIBIOTICS</b>		
<i>aztreonam injection solution reconstituted 1 gm</i>	T1 (G)	
<i>aztreonam injection solution reconstituted 2 gm</i>	T3 (NP)	
<b>MONOCLONAL ANTIBODIES (08:18)</b>		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>nirsevimab-alip</i> )	T2 PV	\$0 for age 2 years or younger; QL (2 ML per 300 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>nirsevimab-alip</i> )	T2 PV	\$0 for age 2 years or younger; QL (0.5 ML per 300 days)
ILARIS ( <i>canakinumab</i> )	T4 (SP)	PA; QL (0.08 ML per 1 day)
SYNAGIS ( <i>palivizumab</i> )	T4 (SP)	PA
<b>NATURAL PENICILLIN ANTIBIOTICS</b>		
BICILLIN L-A ( <i>penicillin g benzathine</i> )	T3 (NP)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	T1 (G)	
<i>penicillin v potassium</i>	LCG	
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	T2 (PB)	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	T2 (PB)	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	T3 (NP)	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T3 (NP)	QL (360 ML per 365 days)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
RELENZA DISKHALER ( <i>zanamivir</i> )	T3 (NP)	QL (40 EA per 365 days)
<b>NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL</b>		
IMPAVIDO ( <i>miltefosine</i> )	T3 (NP)	
<b>NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL</b>		
BENZNIDAZOLE	T3 (NP)	
<b>NITROIMIDAZOLE DERIVATIVES, MISC</b>		
<i>metronidazole external cream</i>	T1 (G)	
<i>metronidazole external gel 0.75 %</i>	T1 (G)	
<i>metronidazole intravenous</i>	T1 (G)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	LCG	
<i>metronidazole vaginal</i>	T1 (G)	
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS</b>		
<i>acyclovir external ointment</i>	T1 (G)	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	LCG	
<i>acyclovir oral suspension</i>	T3 (NP)	
<i>acyclovir oral tablet</i>	LCG	
<i>acyclovir sodium</i>	T1 (G)	
<i>adefovir dipivoxil</i>	T3 (NP)	
BARACLUDE ORAL SOLUTION ( <i>entecavir</i> )	T3 (NP)	QL (21 ML per 1 day)
<i>cidofovir intravenous</i>	T1 (G)	
COMPLERA ( <i>emtricitabine-rilpivir-tenofovir</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	T3 (NP)	PA; SP-QTZ; \$0 copay for HIV PX
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	T3 (NP)	SP-QTZ; \$0 copay for HIV PX; QL (1 EA per 1 day)

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
<b>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</b>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<b>emtricitab-rilpivir-tenofov df</b>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<b>entecavir</b>	T1 (G)	QL (1 EA per 1 day)
<b>famciclovir oral</b>	T1 (G)	
LAGEVRIO ( <b>molnupiravir</b> )	T3 (NP)	QL (8 EA per 1 day)
ODEFSEY ( <b>emtricitab-rilpivir-tenofov af</b> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<b>ribavirin oral</b>	T4 (SP)	
<b>valacyclovir hcl oral</b>	T1 (G)	QL (4 EA per 1 day)
<b>valganciclovir hcl</b>	T3 (NP)	
VEMLIDY ( <b>tenofovir alafenamide fumarate</b> )	T4 (SP)	
<b>OTHER MACROLIDE ANTIBIOTICS</b>		
<b>amoxicill-clarithro-lansopraz</b>	T3 (NP)	
<b>azithromycin intravenous</b>	T1 (G)	
<b>azithromycin oral</b>	LCG	
<b>clarithromycin oral suspension reconstituted</b>	T3 (NP)	
<b>clarithromycin oral tablet</b>	T1 (G)	
DIFICID ORAL SUSPENSION RECONSTITUTED ( <b>fidaxomicin</b> )	T3 (NP)	
OMECLAMOX-PAK ( <b>amoxicill-clarithro-omeprazole</b> )	T2 (PB)	
<b>OTHER MACROLIDES (8:12.12.92)</b>		
<b>amoxicill-clarithro-lansopraz</b>	T3 (NP)	
<b>azithromycin intravenous</b>	T1 (G)	
<b>azithromycin oral</b>	LCG	
<b>clarithromycin oral suspension reconstituted</b>	T3 (NP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clarithromycin oral tablet</i>	T1 (G)	
DIFICID ORAL SUSPENSION RECONSTITUTED ( <i>fidaxomicin</i> )	T3 (NP)	
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	T2 (PB)	
<b>OXAZOLIDINONE ANTIBIOTICS</b>		
<i>linezolid in sodium chloride</i>	T1 (G)	
<i>linezolid intravenous</i>	T1 (G)	
<i>linezolid oral suspension reconstituted</i>	T3 (NP)	QL (32.2 ML per 1 day)
<i>linezolid oral tablet</i>	T2 (PB)	QL (28 EA per 30 days)
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium</i>	LCG	
<i>nafcillin sodium</i>	T1 (G)	
<b>POLYENE ANTIFUNGALS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML ( <i>amphotericin b lipid</i> )	T3 (NP)	
<i>amphotericin b intravenous</i>	T1 (G)	
<i>amphotericin b liposome</i>	T3 (NP)	
<i>klayesta</i>	T1 (G)	
<i>nyamyc</i>	T1 (G)	
<i>nystatin external cream</i>	LCG	
<i>nystatin external ointment</i>	T1 (G)	
<i>nystatin external powder</i>	T1 (G)	
<i>nystatin mouth/throat</i>	T1 (G)	
<i>nystatin oral</i>	T3 (NP)	
<i>nystatin-triamcinolone</i>	T1 (G)	
<i>nystop</i>	T1 (G)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>POLYMYXIN ANTIBIOTICS</b>		
<i>polymyxin b sulfate injection</i>	T1 (G)	
<i>polymyxin b-trimethoprim</i>	LCG	
<b>PYRIMIDINE ANTIFUNGALS</b>		
<i>flucytosine oral capsule 250 mg</i>	T1 (G)	
<i>flucytosine oral capsule 500 mg</i>	T3 (NP)	
<b>QUINOLONE ANTIBIOTICS</b>		
BAXDELA ORAL ( <i>delafloxacin meglumine</i> )	T3 (NP)	
CIPRO ORAL SUSPENSION RECONSTITUTED ( <i>ciprofloxacin</i> )	T3 (NP)	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	LCG	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	T1 (G)	
<i>ciprofloxacin in d5w</i>	T3 (NP)	
<i>levofloxacin intravenous</i>	T3 (NP)	
<i>levofloxacin ophthalmic solution 0.5 %</i>	T3 (NP)	
<i>levofloxacin oral solution</i>	T3 (NP)	
<i>levofloxacin oral tablet</i>	T1 (G)	
<i>moxifloxacin hcl (2x day)</i>	T3 (NP)	
<i>moxifloxacin hcl in nacl</i>	T1 (G)	
<i>moxifloxacin hcl ophthalmic</i>	T1 (G)	
<i>moxifloxacin hcl oral</i>	T1 (G)	
<i>ofloxacin ophthalmic</i>	T1 (G)	
<i>ofloxacin oral</i>	T3 (NP)	
<i>ofloxacin otic</i>	T1 (G)	
<b>RIFAMYCIN ANTIBIOTICS</b>		
PRIFTIN ( <i>rifapentine</i> )	T3 (NP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rifabutin</i>	T3 (NP)	
<i>rifampin oral</i>	T2 (PB)	
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	T3 (NP)	PA
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC)</b>		
<i>sulfadiazine oral</i>	T3 (NP)	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T1 (G)	
<i>sulfamethoxazole-trimethoprim oral</i>	LCG	
<i>sulfasalazine oral</i>	T1 (G)	
<i>sulfatrim pediatric</i>	LCG	
<b>TETRACYCLINE ANTIBIOTICS</b>		
<i>bis subcit-metronid-tetracyc</i>	T3 (NP)	
<i>bismuth/metronidaz/tetracyclin</i>	T3 (NP)	
<i>demeclocycline hcl</i>	T3 (NP)	
<i>doxycycline hyclate oral capsule</i>	T1 (G)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1 (G)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1 (G)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T3 (NP)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T1 (G)	
MINOCIN ( <i>minocycline hcl</i> )	T3 (NP)	
<i>minocycline hcl oral capsule</i>	T1 (G)	
<i>tetracycline hcl oral capsule</i>	T3 (NP)	
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate</i>	T3 (NP)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1 (G)	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1 (G)	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>sulfamethoxazole-trimethoprim oral</b>	LCG	
<b>sulfatrim pediatric</b>	LCG	
<b>trimethoprim oral</b>	LCG	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ANTINEOPLASTIC AGENTS</b>		
<b>abiraterone acetate</b>	T4 (SP)	PA; SP-QTZ
ADCETRIS ( <b>brentuximab vedotin</b> )	T4 (SP)	PA
ALECENSA ( <b>alectinib hcl</b> )	T4 (SP)	PA; SP-QTZ
<b>anastrozole oral</b>	T1 (G)	\$0 for breast cancer PX
BELEODAQ ( <b>belinostat</b> )	T4 (SP)	PA
<b>bexarotene</b>	T4 (SP)	PA; SP-QTZ
<b>bicalutamide</b>	T1 (G)	
BOSULIF ORAL TABLET ( <b>bosutinib</b> )	T4 (SP)	PA; SP-QTZ
<b>busulfan</b>	T4 (SP)	
CABOMETYX ORAL TABLET 20 MG ( <b>cabozantinib s-malate</b> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG ( <b>cabozantinib s-malate</b> )	T4 (SP)	PA; SP-QTZ
<b>capecitabine</b>	T4 (SP)	SP-QTZ
CAPRELSA ORAL TABLET 100 MG ( <b>vandetanib</b> )	T4 (SP)	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG ( <b>vandetanib</b> )	T4 (SP)	PA
COMETRIQ ( <b>cabozantinib s-malate</b> )	T4 (SP)	PA; SP-ORx
COTELLIC ( <b>cobimetinib fumarate</b> )	T4 (SP)	PA; SP-QTZ
<b>cyclophosphamide injection</b>	T4 (SP)	
<b>cyclophosphamide oral capsule</b>	T3 (NP)	
CYCLOPHOSPHAMIDE ORAL TABLET	T2 (PB)	
<b>dasatinib</b>	T4 (SP)	PA; SP-QTZ

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>daunorubicin hcl</b>	T4 (SP)	
<b>decitabine</b>	T4 (SP)	
DROXIA ( <b>hydroxyurea</b> )	T3 (NP)	
ENHERTU ( <b>fam-trastuzumab deruxtec-nxki</b> )	T4 (SP)	PA
ERIVEDGE ( <b>vismodegib</b> )	T4 (SP)	PA; SP-QTZ
<b>erlotinib hcl oral tablet 100 mg, 150 mg</b>	T4 (SP)	PA; SP-QTZ
<b>erlotinib hcl oral tablet 25 mg</b>	T4 (SP)	PA; SP-QTZ; QL (3 EA per 1 day)
<b>etoposide oral</b>	T4 (SP)	
<b>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</b>	T3 (NP)	
<b>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</b>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>everolimus oral tablet soluble</b>	T4 (SP)	PA; SP-QTZ
<b>exemestane</b>	T1 (G)	\$0 for breast cancer PX
<b>fludarabine phosphate</b>	T4 (SP)	
<b>fluorouracil external cream 5 %</b>	T3 (NP)	
<b>fluorouracil external solution</b>	T1 (G)	
<b>fluorouracil intravenous</b>	T4 (SP)	
GILOTRIF ( <b>afatinib dimaleate</b> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
GLEOSTINE ( <b>lomustine</b> )	T4 (SP)	
HYCAMTIN ORAL ( <b>topotecan hcl</b> )	T4 (SP)	SP-QTZ
<b>hydroxyurea oral</b>	T1 (G)	
IBRANCE ( <b>palbociclib</b> )	T4 (SP)	PA; SP-QTZ
ICLUSIG ORAL TABLET 10 MG, 15 MG ( <b>ponatinib hcl</b> )	T4 (SP)	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG ( <b>ponatinib hcl</b> )	T4 (SP)	PA
<b>imatinib mesylate oral</b>	T4 (SP)	PA; SP-QTZ

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Drug Name	Drug Tier	Coverage Requirements & Limits
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	T4 (SP)	PA; SP-QTZ; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION ( <i>ibrutinib</i> )	T4 (SP)	PA; SP-QTZ
IMBRUVICA ORAL TABLET ( <i>ibrutinib</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
INLYTA ( <i>axitinib</i> )	T4 (SP)	PA; SP-QTZ
IXEMPRA KIT ( <i>ixabepilone</i> )	T4 (SP)	
JAKAFI ORAL TABLET 10 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG ( <i>ruxolitinib phosphate</i> )	T4 (SP)	PA; SP-QTZ
KISQALI (200 MG DOSE) ( <i>ribociclib succinate</i> )	T4 (SP)	PA; SP-QTZ
KISQALI (400 MG DOSE) ( <i>ribociclib succinate</i> )	T4 (SP)	PA; SP-QTZ
KISQALI (600 MG DOSE) ( <i>ribociclib succinate</i> )	T4 (SP)	PA; SP-QTZ
KOSELUGO ( <i>selumetinib sulfate</i> )	T4 (SP)	PA; SP-QTZ
<i>lapatinib ditosylate</i>	T4 (SP)	PA; SP-QTZ
<i>lenalidomide</i>	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 ( <i>lenvatinib mesylate</i> )	T4 (SP)	PA; SP-ORx
<i>letrozole oral</i>	T1 (G)	\$0 for breast cancer PX
LEUKERAN ( <i>chlorambucil</i> )	T4 (SP)	
<i>leuprolide acetate injection</i>	T4 (SP)	PA
LUPRON DEPOT (1-MONTH) ( <i>leuprolide acetate</i> )	T4 (SP)	PA
LUPRON DEPOT (3-MONTH) ( <i>leuprolide acetate (3 month)</i> )	T4 (SP)	PA

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG ( <i>leuprolide acetate (4 month)</i> )	T4 (SP)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG ( <i>leuprolide acetate (6 month)</i> )	T4 (SP)	PA
LYNPARZA ( <i>olaparib</i> )	T4 (SP)	PA; SP-QTZ
LYSODREN ( <i>mitotane</i> )	T3 (NP)	
MATULANE ( <i>procarbazine hcl</i> )	T4 (SP)	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	T1 (G)	
<i>megestrol acetate oral tablet 20 mg</i>	LCG	
<i>megestrol acetate oral tablet 40 mg</i>	T1 (G)	
MEKINIST ( <i>trametinib dimethyl sulfoxide</i> )	T4 (SP)	PA; SP-QTZ
<i>melphalan hcl</i>	T4 (SP)	
<i>mercaptopurine oral tablet</i>	T1 (G)	
<i>methotrexate sodium</i>	T1 (G)	
<i>methotrexate sodium (pf)</i>	T1 (G)	
<i>mitomycin intravenous</i>	T4 (SP)	
<i>mitoxantrone hcl</i>	T4 (SP)	PA
MYLERAN ( <i>busulfan</i> )	T2 (PB)	
<i>nilotinib hcl</i>	T4 (SP)	PA; SP-QTZ
<i>nilutamide</i>	T4 (SP)	SP-QTZ
NINLARO ( <i>ixazomib citrate</i> )	T4 (SP)	PA; SP-QTZ
OGSIVEO ( <i>nirogacestat hydrobromide</i> )	T4 (SP)	PA
ONUREG ( <i>azacitidine</i> )	T4 (SP)	PA; SP-QTZ
ORGOVYX ( <i>relugolix</i> )	T4 (SP)	PA
ORSERDU ( <i>elacestrant hydrochloride</i> )	T4 (SP)	PA
<i>paclitaxel</i>	T4 (SP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>pazopanib hcl</b>	T4 (SP)	PA; SP-QTZ
PEGASYS ( <b>peginterferon alfa-2a</b> )	T4 (SP)	PA; SP-QTZ
PIQRAY ( <b>alpelisib</b> )	T4 (SP)	PA; SP-QTZ
POMALYST ORAL CAPSULE 1 MG, 2 MG ( <b>pomalidomide</b> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG ( <b>pomalidomide</b> )	T4 (SP)	PA; SP-QTZ
PROLEUKIN ( <b>aldesleukin</b> )	T4 (SP)	
QINLOCK ( <b>ripretinib</b> )	T4 (SP)	PA
REVLIMID ( <b>lenalidomide</b> )	T4 (SP)	PA; SP-QTZ
ROMVIMZA ( <b>vimseltinib</b> )	T4 (SP)	PA
ROZLYTREK ORAL CAPSULE ( <b>entrectinib</b> )	T4 (SP)	PA; SP-QTZ
RUXIENCE ( <b>rituximab-pvvr</b> )	T3 (NP)	PA
RYDAPT ( <b>midostaurin</b> )	T4 (SP)	PA
<b>sorafenib tosylate</b>	T4 (SP)	PA; SP-QTZ
STIVARGA ( <b>regorafenib</b> )	T4 (SP)	PA; SP-QTZ
<b>sunitinib malate</b>	T4 (SP)	PA; SP-QTZ
TABRECTA ( <b>capmatinib hcl</b> )	T4 (SP)	PA; SP-QTZ
TAFINLAR ( <b>dabrafenib mesylate</b> )	T4 (SP)	PA; SP-QTZ
TAGRISSO ORAL TABLET 40 MG ( <b>osimertinib mesylate</b> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG ( <b>osimertinib mesylate</b> )	T4 (SP)	PA; SP-QTZ
<b>tamoxifen citrate oral</b>	T1 (G)	\$0 for breast cancer PX
TASIGNA ( <b>nilotinib hcl</b> )	T4 (SP)	PA; SP-QTZ
<b>temozolomide</b>	T4 (SP)	PA
<b>temsirolimus</b>	T4 (SP)	
THALOMID ( <b>thalidomide</b> )	T4 (SP)	PA; SP-QTZ
<b>toremifene citrate</b>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>torpenz</b>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>tretinoin external cream 0.025 %, 0.05 %</b>	T2 (PB)	
<b>tretinoin external cream 0.1 %</b>	T3 (NP)	
<b>tretinoin external gel 0.01 %, 0.025 %</b>	T3 (NP)	
<b>tretinoin oral</b>	T4 (SP)	
TUKYSA ( <b>tucatinib</b> )	T4 (SP)	PA; SP-QTZ
TURALIO ( <b>pexidartinib hcl</b> )	T4 (SP)	PA
VENCLEXTA ( <b>venetoclax</b> )	T4 (SP)	PA; SP-QTZ
VENCLEXTA STARTING PACK ( <b>venetoclax</b> )	T4 (SP)	PA; SP-QTZ
VERZENIO ( <b>abemaciclib</b> )	T4 (SP)	PA; SP-QTZ
VORANIGO ORAL TABLET 10 MG ( <b>vorasidenib</b> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG ( <b>vorasidenib</b> )	T4 (SP)	PA; SP-QTZ
XALKORI ORAL CAPSULE ( <b>crizotinib</b> )	T4 (SP)	PA; SP-QTZ
XTANDI ( <b>enzalutamide</b> )	T4 (SP)	PA; SP-QTZ
ZELBORAF ( <b>vemurafenib</b> )	T4 (SP)	PA; SP-QTZ
ZOLINZA ( <b>vorinostat</b> )	T4 (SP)	PA; SP-QTZ
ZYDELIG ( <b>idelalisib</b> )	T4 (SP)	PA; SP-QTZ
ZYKADIA ( <b>ceritinib</b> )	T4 (SP)	PA; SP-QTZ
<b>ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES</b>		
<b>ANTITOXINS AND IMMUNE GLOBULINS</b>		
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <b>hepatitis b immune globulin</b> )	T4 (SP)	
<b>TOXOIDS</b>		
ADACEL INTRAMUSCULAR SUSPENSION ( <b>tetanus-diphth-acell pertussis</b> )	T2 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BOOSTRIX ( <i>tetanus-diphth-acell pertussis</i> )	T2 PV	
DAPTACEL ( <i>diphth-acell pertussis-tetanus</i> )	T2 PV	
INFANRIX ( <i>diphth-acell pertussis-tetanus</i> )	T2 PV	
KINRIX ( <i>dtap-ipv vaccine</i> )	T2 PV	
PEDIARIX ( <i>dtap-hepatitis b recomb-ipv</i> )	T2 PV	
PENTACEL ( <i>dtap-ipv-hib vaccine</i> )	T2 PV	
QUADRACEL ( <i>dtap-ipv vaccine</i> )	T2 PV	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU ( <i>tetanus-diphtheria toxoids td</i> )	T2 PV	
VAXELIS ( <i>dtap-ipv-hib-hepatitis b recmb</i> )	T2 PV	
<b>VACCINES</b>		
ABRYSVO ( <i>rsv pre-fusion f a&amp;b vac rcmb</i> )	T3 (NP)	\$0 for age 50 years and older or pregnancy; QL (1 EA per 999 days)
ACTHIB ( <i>haemophilus b polysac conj vac</i> )	T2 PV	\$0 for age 6 years or younger
ADACEL INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphth-acell pertussis</i> )	T2 PV	
AFLURIA ( <i>influenza virus vaccine split</i> )	T2 PV	
AFLURIA PRESERVATIVE FREE ( <i>influenza virus vacc split pf</i> )	T2 PV	
AREXVY ( <i>rsvpref3 vac recomb adjuvanted</i> )	T3 (NP)	\$0 for age 50 years and older; QL (1 EA per 999 days)
BEXSERO ( <i>meningococcal b recomb omv adj</i> )	T2 PV	
BOOSTRIX ( <i>tetanus-diphth-acell pertussis</i> )	T2 PV	
COMIRNATY ( <i>covid-19 mrna virus vaccine</i> )	T2 PV	
COMIRNATY 5-11 YEARS ( <i>covid-19 mrna virus vaccine</i> )	T2 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DAPTACEL ( <i>diphth-acell pertussis-tetanus</i> )	T2 PV	
DENGIVAXIA ( <i>dengue virus vaccine live tetr</i> )	T2 PV	\$0 if age 9-16 years
ENGRIX-B ( <i>hepatitis b vac recombinant</i> )	T2 PV	
FLUAD ( <i>influenza vac a&amp;b surf ant adj</i> )	T2 PV	\$0 if age 65 years and older
FLUARIX ( <i>influenza virus vacc split pf</i> )	T2 PV	
FLUBLOK ( <i>influenza vac recombinant ha</i> )	T2 PV	
FLUCELVAX ( <i>influenza vac tiss-cult subunt</i> )	T2 PV	
FLULAVAL ( <i>influenza virus vacc split pf</i> )	T2 PV	
FLUMIST ( <i>influenza virus vaccine live</i> )	T2 PV	\$0 if age 2-49 years
FLUZONE ( <i>influenza virus vaccine split</i> )	T2 PV	
FLUZONE HIGH-DOSE ( <i>influenza vac split high-dose</i> )	T2 PV	\$0 if age 65 years and older
GARDASIL 9 ( <i>hpv 9-valent recomb vaccine</i> )	T2 PV	\$0 for age 9-45 years
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML ( <i>hepatitis a vaccine</i> )	T2 PV	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML ( <i>hepatitis a vaccine</i> )	T2 PV	
HEPLISAV-B ( <i>hepatitis b vac recomb adj</i> )	T2 PV	\$0 for age 18 years and older
HIBERIX ( <i>haemophilus b polysac conj vac</i> )	T2 PV	\$0 for age 6 years or younger
INFANRIX ( <i>diphth-acell pertussis-tetanus</i> )	T2 PV	
IPOINJECTION INJECTABLE ( <i>poliovirus vaccine inactivated</i> )	T2 PV	\$0 for age 17 years or younger
KINRIX ( <i>dtap-ipv vaccine</i> )	T2 PV	
MENQUADFI ( <i>mening acy&amp;w-135 tetanus conj</i> )	T2 PV	
MENVEO ( <i>meningococcal a c y&amp;w-135 olig</i> )	T2 PV	
M-M-R II ( <i>measles, mumps &amp; rubella vac</i> )	T2 PV	
MNEXSPIKE ( <i>covid-19 mrna virus vaccine</i> )	T2 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML ( <b>covid-19 mrna virus vaccine</b> )	T2 PV	
NUVAXOVID COVID-19 VACCINE	T2 PV	
PEDIARIX ( <b>dtap-hepatitis b recomb-ipv</b> )	T2 PV	
PEDVAX HIB ( <b>haemophilus b polysac conj vac</b> )	T2 PV	\$0 for age 6 years or younger
PENBRAYA ( <b>mening acyw(tet conj)-b(rcmb)</b> )	T2 PV	
PENTACEL ( <b>dtap-ipv-hib vaccine</b> )	T2 PV	
PNEUMOVAX 23 ( <b>pneumococcal vac polyvalent</b> )	T2 PV	
PREVNAR 20 ( <b>pneumococcal 20-val conj vacc</b> )	T2 PV	
PRIORIX ( <b>measles, mumps &amp; rubella vac</b> )	T2 PV	
PROQUAD ( <b>measles-mumps-rubella-varicell</b> )	T2 PV	
QUADRACEL ( <b>dtap-ipv vaccine</b> )	T2 PV	
RECOMBIVAX HB ( <b>hepatitis b vac recombinant</b> )	T2 PV	
ROTARIX ( <b>rotavirus vaccine live oral</b> )	T2 PV	\$0 for age 8 months or younger
ROTATEQ ( <b>rotavirus vac live pentavalent</b> )	T2 PV	\$0 for age 8 months or younger
SHINGRIX ( <b>zoster vac recomb adjuvanted</b> )	T2 PV	\$0 for age 19 years and older
SPIKEVAX ( <b>covid-19 mrna virus vaccine</b> )	T2 PV	
TRUMENBA ( <b>meningococcal b vac (recomb)</b> )	T2 PV	
TWINRIX ( <b>hepatitis a-hep b recomb vac</b> )	T2 PV	
VAQTA INTRAMUSCULAR SUSPENSION ( <b>hepatitis a vaccine</b> )	T2 PV	
VARIVAX ( <b>varicella virus vaccine live</b> )	T2 PV	
VAXELIS ( <b>dtap-ipv-hib-hepatitis b recmb</b> )	T2 PV	
VAXNEUVANCE ( <b>pneumococcal 15-val conj vacc</b> )	T2 PV	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>AUTONOMIC DRUGS</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS</b>		
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T1 (G)	
<i>epinephrine injection solution</i>	T1 (G)	
<i>epinephrine injection solution auto-injector</i>	T1 (G)	
<i>epinephrine pf</i>	T1 (G)	
<b>ALPHA-ADRENERGIC AGONISTS</b>		
<i>clonidine hcl er</i>	T1 (G)	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	LCG	
<i>clonidine hcl oral tablet 0.3 mg</i>	T1 (G)	
<i>lofexidine hcl</i>	LCG	
LUCEMYRA ( <i>lofexidine hcl</i> )	T2 (PB)	
<i>methyldopa</i>	LCG	
<i>midodrine hcl</i>	T1 (G)	
<b>ANTIMUSCARINICS/ANTISPASMODICS</b>		
ANORO ELLIPTA ( <i>umeclidinium-vilanterol</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1 (G)	
<i>atropine sulfate ophthalmic solution 1 %</i>	LCG	
ATROVENT HFA ( <i>ipratropium bromide hfa</i> )	T3 (NP)	QL (0.86 GM per 1 day)
BREZTRI AEROSPHERE ( <i>budeson-glycopyrrol-formoterol</i> )	T2 (PB)	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	T2 (PB)	QL (0.27 GM per 1 day)
<i>dicyclomine hcl oral capsule</i>	LCG	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1 (G)	
<i>dicyclomine hcl oral tablet 20 mg</i>	LCG	
<i>diphenoxylate-atropine oral tablet</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T1 (G)	
<i>glycopyrrolate oral solution</i>	T1 (G)	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1 (G)	QL (4 EA per 1 day)
<i>glycopyrrolate pf solution prefilled syringe 0.2 mg/ml injection</i>	T1 (G)	
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1 (G)	PA; QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	T1 (G)	PA; QL (6 EA per 1 day)
<i>hydromet</i>	T1 (G)	PA; QL (240 ML per 1 fill)
<i>hyoscyamine sulfate oral</i>	T1 (G)	
<i>hyoscyamine sulfate sl</i>	T1 (G)	
<i>hyoscyamine sulfate sublingual</i>	T1 (G)	
<i>ipratropium bromide inhalation</i>	LCG	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal</i>	LCG	
<i>ipratropium-albuterol</i>	T1 (G)	QL (18 ML per 1 day)
<i>methscopolamine bromide oral</i>	T3 (NP)	
MOTOFEN ( <i>difenoxin-atropine</i> )	T3 (NP)	
<i>scopolamine</i>	T2 (PB)	
SPIRIVA RESPIMAT ( <i>tiotropium bromide</i> )	T2 (PB)	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT ( <i>tiotropium bromide-olodaterol</i> )	T2 (PB)	QL (0.14 GM per 1 day)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	T2 (PB)	QL (1 EA per 1 day)
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	T2 (PB)	QL (2 EA per 1 day)
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>benztropine mesylate injection</i>	T1 (G)	
<i>benztropine mesylate oral</i>	LCG	
<i>diphenhydramine hcl injection</i>	T1 (G)	
<i>trihexyphenidyl hcl oral solution</i>	T1 (G)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	LCG	
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	T1 (G)	
<b>AUTONOMIC DRUGS, MISCELLANEOUS</b>		
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG ( <i>nicotine polacrilex</i> )	T3 PV	\$0 for 180 days/year
<i>cvs nicotine</i>	T1 PV	\$0 for 180 days/year
<i>cvs nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>eq nicotine</i>	T1 PV	\$0 for 180 days/year
<i>eq nicotine mouth/throat gum 2 mg, 4 mg</i>	T1 PV	\$0 for 180 days/year
<i>eq nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>eq nicotine step 3</i>	T1 PV	\$0 for 180 days/year
<i>ft nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ft nicotine mini</i>	T1 PV	\$0 for 180 days/year
<i>gnp nicotine</i>	T1 PV	\$0 for 180 days/year
<i>gnp nicotine mini</i>	T1 PV	\$0 for 180 days/year
<i>gnp nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>goodsense nicotine</i>	T1 PV	\$0 for 180 days/year
<i>habitrol</i>	T1 PV	\$0 for 180 days/year
<i>kls quit2</i>	T1 PV	\$0 for 180 days/year
<i>kls quit4</i>	T1 PV	\$0 for 180 days/year
NICODERM CQ ( <i>nicotine</i> )	T3 PV	\$0 for 180 days/year
NICORETTE ( <i>nicotine polacrilex</i> )	T3 PV	\$0 for 180 days/year
NICORETTE MINI ( <i>nicotine polacrilex</i> )	T3 PV	\$0 for 180 days/year
NICORETTE STARTER KIT ( <i>nicotine polacrilex</i> )	T3 PV	\$0 for 180 days/year
<i>nicotine</i>	T1 PV	\$0 for 180 days/year
<i>nicotine mini</i>	T1 PV	\$0 for 180 days/year

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nicotine polacrilex mini</i>	T1 PV	\$0 for 180 days/year
<i>nicotine polacrilex mouth/throat</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 1</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 2</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 3</i>	T1 PV	\$0 for 180 days/year
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	T2 PV	\$0 for 180 days/year
NICOTROL NS ( <i>nicotine</i> )	T2 PV	\$0 for 180 days/year
<i>qc nicotine transdermal system</i>	T1 PV	\$0 for 180 days/year
<i>ra mini nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine gum</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>sm nicotine polacrilex mouth/throat gum</i>	T1 PV	\$0 for 180 days/year
THRIVE ( <i>nicotine polacrilex</i> )	T3 PV	\$0 for 180 days/year
<i>varenicline tartrate</i>	T1 PV	\$0 for 180 days/year
<i>varenicline tartrate (starter)</i>	T1 PV	\$0 for 180 days/year
<i>varenicline tartrate(continue)</i>	T1 PV	\$0 for 180 days/year
<b>BOTULINUM TOXINS</b>		
BOTOX ( <i>onabotulinumtoxinA</i> )	T3 (NP)	PA
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXNT</b>		
<i>carisoprodol oral tablet 350 mg</i>	T1 (G)	
<i>chlorzoxazone oral tablet 500 mg</i>	T1 (G)	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	LCG	
<i>metaxalone oral tablet 800 mg</i>	T3 (NP)	
<i>methocarbamol injection</i>	T1 (G)	
<i>methocarbamol oral tablet 500 mg</i>	LCG	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methocarbamol tablet 750 mg oral</i>	LCG	
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	T1 (G)	
<i>tizanidine hcl oral tablet</i>	T1 (G)	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT</b>		
<i>baclofen oral tablet 10 mg</i>	LCG	
<i>baclofen oral tablet 20 mg</i>	T1 (G)	
<b>INDIRECT-ACTING SKELETAL MUSCLE RELAXANT</b>		
<i>orphenadrine citrate er</i>	T1 (G)	QL (2 EA per 1 day)
<i>orphenadrine-aspirin-caffeine</i>	T3 (NP)	QL (4 EA per 1 day)
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>carvedilol</i>	LCG	\$0 HDHP
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (G)	\$0 HDHP
<i>nadolol oral tablet 40 mg</i>	T1 (G)	\$0 HDHP
<i>nebivolol hcl</i>	T3 (NP)	
<i>pindolol</i>	T3 (NP)	
<i>propranolol hcl er</i>	T3 (NP)	
<i>propranolol hcl intravenous</i>	T1 (G)	
<i>propranolol hcl oral solution</i>	T1 (G)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LCG	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1 (G)	\$0 HDHP
<i>sotalol hcl (af)</i>	T1 (G)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1 (G)	
<i>sotalol hcl oral tablet 80 mg</i>	LCG	
<i>timolol maleate ophthalmic solution</i>	LCG	
<b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS</b>		
<i>doxazosin mesylate oral</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prazosin hcl oral</i>	LCG	
<i>terazosin hcl</i>	LCG	
<b>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>dihydroergotamine mesylate injection</i>	T3 (NP)	PA; QL (0.86 ML per 1 day)
ERGOMAR ( <i>ergotamine tartrate</i> )	T3 (NP)	
<i>ergotamine-caffeine</i>	T3 (NP)	PA; QL (0.86 EA per 1 day)
<i>phenoxybenzamine hcl oral</i>	T3 (NP)	PA
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)</b>		
<i>bethanechol chloride oral</i>	T1 (G)	
<i>cevimeline hcl</i>	T3 (NP)	
<i>donepezil hcl</i>	T1 (G)	
<i>galantamine hydrobromide</i>	T1 (G)	
<i>galantamine hydrobromide er</i>	T1 (G)	
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe</i>	T3 (NP)	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	T3 (NP)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1 (G)	
<i>pilocarpine hcl oral tablet 5 mg</i>	T2 (PB)	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	T3 (NP)	
<i>pyridostigmine bromide oral tablet</i>	T1 (G)	
<i>rivastigmine</i>	T3 (NP)	
<i>rivastigmine tartrate</i>	T1 (G)	
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT</b>		
<i>alfuzosin hcl er</i>	T1 (G)	
<i>carvedilol</i>	LCG	\$0 HDHP
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (G)	\$0 HDHP

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
<i>silodosin</i>	T2 (PB)	
<i>tamsulosin hcl</i>	LCG	
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	T2 (PB)	\$0 HDHP; QL (0.4 GM per 1 day)
<i>albuterol sulfate hfa</i>	T1 (G)	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	T1 (G)	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	T1 (G)	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	LCG	QL (5 EA per 1 day)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	LCG	QL (5 EA per 1 day)
ANORO ELLIPTA ( <i>umeclidinium-vilanterol</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>arformoterol tartrate</i>	T3 (NP)	QL (4 ML per 1 day)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
<i>breyna</i>	T2 (PB)	\$0 HDHP; QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE ( <i>budeson-glycopyrrol-formoterol</i> )	T2 (PB)	QL (0.36 GM per 1 day)
<i>budesonide-formoterol fumarate</i>	T2 (PB)	\$0 HDHP; QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	T2 (PB)	QL (0.27 GM per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact</i>	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)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>formoterol fumarate inhalation</i>	T3 (NP)	QL (4 ML per 1 day)
<i>ipratropium-albuterol</i>	T1 (G)	QL (18 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	T3 (NP)	QL (18 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	T3 (NP)	QL (3 EA per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	T3 (NP)	QL (9 ML per 1 day)
SEREVENT DISKUS ( <i>salmeterol xinafoate</i> )	T2 (PB)	QL (2 EA per 1 day)
STIOLTO RESPIMAT ( <i>tiotropium bromide-olodaterol</i> )	T2 (PB)	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT ( <i>olodaterol hcl</i> )	T2 (PB)	QL (0.14 GM per 1 day)
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>wixela inhub</i>	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
<b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT</b>		
<i>acebutolol hcl oral</i>	T2 (PB)	
<i>atenolol oral</i>	LCG	\$0 HDHP
<i>betaxolol hcl ophthalmic</i>	T1 (G)	
<i>betaxolol hcl oral</i>	T1 (G)	\$0 HDHP
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	LCG	\$0 HDHP
<i>metoprolol succinate er</i>	T1 (G)	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	LCG	\$0 HDHP
<i>nadolol oral tablet 40 mg</i>	T1 (G)	\$0 HDHP
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS</b>		
BOTOX ( <i>onabotulinumtoxin</i> )	T3 (NP)	PA
<i>orphenadrine citrate er</i>	T1 (G)	QL (2 EA per 1 day)
<i>orphenadrine-aspirin-caffeine</i>	T3 (NP)	QL (4 EA per 1 day)

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SMOKING CESSATION AGENTS</b>		
<b>bupropion hcl er (smoking det)</b>	LCG PV	\$0 for 180 days/year
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG ( <b>nicotine polacrilex</b> )	T3 PV	\$0 for 180 days/year
<b>cvs nicotine</b>	T1 PV	\$0 for 180 days/year
<b>cvs nicotine polacrilex</b>	T1 PV	\$0 for 180 days/year
<b>eq nicotine</b>	T1 PV	\$0 for 180 days/year
<b>eq nicotine mouth/throat gum 2 mg, 4 mg</b>	T1 PV	\$0 for 180 days/year
<b>eq nicotine polacrilex</b>	T1 PV	\$0 for 180 days/year
<b>eq nicotine step 3</b>	T1 PV	\$0 for 180 days/year
<b>ft nicotine</b>	T1 PV	\$0 for 180 days/year
<b>ft nicotine mini</b>	T1 PV	\$0 for 180 days/year
<b>gnp nicotine</b>	T1 PV	\$0 for 180 days/year
<b>gnp nicotine mini</b>	T1 PV	\$0 for 180 days/year
<b>gnp nicotine polacrilex</b>	T1 PV	\$0 for 180 days/year
<b>goodsense nicotine</b>	T1 PV	\$0 for 180 days/year
<b>habitrol</b>	T1 PV	\$0 for 180 days/year
<b>kls quit2</b>	T1 PV	\$0 for 180 days/year
<b>kls quit4</b>	T1 PV	\$0 for 180 days/year
<b>naltrexone hcl oral</b>	T1 (G)	
NICODERM CQ ( <b>nicotine</b> )	T3 PV	\$0 for 180 days/year
NICORETTE ( <b>nicotine polacrilex</b> )	T3 PV	\$0 for 180 days/year
NICORETTE MINI ( <b>nicotine polacrilex</b> )	T3 PV	\$0 for 180 days/year
NICORETTE STARTER KIT ( <b>nicotine polacrilex</b> )	T3 PV	\$0 for 180 days/year
<b>nicotine</b>	T1 PV	\$0 for 180 days/year
<b>nicotine mini</b>	T1 PV	\$0 for 180 days/year

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nicotine polacrilex mini</i>	T1 PV	\$0 for 180 days/year
<i>nicotine polacrilex mouth/throat</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 1</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 2</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 3</i>	T1 PV	\$0 for 180 days/year
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	T2 PV	\$0 for 180 days/year
NICOTROL NS ( <i>nicotine</i> )	T2 PV	\$0 for 180 days/year
<i>qc nicotine transdermal system</i>	T1 PV	\$0 for 180 days/year
<i>ra mini nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine gum</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>sm nicotine polacrilex mouth/throat gum</i>	T1 PV	\$0 for 180 days/year
THRIVE ( <i>nicotine polacrilex</i> )	T3 PV	\$0 for 180 days/year
<i>varenicline tartrate</i>	T1 PV	\$0 for 180 days/year
<i>varenicline tartrate (starter)</i>	T1 PV	\$0 for 180 days/year
<i>varenicline tartrate(continue)</i>	T1 PV	\$0 for 180 days/year
VIVITROL ( <i>naltrexone</i> )	T2 (PB)	
<b>BLOOD DERIVATIVES</b>		
<b>BLOOD DERIVATIVES</b>		
PROLASTIN-C ( <i>alpha1-proteinase inhibitor</i> )	T4 (SP)	PA
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS</b>		
<b>ANTIANEMIA DRUGS</b>		
ARANESP (ALBUMIN FREE) ( <i>darbepoetin alfa</i> )	T4 (SP)	PA
REBLOZYL ( <i>luspatercept-aamt</i> )	T4 (SP)	PA
RETACRIT ( <i>epoetin alfa-epbx</i> )	T4 (SP)	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTICOAGULANTS, MISCELLANEOUS</b>		
<i>fondaparinux sodium</i>	T3 (NP)	
<b>ANTITHROMBOTIC AGENTS, MISCELLANEOUS</b>		
CABLIVI ( <i>caplacizumab-yhdp</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.</b>		
PYRUKYND ( <i>mitapivat sulfate</i> )	T4 (SP)	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ( <i>mitapivat sulfate</i> )	T4 (SP)	PA; QL (1 EA per 1 day)
<b>COUMARIN DERIVATIVES</b>		
<i>jantoven</i>	LCG	
<i>warfarin sodium oral</i>	LCG	
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS DVT/PE STARTER PACK ( <i>apixaban</i> )	T2 (PB)	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET ( <i>apixaban</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>rivaroxaban oral suspension reconstituted</i>	T2 (PB)	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet</i>	T2 (PB)	QL (2 EA per 1 day)
SAVAYSA ( <i>edoxaban tosylate</i> )	T3 (NP)	
XARELTO ORAL SUSPENSION RECONSTITUTED ( <i>rivaroxaban</i> )	T2 (PB)	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	T2 (PB)	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	T2 (PB)	QL (2 EA per 1 day)
XARELTO STARTER PACK ( <i>rivaroxaban</i> )	T2 (PB)	QL (102 EA per 365 days)
<b>DIRECT THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate mesylate</i>	T2 (PB)	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG ( <i>dabigatran etexilate mesylate</i> )	T2 (PB)	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>HEMATOPOIETIC AGENTS</b>		
ARANESP (ALBUMIN FREE) ( <i>darbepoetin alfa</i> )	T4 (SP)	PA
DOPTELET ( <i>avatrombopag maleate</i> )	T4 (SP)	SP-ORx
<i>eltrombopag olamine</i>	T4 (SP)	PA; SP-QTZ
LEUKINE ( <i>sargramostim</i> )	T4 (SP)	
NEULASTA ( <i>pegfilgrastim</i> )	T4 (SP)	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	T4 (SP)	PA
NIVESTYM ( <i>filgrastim-aafi</i> )	T4 (SP)	PA
<i>plerixafor</i>	T4 (SP)	
PROMACTA ( <i>eltrombopag olamine</i> )	T4 (SP)	PA; SP-QTZ
REBLOZYL ( <i>luspatercept-aamt</i> )	T4 (SP)	PA
RETACRIT ( <i>epoetin alfa-epbx</i> )	T4 (SP)	PA
XOLREMDI ( <i>mavorixafor</i> )	T4 (SP)	PA; QL (4 EA per 1 day)
<b>HEMORRHEOLOGIC AGENTS</b>		
<i>pentoxifylline er</i>	T1 (G)	
<b>HEMOSTATICS</b>		
<i>aminocaproic acid oral tablet</i>	T3 (NP)	
<i>desmopressin ace spray refrig</i>	T3 (NP)	
<i>desmopressin acetate oral</i>	T3 (NP)	
<i>desmopressin acetate spray</i>	T3 (NP)	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )	T4 (SP)	
HEMLIBRA ( <i>emicizumab-kxwh</i> )	T4 (SP)	PA; SP-QTZ
<i>tranexamic acid oral</i>	T2 (PB)	
<b>HEPARINS</b>		
<i>enoxaparin sodium</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
FRAGMIN ( <i>dalteparin sodium</i> )	T3 (NP)	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	T1 (G)	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T3 (NP)	
<b>INDIRECT FACTOR XA INHIBITORS</b>		
<i>fondaparinux sodium</i>	T3 (NP)	
<b>IRON PREPARATIONS</b>		
ATABEX ( <i>prenatal w/o a vit-fe cbn-fa</i> )	T3 PV	
CADEAU DHA	T3 PV	
CENTRUM SPECIALIST PRENATAL ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>classic prenatal</i>	T1 PV	
<i>corvita 150</i>	T1 (G)	
<i>cvs prenatal</i>	T1 PV	
<i>cvs prenatal multi+dha</i>	T1 PV	
<i>cvs prenatal multivitamin</i>	T1 PV	
ENFAMIL EXPECTA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>eqi prenatal formula</i>	T1 PV	
<i>ferotinsic</i>	T1 (G)	
<i>foltrin</i>	T1 (G)	
<i>ft prenatal</i>	T1 PV	
<i>gnp prenatal</i>	T1 PV	
<i>gnp prenatal/folic acid</i>	T1 PV	
HEALTHY MAMA BE WELL ROUNDED ( <i>prenatal-fe bisgly-fa-omega 3</i> )	T3 PV	
<i>kp prenatal multivitamins</i>	T1 PV	
<i>k-tan plus</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
MASONATAL	T3 PV	
<i>multi prenatal</i>	T1 PV	
<i>multi-vitamin/fluorideliron</i>	T1 (G)	
<i>na ferric gluc cplx in sucrose</i>	T1 (G)	
NEONATAL PRENATAL	T3 PV	
NEONATAL VITAMIN ( <i>prenatal vit-fe fumarate-fa</i> )	T3 PV	
ONE VITE WOMENS	T3 PV	
ONE-A-DAY WOMENS PRENATAL 1 ( <i>prenat-fe carbonyl-fa-omega 3</i> )	T3 PV	
<i>pnv-dha</i>	T1 (G)	
<i>pnv-dha+docusate</i>	T1 (G)	
<i>pnv-omega</i>	T1 (G)	
<i>pnv-select</i>	T1 (G)	
<i>polysaccharide iron forte</i>	T1 (G)	
<i>prenatal (wliron &amp; fa)</i>	T1 PV	
<i>prenatal 19 oral tablet 29-1 mg</i>	T1 (G)	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1 (G)	
<i>prenatal complete oral tablet</i>	T1 PV	
<i>prenatal formula</i>	T1 PV	
<i>prenatal forte</i>	T1 PV	
<i>prenatal multi +dha</i>	T1 PV	
PRENATAL MULTIVITAMIN + DHA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>prenatal multivitamin plus dha</i>	T1 PV	
<i>prenatal one daily</i>	T1 PV	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1 PV	
<i>prenatal oral tablet 27-1 mg</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal plus</i>	LCG	
<i>prenatal plus vitamin/mineral</i>	LCG	
<i>prenatal vitamin and mineral</i>	T1 PV	
<i>prenatal vitamins</i>	T1 PV	
<i>prenatal/folic acid+dha</i>	T1 PV	
<i>prenatal/iron</i>	T1 PV	
<i>purevit dualfe plus</i>	T1 (G)	
<i>qc prenatal</i>	T1 PV	
<i>ra prenatal</i>	T1 PV	
<i>ra prenatal formula</i>	T1 PV	
<i>se-tan plus</i>	T1 (G)	
SIMILAC PRENATAL EARLY SHIELD ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
STUART ONE ( <i>prenatal mv-min-fe cbn-fa-dha</i> )	T3 PV	
<i>trigels-f forte</i>	T1 (G)	
<b>LIVER AND STOMACH PREPARATIONS</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1 (G)	
<i>cyanocobalamin nasal</i>	T1 (G)	
<i>hydroxocobalamin acetate</i>	T1 (G)	
NASCOBAL ( <i>cyanocobalamin</i> )	T3 (NP)	
<b>PLATELET-AGGREGATION INHIBITORS</b>		
<i>aspirin 81</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low dose</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b><i>aspirin ec adult low strength oral tablet delayed release 81 mg</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>aspirin ec low dose</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>aspirin ec low strength</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>aspirin low dose</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>aspirin oral tablet chewable</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>aspirin oral tablet delayed release 81 mg</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>aspirin regimen</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>aspirin-dipyridamole er</i></b>	T3 (NP)	
BAYER ASPIRIN EC LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
BAYER LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
BRILINTA ( <i>ticagrelor</i> )	T2 (PB)	
<b><i>childrens aspirin</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>cilostazol</i></b>	T1 (G)	
<b><i>clopidogrel bisulfate oral</i></b>	T1 (G)	
<b><i>cvs aspirin adult low dose</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>cvs aspirin adult low strength</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>cvs aspirin ec</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>cvs aspirin low dose</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>cvs aspirin low strength</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>dipyridamole oral</i></b>	T2 (PB)	
ECOTRIN LOW STRENGTH ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<b><i>eq adult aspirin low strength oral tablet delayed release 81 mg</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>eq aspirin adult low dose</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>eq aspirin low dose</i></b>	T1 PV	\$0 for age less than 55 years
<b><i>eq aspirin low dose oral tablet 81 mg</i></b>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eql aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eql childrens aspirin oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>gnp adult aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>h-e-b aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>kls aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>kp aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>mm aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>prasugrel hcl</i>	T3 (NP)	
<i>qc aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>qc childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec adult low st</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>sb childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>sb low dose asa ec</i>	T1 PV	\$0 for age less than 55 years
ST JOSEPH ASPIRIN ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
ST JOSEPH LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ticagrelor</i>	T2 (PB)	
ZONTIVITY ( <i>vorapaxar sulfate</i> )	T3 (NP)	
<b>PLATELET-REDUCING AGENTS</b>		
<i>anagrelide hcl</i>	T3 (NP)	
<b>THROMBOLYTIC AGENTS</b>		
<i>aspirin 81</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin regimen</i>	T1 PV	\$0 for age less than 55 years
BAYER ASPIRIN EC LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
BAYER LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<i>childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin ec</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low strength</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
ECOTRIN LOW STRENGTH ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose oral tablet 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>eql aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eql childrens aspirin oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>gnp adult aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>h-e-b aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>kls aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>kp aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>mm aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>qc aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>qc childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec adult low st</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>sb childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>sb low dose asa ec</i>	T1 PV	\$0 for age less than 55 years
ST JOSEPH ASPIRIN ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
ST JOSEPH LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<b>VON WILLEBRAND FACTOR-RELATED ANTITHROMB</b>		
CABLIVI ( <i>caplacizumab-yhdp</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>CARDIOVASCULAR DRUGS</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
<i>doxazosin mesylate oral</i>	LCG	
<i>nadolol oral tablet 40 mg</i>	T1 (G)	\$0 HDHP
<i>prazosin hcl oral</i>	LCG	
<i>terazosin hcl</i>	LCG	
<b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN)</b>		
<i>carvedilol</i>	LCG	\$0 HDHP
<i>doxazosin mesylate oral</i>	LCG	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (G)	\$0 HDHP
<i>prazosin hcl oral</i>	LCG	
<i>terazosin hcl</i>	LCG	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS</b>		
ENTRESTO ORAL CAPSULE SPRINKLE ( <i>sacubitril-valsartan</i> )	T2 (PB)	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET ( <i>sacubitril-valsartan</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>sacubitril-valsartan</i>	T2 (PB)	QL (2 EA per 1 day)
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)</b>		
<i>irbesartan</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>losartan potassium oral</i>	LCG	
<i>olmesartan medoxomil oral</i>	T1 (G)	
<i>telmisartan</i>	T1 (G)	
<i>valsartan oral tablet</i>	T1 (G)	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>amlodipine besylate-valsartan</i>	T3 (NP)	
<i>amlodipine-olmesartan</i>	T3 (NP)	
ENTRESTO ORAL CAPSULE SPRINKLE ( <i>sacubitril-valsartan</i> )	T2 (PB)	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET ( <i>sacubitril-valsartan</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>irbesartan</i>	T1 (G)	
<i>irbesartan-hydrochlorothiazide</i>	T1 (G)	
<i>losartan potassium oral</i>	LCG	
<i>losartan potassium-hctz</i>	LCG	
<i>olmesartan medoxomil oral</i>	T1 (G)	
<i>olmesartan medoxomil-hctz</i>	T1 (G)	
<i>sacubitril-valsartan</i>	T2 (PB)	QL (2 EA per 1 day)
<i>telmisartan</i>	T1 (G)	
<i>valsartan oral tablet</i>	T1 (G)	
<i>valsartan-hydrochlorothiazide</i>	T1 (G)	
<b>ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)</b>		
<i>benazepril hcl oral</i>	LCG	\$0 HDHP
<i>enalapril maleate oral tablet</i>	LCG	\$0 HDHP
<i>fosinopril sodium</i>	LCG	\$0 HDHP
<i>lisinopril oral</i>	LCG	\$0 HDHP
<i>quinapril hcl</i>	LCG	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ramipril</i>	LCG	\$0 HDHP
<i>trandolapril</i>	LCG	\$0 HDHP
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS</b>		
<i>amlodipine besylate-benazepril hcl</i>	T1 (G)	
<i>benazepril hcl oral</i>	LCG	\$0 HDHP
<i>enalapril maleate oral tablet</i>	LCG	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	T1 (G)	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	LCG	\$0 HDHP
<i>fosinopril sodium</i>	LCG	\$0 HDHP
<i>lisinopril oral</i>	LCG	\$0 HDHP
<i>lisinopril-hydrochlorothiazide</i>	LCG	\$0 HDHP
<i>quinapril hcl</i>	LCG	\$0 HDHP
<i>quinapril-hydrochlorothiazide</i>	T1 (G)	\$0 HDHP
<i>ramipril</i>	LCG	\$0 HDHP
<i>trandolapril</i>	LCG	\$0 HDHP
<b>ANTIARRHYTHMICS, MISCELLANEOUS</b>		
<i>digoxin oral solution</i>	T3 (NP)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	LCG	
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS</b>		
<i>niacin er (antihyperlipidemic)</i>	T3 (NP)	
<i>omega-3-acid ethyl esters</i>	T3 (NP)	
TRYNGOLZA ( <i>olezarsen sodium</i> )	T4 (SP)	PA; QL (0.03 ML per 1 day)
<b>BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>acebutolol hcl oral</i>	T2 (PB)	
<i>atenolol oral</i>	LCG	\$0 HDHP
<i>atenolol-chlorthalidone</i>	LCG	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>betaxolol hcl oral</i>	T1 (G)	\$0 HDHP
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	LCG	\$0 HDHP
<i>bisoprolol-hydrochlorothiazide</i>	LCG	\$0 HDHP
<i>carvedilol</i>	LCG	\$0 HDHP
<i>doxazosin mesylate oral</i>	LCG	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (G)	\$0 HDHP
<i>metoprolol succinate er</i>	T1 (G)	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	LCG	\$0 HDHP
<i>nadolol oral tablet 40 mg</i>	T1 (G)	\$0 HDHP
<i>nebivolol hcl</i>	T3 (NP)	
<i>pindolol</i>	T3 (NP)	
<i>prazosin hcl oral</i>	LCG	
<i>propranolol hcl er</i>	T3 (NP)	
<i>propranolol hcl intravenous</i>	T1 (G)	
<i>propranolol hcl oral solution</i>	T1 (G)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LCG	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1 (G)	\$0 HDHP
<i>sotalol hcl (af)</i>	T1 (G)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1 (G)	
<i>sotalol hcl oral tablet 80 mg</i>	LCG	
<i>terazosin hcl</i>	LCG	
<i>timolol maleate ophthalmic solution</i>	LCG	
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light</i>	T3 (NP)	
<i>cholestyramine oral</i>	T3 (NP)	
<i>colesevelam hcl oral tablet</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>colestipol hcl</i>	T3 (NP)	
<i>prevalite</i>	T3 (NP)	
<b>BRADYKININ RECEPTORS ANTAGONISTS</b>		
<i>icatibant acetate</i>	T4 (SP)	PA; QL (0.6 ML per 1 day)
<b>CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN)</b>		
<i>cartia xt</i>	T1 (G)	
<i>diltiazem hcl er beads</i>	T1 (G)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1 (G)	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1 (G)	
<i>diltiazem hcl oral</i>	T1 (G)	
<i>dilt-xr</i>	T1 (G)	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1 (G)	
<i>verapamil hcl er oral tablet extended release</i>	T1 (G)	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	LCG	
<i>verapamil hcl oral tablet 40 mg</i>	T1 (G)	
<b>CALCIUM-CHANNEL BLOCKING AGENTS</b>		
<i>cartia xt</i>	T1 (G)	
<i>diltiazem hcl er beads</i>	T1 (G)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1 (G)	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1 (G)	
<i>diltiazem hcl oral</i>	T1 (G)	
<i>dilt-xr</i>	T1 (G)	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>verapamil hcl er oral tablet extended release</i>	T1 (G)	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	LCG	
<i>verapamil hcl oral tablet 40 mg</i>	T1 (G)	
<b>CALCIUM-CHANNEL BLOCKING AGENTS, MISC.</b>		
<i>cartia xt</i>	T1 (G)	
<i>diltiazem hcl er beads</i>	T1 (G)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1 (G)	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1 (G)	
<i>diltiazem hcl oral</i>	T1 (G)	
<i>dilt-xr</i>	T1 (G)	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1 (G)	
<i>verapamil hcl er oral tablet extended release</i>	T1 (G)	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	LCG	
<i>verapamil hcl oral tablet 40 mg</i>	T1 (G)	
<b>CARBONIC ANHYDRASE INHIBITORS (24:36)</b>		
<i>acetazolamide er</i>	T3 (NP)	
<i>acetazolamide oral</i>	T3 (NP)	
<b>CARBONIC ANHYDRASE INHIBITORS(HYPOTEN)</b>		
<i>acetazolamide er</i>	T3 (NP)	
<i>acetazolamide oral</i>	T3 (NP)	
<b>CARDIAC DRUGS, MISCELLANEOUS</b>		
CORLANOR ORAL SOLUTION ( <i>ivabradine hcl</i> )	T3 (NP)	QL (15 ML per 1 day)
CORLANOR ORAL TABLET ( <i>ivabradine hcl</i> )	T3 (NP)	QL (2 EA per 1 day)
<i>ivabradine hcl</i>	T1 (G)	QL (2 EA per 1 day)
<i>ranolazine er</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
VYNDAMAX ( <i>tafamidis</i> )	T4 (SP)	PA; SP-ORx; QL (1 EA per 1 day)
<b>CARDIOTONIC AGENTS</b>		
CORLANOR ORAL SOLUTION ( <i>ivabradine hcl</i> )	T3 (NP)	QL (15 ML per 1 day)
CORLANOR ORAL TABLET ( <i>ivabradine hcl</i> )	T3 (NP)	QL (2 EA per 1 day)
<i>digoxin oral solution</i>	T3 (NP)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	LCG	
<i>ivabradine hcl</i>	T1 (G)	QL (2 EA per 1 day)
<b>CENTRAL ALPHA-AGONISTS</b>		
<i>acebutolol hcl oral</i>	T2 (PB)	
<i>atenolol oral</i>	LCG	\$0 HDHP
<i>atenolol-chlorthalidone</i>	LCG	\$0 HDHP
<i>betaxolol hcl oral</i>	T1 (G)	\$0 HDHP
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	LCG	\$0 HDHP
<i>bisoprolol-hydrochlorothiazide</i>	LCG	\$0 HDHP
<i>carvedilol</i>	LCG	\$0 HDHP
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	LCG	
<i>clonidine hcl oral tablet 0.3 mg</i>	T1 (G)	
<i>guanfacine hcl</i>	LCG	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (G)	\$0 HDHP
<i>methyldopa</i>	LCG	
<i>metoprolol succinate er</i>	T1 (G)	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	LCG	\$0 HDHP
<i>nadolol oral tablet 40 mg</i>	T1 (G)	\$0 HDHP
<i>nebivolol hcl</i>	T3 (NP)	
<i>pindolol</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>propranolol hcl er</i>	T3 (NP)	
<i>propranolol hcl intravenous</i>	T1 (G)	
<i>propranolol hcl oral solution</i>	T1 (G)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LCG	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1 (G)	\$0 HDHP
<i>sotalol hcl (af)</i>	T1 (G)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1 (G)	
<i>sotalol hcl oral tablet 80 mg</i>	LCG	
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe</i>	T1 (G)	
<i>ezetimibe-simvastatin</i>	T3 (NP)	
<b>CLASS IA ANTIARRHYTHMICS</b>		
<i>disopyramide phosphate</i>	T3 (NP)	
<i>procainamide hcl injection solution 100 mg/ml</i>	T3 (NP)	
<i>quinidine sulfate</i>	T1 (G)	
<b>CLASS IB ANTIARRHYTHMICS</b>		
<i>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</i>	T3 (NP)	
<i>mexiletine hcl oral</i>	T3 (NP)	
<i>phenytek</i>	T3 (NP)	
<i>phenytoin infatabs</i>	T1 (G)	
<i>phenytoin oral</i>	T1 (G)	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1 (G)	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	T3 (NP)	
<i>phenytoin sodium injection</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>CLASS IC ANTIARRHYTHMICS</b>		
<i>flecainide acetate</i>	T1 (G)	
<i>propafenone hcl</i>	T1 (G)	
<b>CLASS II ANTIARRHYTHMICS</b>		
<i>acebutolol hcl oral</i>	T2 (PB)	
<i>atenolol oral</i>	LCG	\$0 HDHP
<i>betaxolol hcl ophthalmic</i>	T1 (G)	
<i>betaxolol hcl oral</i>	T1 (G)	\$0 HDHP
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	LCG	\$0 HDHP
<i>carvedilol</i>	LCG	\$0 HDHP
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (G)	\$0 HDHP
<i>metoprolol succinate er</i>	T1 (G)	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	LCG	\$0 HDHP
<i>nadolol oral tablet 40 mg</i>	T1 (G)	\$0 HDHP
<i>nebivolol hcl</i>	T3 (NP)	
<i>pindolol</i>	T3 (NP)	
<i>propranolol hcl er</i>	T3 (NP)	
<i>propranolol hcl intravenous</i>	T1 (G)	
<i>propranolol hcl oral solution</i>	T1 (G)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LCG	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1 (G)	\$0 HDHP
<i>sotalol hcl (af)</i>	T1 (G)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1 (G)	
<i>sotalol hcl oral tablet 80 mg</i>	LCG	
<i>timolol maleate ophthalmic solution</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>CLASS III ANTIARRHYTHMICS</b>		
<i>amiodarone hcl oral tablet 200 mg</i>	T1 (G)	
<i>dofetilide</i>	T3 (NP)	
<i>sotalol hcl (af)</i>	T1 (G)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1 (G)	
<i>sotalol hcl oral tablet 80 mg</i>	LCG	
<b>CLASS IV ANTIARRHYTHMICS</b>		
<i>cartia xt</i>	T1 (G)	
<i>diltiazem hcl er beads</i>	T1 (G)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1 (G)	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1 (G)	
<i>diltiazem hcl oral</i>	T1 (G)	
<i>dilt-xr</i>	T1 (G)	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1 (G)	
<i>verapamil hcl er oral tablet extended release</i>	T1 (G)	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	LCG	
<i>verapamil hcl oral tablet 40 mg</i>	T1 (G)	
<b>DIHYDROPYRIDINES</b>		
<i>amlodipine besylate oral</i>	LCG	
<i>amlodipine besylate-benazepril hcl</i>	T1 (G)	
<i>amlodipine besylate-valsartan</i>	T3 (NP)	
<i>amlodipine-olmesartan</i>	T3 (NP)	
<i>felodipine er</i>	T1 (G)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (G)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nimodipine oral capsule</i>	T3 (NP)	
<b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE)</b>		
<i>amlodipine besylate oral</i>	LCG	
<i>felodipine er</i>	T1 (G)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (G)	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (G)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nimodipine oral capsule</i>	T3 (NP)	
<b>DIRECT VASODILATORS</b>		
<i>clonidine hcl er</i>	T1 (G)	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	LCG	
<i>clonidine hcl oral tablet 0.3 mg</i>	T1 (G)	
<i>guanfacine hcl</i>	LCG	
<i>hydralazine hcl oral</i>	LCG	
<i>methyldopa</i>	LCG	
<i>minoxidil oral</i>	T1 (G)	
<b>DIURETICS, MISCELLANEOUS (HYPOTENSIVE)</b>		
<i>theophylline er</i>	T3 (NP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>FIBRIC ACID DERIVATIVES</b>		
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	T1 (G)	
<i>fenofibrate micronized oral capsule 200 mg, 43 mg</i>	T3 (NP)	
<i>fenofibrate oral capsule 134 mg, 67 mg</i>	T1 (G)	
<i>fenofibrate oral capsule 200 mg</i>	T3 (NP)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1 (G)	
<i>fenofibric acid oral capsule delayed release</i>	T3 (NP)	
<i>gemfibrozil oral</i>	LCG	
<b>HMG-COA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	LCG PV	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	LCG	\$0 HDHP
<i>ezetimibe-simvastatin</i>	T3 (NP)	
<i>fluvastatin sodium</i>	T3 (NP)	\$0 if age 40-75
<i>lovastatin oral</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>pravastatin sodium</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>rosuvastatin calcium oral</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>simvastatin oral</i>	LCG PV	\$0 HDHP; \$0 if age 40-75
<b>LOOP DIURETICS (24:36)</b>		
<i>bumetanide oral</i>	T1 (G)	
<i>ethacrynic acid</i>	T3 (NP)	
<i>furosemide injection</i>	T1 (G)	
<i>furosemide oral solution 10 mg/ml</i>	LCG	
<i>furosemide oral solution 8 mg/ml</i>	T1 (G)	
<i>furosemide oral tablet</i>	LCG	
<i>torsemide</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>LOOP DIURETICS (HYPOTENSIVE AGENTS)</b>		
<i>bumetanide oral</i>	T1 (G)	
<i>ethacrynic acid</i>	T3 (NP)	
<i>furosemide injection</i>	T1 (G)	
<i>furosemide oral solution 10 mg/ml</i>	LCG	
<i>furosemide oral solution 8 mg/ml</i>	T1 (G)	
<i>furosemide oral tablet</i>	LCG	
<i>torsemide</i>	LCG	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS</b>		
<i>eplerenone</i>	T3 (NP)	
<i>spironolactone oral tablet</i>	LCG	
<i>spironolactone-hctz</i>	LCG	
<b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT)</b>		
<i>eplerenone</i>	T3 (NP)	
<i>spironolactone oral tablet</i>	LCG	
<b>NITRATES AND NITRITES</b>		
<i>acebutolol hcl oral</i>	T2 (PB)	
<i>atenolol oral</i>	LCG	\$0 HDHP
<i>betaxolol hcl oral</i>	T1 (G)	\$0 HDHP
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	LCG	\$0 HDHP
<i>carvedilol</i>	LCG	\$0 HDHP
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1 (G)	
<i>isosorbide mononitrate</i>	T1 (G)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	T1 (G)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (G)	\$0 HDHP
<i>metoprolol succinate er</i>	T1 (G)	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	LCG	\$0 HDHP
<i>nadolol oral tablet 40 mg</i>	T1 (G)	\$0 HDHP
<i>nitroglycerin rectal</i>	T1 (G)	
<i>nitroglycerin sublingual</i>	T1 (G)	
<i>nitroglycerin transdermal</i>	T1 (G)	
<i>pindolol</i>	T3 (NP)	
<i>propranolol hcl er</i>	T3 (NP)	
<i>propranolol hcl intravenous</i>	T1 (G)	
<i>propranolol hcl oral solution</i>	T1 (G)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LCG	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1 (G)	\$0 HDHP
RECTIV ( <i>nitroglycerin</i> )	T3 (NP)	
<i>sotalol hcl (af)</i>	T1 (G)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1 (G)	
<i>sotalol hcl oral tablet 80 mg</i>	LCG	
<b>OMEGA-3-MEDIATED ANTILIPEMICS</b>		
<i>omega-3-acid ethyl esters</i>	T3 (NP)	
<b>OSMOTIC DIURETICS (24:36)</b>		
<i>mannitol intravenous solution 20 %</i>	T3 (NP)	
<b>OSMOTIC DIURETICS (HYPOTENSIVE AGENTS)</b>		
<i>mannitol intravenous solution 20 %</i>	T3 (NP)	
<b>PCSK9 INHIBITORS</b>		
REPATHA ( <i>evolocumab</i> )	T2 (PB)	SP-QTZ; QL (0.11 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
REPATHA SURECLICK ( <i>evolocumab</i> )	T2 (PB)	SP-QTZ; QL (0.11 ML per 1 day)
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS</b>		
<i>alyq</i>	T4 (SP)	PA; QL (2 EA per 1 day)
<i>aspirin-dipyridamole er</i>	T3 (NP)	
<i>cilostazol</i>	T1 (G)	
<i>dipyridamole oral</i>	T2 (PB)	
<i>sildenafil citrate oral suspension reconstituted</i>	T4 (SP)	PA; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	T4 (SP)	PA; QL (3 EA per 1 day)
<i>tadalafil (pah)</i>	T4 (SP)	PA; QL (2 EA per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1 (G)	PA; QL (1 EA per 1 day)
<b>POTASSIUM-SPARING DIURETIC</b>		
<i>amiloride hcl oral</i>	T1 (G)	
<i>eplerenone</i>	T3 (NP)	
<i>spironolactone oral tablet</i>	LCG	
<i>spironolactone-hctz</i>	LCG	
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN)</b>		
<i>amiloride hcl oral</i>	T1 (G)	
<i>eplerenone</i>	T3 (NP)	
<i>spironolactone oral tablet</i>	LCG	
<b>RENIN INHIBITORS</b>		
<i>aliskiren fumarate</i>	T3 (NP)	
<b>RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC</b>		
ENTRESTO ORAL CAPSULE SPRINKLE ( <i>sacubitril-valsartan</i> )	T2 (PB)	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET ( <i>sacubitril-valsartan</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>sacubitril-valsartan</i>	T2 (PB)	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>STEROIDAL MINERALOCORTICOID RECEPTOR ANT</b>		
<i>eplerenone</i>	T3 (NP)	
<i>spironolactone oral tablet</i>	LCG	
<i>spironolactone-hctz</i>	LCG	
<b>THIAZIDE DIURETICS (24:36)</b>		
<i>hydrochlorothiazide oral</i>	LCG	
<b>THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)</b>		
<i>hydrochlorothiazide oral</i>	LCG	
<b>THIAZIDE-LIKE DIURETICS (24:36)</b>		
<i>chlorthalidone</i>	LCG	
<i>indapamide</i>	LCG	
<i>metolazone oral tablet 10 mg</i>	T1 (G)	
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	T3 (NP)	
<b>THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT)</b>		
<i>chlorthalidone</i>	LCG	
<i>indapamide</i>	LCG	
<i>metolazone oral tablet 10 mg</i>	T1 (G)	
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	T3 (NP)	
<b>VASODILATING AGENTS, MISCELLANEOUS</b>		
<i>ambrisentan</i>	T4 (SP)	PA; QL (1 EA per 1 day)
<i>amlodipine besylate oral</i>	LCG	
<i>bosentan oral tablet</i>	T4 (SP)	PA; QL (2 EA per 1 day)
<i>bosentan oral tablet soluble</i>	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
<i>cartia xt</i>	T1 (G)	
CORLANOR ORAL SOLUTION ( <i>ivabradine hcl</i> )	T3 (NP)	QL (15 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
CORLANOR ORAL TABLET ( <i>ivabradine hcl</i> )	T3 (NP)	QL (2 EA per 1 day)
<i>diltiazem hcl er beads</i>	T1 (G)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1 (G)	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1 (G)	
<i>diltiazem hcl oral</i>	T1 (G)	
<i>dilt-xr</i>	T1 (G)	
<i>dipyridamole oral</i>	T2 (PB)	
<i>ivabradine hcl</i>	T1 (G)	QL (2 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (G)	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (G)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nimodipine oral capsule</i>	T3 (NP)	
OPSUMIT ( <i>macitentan</i> )	T4 (SP)	PA; QL (1 EA per 1 day)
<i>phenoxybenzamine hcl oral</i>	T3 (NP)	PA
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1 (G)	
TRACLEER ORAL TABLET SOLUBLE ( <i>bosentan</i> )	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
<i>treprostinil</i>	T4 (SP)	PA
TYVASO ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO REFILL KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
VENTAVIS ( <i>iloprost</i> )	T4 (SP)	PA; QL (9 ML per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	T1 (G)	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	LCG	
<i>verapamil hcl oral tablet 40 mg</i>	T1 (G)	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>		
<b>ADAMANTANES (CNS)</b>		
<i>amantadine hcl oral capsule</i>	T1 (G)	
<i>amantadine hcl oral solution</i>	T1 (G)	
<b>AMPHETAMINES</b>		
<i>amphetamine sulfate</i>	T3 (NP)	QL (6 EA per 1 day)
<i>amphetamine-dextroamphetamine er</i>	T1 (G)	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	T3 (NP)	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	T3 (NP)	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T3 (NP)	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	T3 (NP)	QL (60 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1 (G)	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>lisdexamfetamine dimesylate</i>	T2 (PB)	QL (1 EA per 1 day)
<i>methamphetamine hcl</i>	T1 (G)	QL (5 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT</b>		
<i>riluzole</i>	T3 (NP)	
<b>ANALGESICS AND ANTIPYRETICS, MISC.</b>		
<i>acetaminophen-codeine oral solution</i>	T1 (G)	QL (166.5 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T1 (G)	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T1 (G)	QL (10 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	T3 (NP)	PA; QL (10 EA per 1 day)
<i>bac (butalbital-acetamin-caff)</i>	T1 (G)	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1 (G)	
<i>butalbital-apap-caff-cod</i>	T3 (NP)	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1 (G)	
<i>butalbital-apap-caffeine oral tablet</i>	T1 (G)	
<i>endocet oral tablet 10-325 mg</i>	T1 (G)	QL (6 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	T1 (G)	QL (12 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	T1 (G)	QL (8 EA per 1 day)
<i>gabapentin oral capsule</i>	T1 (G)	
<i>gabapentin oral solution</i>	T1 (G)	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1 (G)	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1 (G)	QL (180 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T1 (G)	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	T1 (G)	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1 (G)	QL (12 EA per 1 day)
ILARIS ( <i>canakinumab</i> )	T4 (SP)	PA; QL (0.08 ML per 1 day)
JOURNAVX ( <i>suzetrigine</i> )	T3 (NP)	QL (2.5 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1 (G)	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	T1 (G)	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	T1 (G)	QL (8 EA per 1 day)
<i>tramadol-acetaminophen</i>	T1 (G)	QL (6 EA per 1 day)
<b>ANOREXIGENIC AGENTS, MISCELLANEOUS</b>		
<i>liraglutide</i>	T2 (PB)	PA; \$0 HDHP; QL (0.3 ML per 1 day)
<b>ANTICHOLINERGIC AGENTS (CNS)</b>		
<i>benztropine mesylate injection</i>	T1 (G)	
<i>benztropine mesylate oral</i>	LCG	
<i>diphenhydramine hcl injection</i>	T1 (G)	
<i>orphenadrine citrate er</i>	T1 (G)	QL (2 EA per 1 day)
<i>trihexyphenidyl hcl oral solution</i>	T1 (G)	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	LCG	
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	T1 (G)	
<b>ANTICONVULSANTS, MISCELLANEOUS</b>		
<i>acetazolamide er</i>	T3 (NP)	
<i>acetazolamide oral</i>	T3 (NP)	
BRIVIACT ORAL ( <i>brivaracetam</i> )	T3 (NP)	
<i>carbamazepine er</i>	T3 (NP)	
<i>carbamazepine oral suspension</i>	T1 (G)	
<i>carbamazepine oral tablet</i>	LCG	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1 (G)	
DIACOMIT ( <i>stiripentol</i> )	T4 (SP)	PA
<i>divalproex sodium er</i>	T1 (G)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>divalproex sodium oral tablet delayed release</i>	T1 (G)	
EPIDIOLEX ( <i>cannabidiol</i> )	T4 (SP)	PA
FYCOMPA ( <i>perampanel</i> )	T3 (NP)	
<i>gabapentin oral capsule</i>	T1 (G)	
<i>gabapentin oral solution</i>	T1 (G)	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1 (G)	
<i>lacosamide oral solution</i>	T1 (G)	
<i>lacosamide oral tablet</i>	T3 (NP)	
<i>lamotrigine er</i>	T3 (NP)	
<i>lamotrigine oral tablet</i>	T1 (G)	
<i>lamotrigine oral tablet chewable</i>	T1 (G)	
<i>lamotrigine oral tablet dispersible</i>	T3 (NP)	
<i>levetiracetam er</i>	T3 (NP)	
<i>levetiracetam oral solution</i>	T1 (G)	
<i>levetiracetam oral tablet</i>	T1 (G)	
<i>oxcarbazepine oral suspension</i>	T3 (NP)	
<i>oxcarbazepine oral tablet</i>	T1 (G)	
<i>perampanel</i>	T3 (NP)	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	T3 (NP)	QL (30 ML per 1 day)
<i>roweepra</i>	T1 (G)	
<i>rufinamide</i>	T3 (NP)	PA
<i>subvenite</i>	T1 (G)	
<i>tiagabine hcl</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>topiramate oral capsule sprinkle 15 mg</b>	T1 (G)	
<b>topiramate oral capsule sprinkle 25 mg</b>	T3 (NP)	
<b>topiramate oral tablet</b>	T1 (G)	
<b>valproate sodium intravenous</b>	T1 (G)	
<b>valproic acid oral</b>	LCG	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <b>cenobamate</b> )	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 ( <b>cenobamate</b> )	T3 (NP)	
<b>zonisamide oral</b>	T1 (G)	
<b>ANTIDEPRESSANTS, MISCELLANEOUS</b>		
<b>bupropion hcl er (smoking det)</b>	LCG PV	\$0 for 180 days/year
<b>bupropion hcl er (sr)</b>	T1 (G)	QL (2 EA per 1 day)
<b>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</b>	T1 (G)	QL (3 EA per 1 day)
<b>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</b>	T1 (G)	QL (1 EA per 1 day)
<b>bupropion hcl oral</b>	T1 (G)	
<b>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</b>	LCG	
<b>ANTIMANIC AGENTS</b>		
ABILIFY MAINTENA ( <b>aripiprazole</b> )	T3 (NP)	
<b>aripiprazole oral tablet</b>	T1 (G)	QL (1 EA per 1 day)
<b>asenapine maleate</b>	T3 (NP)	QL (2 EA per 1 day)
<b>carbamazepine er</b>	T3 (NP)	
<b>carbamazepine oral suspension</b>	T1 (G)	
<b>carbamazepine oral tablet</b>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carbamazepine oral tablet chewable 100 mg</i>	T1 (G)	
<i>divalproex sodium er</i>	T1 (G)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T3 (NP)	
<i>divalproex sodium oral tablet delayed release</i>	T1 (G)	
<i>lamotrigine er</i>	T3 (NP)	
<i>lamotrigine oral tablet</i>	T1 (G)	
<i>lamotrigine oral tablet chewable</i>	T1 (G)	
<i>lamotrigine oral tablet dispersible</i>	T3 (NP)	
<i>lithium</i>	T1 (G)	
<i>lithium carbonate er</i>	LCG	
<i>lithium carbonate oral</i>	LCG	
<i>olanzapine intramuscular</i>	T3 (NP)	
<i>olanzapine oral tablet</i>	T1 (G)	QL (1 EA per 1 day)
<i>quetiapine fumarate er</i>	T1 (G)	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>risperidone oral tablet</i>	T1 (G)	QL (2 EA per 1 day)
<i>subvenite</i>	T1 (G)	
<i>valproate sodium intravenous</i>	T1 (G)	
<i>valproic acid oral</i>	LCG	
<i>ziprasidone hcl</i>	T3 (NP)	QL (2 EA per 1 day)
<b>ANTIMIGRAINE AGENTS, MISCELLANEOUS</b>		
<i>aspirin 81</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin regimen</i>	T1 PV	\$0 for age less than 55 years
BAYER ASPIRIN EC LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
BAYER LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<i>butorphanol tartrate injection</i>	T1 (G)	
<i>butorphanol tartrate nasal</i>	T3 (NP)	QL (2.5 ML per 1 fill)
<i>childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin ec</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
<i>dihydroergotamine mesylate injection</i>	T3 (NP)	PA; QL (0.86 ML per 1 day)
<i>divalproex sodium er</i>	T1 (G)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T3 (NP)	
<i>divalproex sodium oral tablet delayed release</i>	T1 (G)	
ECOTRIN LOW STRENGTH ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eq aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose oral tablet 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eql childrens aspirin oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
ERGOMAR ( <i>ergotamine tartrate</i> )	T3 (NP)	
<i>ergotamine-caffeine</i>	T3 (NP)	PA; QL (0.86 EA per 1 day)
<i>ft aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>gnp adult aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>h-e-b aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T1 (G)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	LCG	
<i>ketoprofen oral</i>	T1 (G)	
<i>kls aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>kp aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>mm aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>naproxen oral tablet 250 mg</i>	T1 (G)	
<i>naproxen oral tablet 375 mg, 500 mg</i>	LCG	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1 (G)	
<i>propranolol hcl er</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>propranolol hcl intravenous</i>	T1 (G)	
<i>propranolol hcl oral solution</i>	T1 (G)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LCG	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1 (G)	\$0 HDHP
<i>qc aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>qc childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec adult low st</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>sb childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>sb low dose asa ec</i>	T1 PV	\$0 for age less than 55 years
ST JOSEPH ASPIRIN ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
ST JOSEPH LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<i>topiramate oral capsule sprinkle 15 mg</i>	T1 (G)	
<i>topiramate oral capsule sprinkle 25 mg</i>	T3 (NP)	
<i>topiramate oral tablet</i>	T1 (G)	
<i>valproate sodium intravenous</i>	T1 (G)	
<i>valproic acid oral</i>	LCG	
<b>ANTIPSYCHOTICS, MISCELLANEOUS</b>		
<i>loxapine succinate</i>	T3 (NP)	
<i>pimozide</i>	T3 (NP)	
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC</b>		
BELSOMRA ( <i>suvorexant</i> )	T3 (NP)	QL (1 EA per 1 day)
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>buspirone hcl oral tablet 15 mg, 30 mg</i>	T1 (G)	
DAYVIGO ( <i>lemborexant</i> )	T3 (NP)	
<i>diphenhydramine hcl injection</i>	T1 (G)	
<i>droperidol injection</i>	T1 (G)	
<i>eszopiclone</i>	T1 (G)	QL (1 EA per 1 day)
<i>hydroxyzine hcl oral</i>	LCG	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T3 (NP)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	LCG	
<i>meprobamate</i>	T3 (NP)	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	LCG	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1 (G)	
<i>promethazine hcl oral tablet 25 mg</i>	LCG	
<i>promethazine hcl rectal</i>	T3 (NP)	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	LCG	
<i>ramelteon</i>	T3 (NP)	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	T1 (G)	QL (1 EA per 1 day)
<i>zolpidem tartrate er</i>	T1 (G)	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	T1 (G)	QL (1 EA per 1 day)
<b>ATYPICAL ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA ( <i>aripiprazole</i> )	T3 (NP)	
<i>aripiprazole oral tablet</i>	T1 (G)	QL (1 EA per 1 day)
<i>asenapine maleate</i>	T3 (NP)	QL (2 EA per 1 day)
<i>clozapine oral tablet 100 mg, 25 mg</i>	T2 (PB)	QL (9 EA per 1 day)
<i>clozapine oral tablet 200 mg</i>	T2 (PB)	QL (4 EA per 1 day)
<i>clozapine oral tablet 50 mg</i>	T2 (PB)	QL (6 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
FANAPT ( <i>iloperidone</i> )	T3 (NP)	QL (2 EA per 1 day)
FANAPT TITRATION PACK A ( <i>iloperidone</i> )	T3 (NP)	QL (16 EA per 365 days)
FANAPT TITRATION PACK B ( <i>iloperidone</i> )	T3 (NP)	QL (24 EA per 365 days)
FANAPT TITRATION PACK C ( <i>iloperidone</i> )	T3 (NP)	QL (16 EA per 365 days)
INVEGA HAFYERA ( <i>paliperidone palmitate</i> )	T3 (NP)	
INVEGA SUSTENNA ( <i>paliperidone palmitate</i> )	T3 (NP)	
INVEGA TRINZA ( <i>paliperidone palmitate</i> )	T3 (NP)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1 (G)	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>olanzapine intramuscular</i>	T3 (NP)	
<i>olanzapine oral tablet</i>	T1 (G)	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3 (NP)	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3 (NP)	QL (2 EA per 1 day)
<i>quetiapine fumarate er</i>	T1 (G)	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	T1 (G)	QL (2 EA per 1 day)
REXULTI ( <i>brexpiprazole</i> )	T3 (NP)	QL (1 EA per 1 day)
<i>risperidone oral tablet</i>	T1 (G)	QL (2 EA per 1 day)
<i>ziprasidone hcl</i>	T3 (NP)	QL (2 EA per 1 day)
<b>BARBITURATES (ANTICONVULSANTS)</b>		
<i>phenobarbital oral</i>	T1 (G)	
<i>phenobarbital sodium injection</i>	T1 (G)	
<i>primidone oral tablet 250 mg, 50 mg</i>	LCG	
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)</b>		
<i>ascomp-codeine</i>	T3 (NP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bac (butalbital-acetamin-caff)</i>	T1 (G)	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1 (G)	
<i>butalbital-apap-caff-cod</i>	T3 (NP)	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1 (G)	
<i>butalbital-apap-caffeine oral tablet</i>	T1 (G)	
<i>butalbital-asa-caff-codeine</i>	T3 (NP)	
<i>butalbital-aspirin-caffeine</i>	T1 (G)	
<i>pentobarbital sodium injection</i>	T1 (G)	
<i>phenobarbital oral</i>	T1 (G)	
<i>phenobarbital sodium injection</i>	T1 (G)	
<b>BENZODIAZEPINES (ANTICONVULSANTS)</b>		
<i>clobazam oral tablet</i>	T2 (PB)	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	T1 (G)	QL (10 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T3 (NP)	QL (6 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	T3 (NP)	QL (24 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	T3 (NP)	QL (12 EA per 1 day)
<i>diazepam intensol</i>	T2 (PB)	
<i>diazepam oral concentrate</i>	T2 (PB)	
<i>diazepam oral solution</i>	T2 (PB)	
<i>diazepam oral tablet</i>	T1 (G)	
<i>diazepam rectal</i>	T3 (NP)	QL (2 EA per 1 fill)
<i>lorazepam injection</i>	T1 (G)	
<i>lorazepam intensol</i>	T3 (NP)	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	T3 (NP)	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1 (G)	QL (3 EA per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>lorazepam oral tablet 2 mg</b>	T1 (G)	QL (5 EA per 1 day)
NAYZILAM ( <i>midazolam (anticonvulsant)</i> )	T3 (NP)	
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)</b>		
<b>alprazolam er oral tablet extended release 24 hour 0.5 mg</b>	T2 (PB)	QL (1 EA per 1 day)
<b>alprazolam er oral tablet extended release 24 hour 1 mg</b>	T1 (G)	QL (1 EA per 1 day)
<b>alprazolam er oral tablet extended release 24 hour 2 mg</b>	T2 (PB)	QL (5 EA per 1 day)
<b>alprazolam er oral tablet extended release 24 hour 3 mg</b>	T2 (PB)	QL (3 EA per 1 day)
<b>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</b>	T1 (G)	QL (4 EA per 1 day)
<b>alprazolam oral tablet 2 mg</b>	T1 (G)	QL (5 EA per 1 day)
<b>alprazolam xr oral tablet extended release 24 hour 0.5 mg</b>	T2 (PB)	QL (1 EA per 1 day)
<b>alprazolam xr oral tablet extended release 24 hour 1 mg</b>	T1 (G)	QL (1 EA per 1 day)
<b>alprazolam xr oral tablet extended release 24 hour 2 mg</b>	T2 (PB)	QL (5 EA per 1 day)
<b>alprazolam xr oral tablet extended release 24 hour 3 mg</b>	T2 (PB)	QL (3 EA per 1 day)
<b>chlordiazepoxide hcl oral capsule 10 mg</b>	T1 (G)	QL (30 EA per 1 day)
<b>chlordiazepoxide hcl oral capsule 25 mg</b>	T1 (G)	QL (12 EA per 1 day)
<b>chlordiazepoxide hcl oral capsule 5 mg</b>	T1 (G)	QL (4 EA per 1 day)
<b>chlordiazepoxide-amitriptyline</b>	T1 (G)	
<b>clobazam oral tablet</b>	T2 (PB)	PA
<b>clonazepam oral tablet 0.5 mg, 1 mg</b>	T1 (G)	QL (3 EA per 1 day)
<b>clonazepam oral tablet 2 mg</b>	T1 (G)	QL (10 EA per 1 day)
<b>clorazepate dipotassium oral tablet 15 mg</b>	T3 (NP)	QL (6 EA per 1 day)
<b>clorazepate dipotassium oral tablet 3.75 mg</b>	T3 (NP)	QL (24 EA per 1 day)
<b>clorazepate dipotassium oral tablet 7.5 mg</b>	T3 (NP)	QL (12 EA per 1 day)
<b>diazepam intensol</b>	T2 (PB)	
<b>diazepam oral concentrate</b>	T2 (PB)	
<b>diazepam oral solution</b>	T2 (PB)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diazepam oral tablet</i>	T1 (G)	
<i>diazepam rectal</i>	T3 (NP)	QL (2 EA per 1 fill)
<i>estazolam</i>	T1 (G)	QL (1 EA per 1 day)
<i>flurazepam hcl oral capsule 15 mg</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>lorazepam injection</i>	T1 (G)	
<i>lorazepam intensol</i>	T3 (NP)	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	T3 (NP)	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	T1 (G)	QL (5 EA per 1 day)
<i>midazolam hcl solution 2 mg/2ml injection</i>	T3 (NP)	
NAYZILAM ( <i>midazolam (anticonvulsant)</i> )	T3 (NP)	
<i>oxazepam</i>	T3 (NP)	QL (4 EA per 1 day)
<i>quazepam</i>	T3 (NP)	QL (1 EA per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1 (G)	QL (1 EA per 1 day)
<i>triazolam</i>	T1 (G)	QL (2 EA per 1 day)
<b>BUTYROPHENONES</b>		
<i>haloperidol decanoate intramuscular</i>	T1 (G)	
<i>haloperidol lactate injection</i>	T1 (G)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1 (G)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	LCG	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	T1 (G)	
<b>CALCITONIN GENE-RELATED PEPTIDE ANTAG.</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	T2 (PB)	PA; QL (0.04 ML per 1 day)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	T2 (PB)	PA; QL (0.07 ML per 1 day)
AJOVY ( <i>fremanezumab-vfrm</i> )	T2 (PB)	PA; QL (0.06 ML per 1 day)

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	T2 (PB)	PA; QL (0.1 ML per 1 day)
NURTEC ( <i>rimegepant sulfate</i> )	T2 (PB)	PA; QL (0.54 EA per 1 day)
UBRELVY ( <i>ubrogepant</i> )	T2 (PB)	PA; QL (0.54 EA per 1 day)
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg</i>	T3 (NP)	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	T1 (G)	
<i>entacapone</i>	T3 (NP)	
<i>tolcapone</i>	T1 (G)	
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC.</b>		
<i>acamprosate calcium</i>	LCG	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	T2 (PB)	QL (1 EA per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	T3 (NP)	QL (1 EA per 1 day)
<i>guanfacine hcl</i>	LCG	
<i>guanfacine hcl er</i>	T3 (NP)	
<i>memantine hcl er</i>	T3 (NP)	QL (1 EA per 1 day)
<i>memantine hcl oral solution</i>	T3 (NP)	
<i>memantine hcl oral tablet</i>	T1 (G)	
<i>riluzole</i>	T3 (NP)	
VYNDAMAX ( <i>tafamidis</i> )	T4 (SP)	PA; SP-ORx; QL (1 EA per 1 day)
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS</b>		
<i>celecoxib oral</i>	T1 (G)	QL (2 EA per 1 day)
<b>DIBENZOXAPINES</b>		
<i>loxapine succinate</i>	T3 (NP)	

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
<b>DIPHENYLBUTYLPERIDINES</b>		
<i>pimozide</i>	T3 (NP)	
<b>DOPAMINE PRECURSORS</b>		
<i>carbidopa oral</i>	T3 (NP)	
<i>carbidopa-levodopa</i>	T1 (G)	
<i>carbidopa-levodopa er</i>	T1 (G)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg</i>	T3 (NP)	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	T1 (G)	
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS</b>		
<i>bromocriptine mesylate oral</i>	T3 (NP)	
<i>cabergoline</i>	T1 (G)	
<b>FIBROMYALGIA AGENTS</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	T3 (NP)	QL (30 ML per 1 day)
SAVELLA ( <i>milnacipran hcl</i> )	T3 (NP)	QL (2 EA per 1 day)
SAVELLA TITRATION PACK ( <i>milnacipran hcl</i> )	T3 (NP)	QL (110 EA per 365 days)
<b>GABA-MEDIATED ANTICONVULSANTS</b>		
DIACOMIT ( <i>stiripentol</i> )	T4 (SP)	PA
<i>divalproex sodium er</i>	T1 (G)	
<i>divalproex sodium oral tablet delayed release</i>	T1 (G)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i><b>gabapentin oral capsule</b></i>	T1 (G)	
<i><b>gabapentin oral solution</b></i>	T1 (G)	
<i><b>gabapentin oral tablet 600 mg, 800 mg</b></i>	T1 (G)	
<i><b>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</b></i>	T1 (G)	QL (3 EA per 1 day)
<i><b>pregabalin oral capsule 300 mg</b></i>	T1 (G)	QL (2 EA per 1 day)
<i><b>pregabalin oral solution</b></i>	T3 (NP)	QL (30 ML per 1 day)
<i><b>tiagabine hcl</b></i>	T3 (NP)	
<i><b>valproate sodium intravenous</b></i>	T1 (G)	
<i><b>valproic acid oral solution</b></i>	LCG	
<b>HYDANTOINS</b>		
<i><b>DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)</b></i>	T3 (NP)	
<i><b>fosphenytoin sodium injection solution 500 mg pe/10ml</b></i>	T1 (G)	
<i><b>phenytek</b></i>	T3 (NP)	
<i><b>phenytoin infatabs</b></i>	T1 (G)	
<i><b>phenytoin oral</b></i>	T1 (G)	
<i><b>phenytoin sodium extended oral capsule 100 mg</b></i>	T1 (G)	
<i><b>phenytoin sodium extended oral capsule 200 mg, 300 mg</b></i>	T3 (NP)	
<i><b>phenytoin sodium injection</b></i>	T1 (G)	
<b>ION CHANNEL INHIBITION AGENTS</b>		
<i><b>lacosamide oral solution</b></i>	T1 (G)	
<i><b>lacosamide oral tablet</b></i>	T3 (NP)	
<i><b>oxcarbazepine oral suspension</b></i>	T3 (NP)	
<i><b>oxcarbazepine oral tablet</b></i>	T1 (G)	
<i><b>rufinamide</b></i>	T3 (NP)	PA

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>cenobamate</i> )	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 ( <i>cenobamate</i> )	T3 (NP)	
<i>zonisamide oral</i>	T1 (G)	
<b>MELATONIN RECEPTOR AGONISTS</b>		
<i>ramelteon</i>	T3 (NP)	QL (1 EA per 1 day)
<b>MONOAMINE OXIDASE B INHIBITORS</b>		
<i>rasagiline mesylate oral</i>	T3 (NP)	
<i>selegiline hcl oral</i>	T1 (G)	
<b>MONOAMINE OXIDASE INHIBITORS</b>		
MARPLAN ( <i>isocarboxazid</i> )	T3 (NP)	
<i>phenelzine sulfate oral</i>	T3 (NP)	
<i>rasagiline mesylate oral</i>	T3 (NP)	
<i>selegiline hcl oral</i>	T1 (G)	
<i>tranylcypromine sulfate</i>	T3 (NP)	
<b>NON-BENZODIAZEPINE ANXIOLYTICS</b>		
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	LCG	
<i>buspirone hcl oral tablet 15 mg, 30 mg</i>	T1 (G)	
<i>meprobamate</i>	T3 (NP)	
<b>NON-BENZODIAZEPINE HYPNOTICS</b>		
<i>eszopiclone</i>	T1 (G)	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	T1 (G)	QL (1 EA per 1 day)
<i>zolpidem tartrate er</i>	T1 (G)	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	T1 (G)	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST</b>		
<i>apomorphine hcl subcutaneous</i>	T4 (SP)	PA; SP-ORx; QL (3 ML per 1 day)
NEUPRO ( <i>rotigotine</i> )	T3 (NP)	
<i>pramipexole dihydrochloride</i>	T1 (G)	
<i>ropinirole hcl</i>	T1 (G)	
<i>ropinirole hcl er</i>	T3 (NP)	
<b>NON-OPIOID ANALGESICS</b>		
<i>acetaminophen-codeine oral solution</i>	T1 (G)	QL (166.5 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T1 (G)	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T1 (G)	QL (10 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	T3 (NP)	PA; QL (10 EA per 1 day)
<i>bac (butalbital-acetamin-caff)</i>	T1 (G)	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1 (G)	
<i>butalbital-apap-caff-cod</i>	T3 (NP)	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1 (G)	
<i>butalbital-apap-caffeine oral tablet</i>	T1 (G)	
<i>endocet oral tablet 10-325 mg</i>	T1 (G)	QL (6 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	T1 (G)	QL (12 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	T1 (G)	QL (8 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1 (G)	QL (180 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T1 (G)	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	T1 (G)	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1 (G)	QL (12 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1 (G)	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	T1 (G)	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	T1 (G)	QL (8 EA per 1 day)
<i>tramadol-acetaminophen</i>	T1 (G)	QL (6 EA per 1 day)
<b>NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	T1 (G)	
<i>diclofenac sodium er</i>	T3 (NP)	
<i>diclofenac sodium oral</i>	T1 (G)	
<i>diflunisal oral</i>	T3 (NP)	
<i>etodolac</i>	T1 (G)	
<i>etodolac er</i>	T1 (G)	
<i>flurbiprofen oral</i>	T1 (G)	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	T3 (NP)	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	T1 (G)	QL (16 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	T1 (G)	QL (12 EA per 1 day)
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T1 (G)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	LCG	
<i>indomethacin er</i>	T1 (G)	
<i>indomethacin oral capsule 25 mg</i>	LCG	
<i>indomethacin oral capsule 50 mg</i>	T1 (G)	
<i>ketoprofen oral</i>	T1 (G)	
<i>ketorolac tromethamine injection</i>	T1 (G)	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1 (G)	
<i>ketorolac tromethamine oral</i>	T1 (G)	QL (20 EA per 5 days)
<i>meclofenamate sodium oral</i>	T3 (NP)	
<i>mefenamic acid oral</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>meloxicam oral tablet</i>	LCG	
<i>nabumetone oral</i>	T1 (G)	
<i>naproxen oral tablet 250 mg</i>	T1 (G)	
<i>naproxen oral tablet 375 mg, 500 mg</i>	LCG	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1 (G)	
<i>oxaprozin oral tablet</i>	T1 (G)	
<i>piroxicam oral</i>	T1 (G)	
<i>sulindac oral</i>	T1 (G)	
<i>tolmetin sodium</i>	T1 (G)	
<b>OPIOID AGONISTS (28:08)</b>		
<i>acetaminophen-codeine oral solution</i>	T1 (G)	QL (166.5 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T1 (G)	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T1 (G)	QL (10 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	T3 (NP)	PA; QL (10 EA per 1 day)
<i>ascomp-codeine</i>	T3 (NP)	
<i>butalbital-apap-caff-cod</i>	T3 (NP)	
<i>butalbital-asa-caff-codeine</i>	T3 (NP)	
<i>codeine sulfate oral tablet 15 mg</i>	T1 (G)	QL (40 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	T1 (G)	QL (20 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	T1 (G)	QL (10 EA per 1 day)
<i>endocet oral tablet 10-325 mg</i>	T1 (G)	QL (6 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	T1 (G)	QL (12 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	T1 (G)	QL (8 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 75 mcg/1hr</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 12 mcg/1hr</i>	T3 (NP)	PA; QL (0.5 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 25 mcg/1hr, 50 mcg/1hr</i>	T1 (G)	PA; QL (0.5 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</b>	T3 (NP)	PA; QL (1 EA per 1 day)
<b>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</b>	T1 (G)	QL (180 ML per 1 day)
<b>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</b>	T1 (G)	QL (9 EA per 1 day)
<b>hydrocodone-acetaminophen oral tablet 5-300 mg</b>	T1 (G)	QL (13 EA per 1 day)
<b>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg</b>	T1 (G)	QL (12 EA per 1 day)
<b>hydrocodone-ibuprofen oral tablet 10-200 mg</b>	T3 (NP)	QL (9 EA per 1 day)
<b>hydrocodone-ibuprofen oral tablet 5-200 mg</b>	T1 (G)	QL (16 EA per 1 day)
<b>hydrocodone-ibuprofen oral tablet 7.5-200 mg</b>	T1 (G)	QL (12 EA per 1 day)
<b>hydromorphone hcl er</b>	T3 (NP)	PA; QL (2 EA per 1 day)
<b>hydromorphone hcl injection solution 4 mg/ml</b>	T3 (NP)	
<b>hydromorphone hcl oral liquid</b>	T3 (NP)	QL (10 ML per 1 day)
<b>hydromorphone hcl oral tablet 2 mg</b>	T1 (G)	QL (5 EA per 1 day)
<b>hydromorphone hcl oral tablet 4 mg, 8 mg</b>	T1 (G)	QL (2 EA per 1 day)
<b>hydromorphone hcl pf</b>	T3 (NP)	
<b>hydromorphone hcl solution 1 mg/ml injection</b>	T3 (NP)	
<b>hydromorphone hcl solution 2 mg/ml injection</b>	T3 (NP)	
<b>meperidine hcl oral tablet</b>	T3 (NP)	QL (18 EA per 1 day)
<b>methadone hcl intensol</b>	T1 (G)	
<b>methadone hcl oral concentrate</b>	T1 (G)	
<b>methadone hcl oral solution</b>	T1 (G)	
<b>methadone hcl oral tablet</b>	T1 (G)	PA
<b>mitigo</b>	T3 (NP)	
<b>morphine sulfate (concentrate) oral solution 100 mg/5ml</b>	T1 (G)	QL (4.5 ML per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b><i>morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml</i></b>	T3 (NP)	
<b><i>morphine sulfate (pf) injection solution 10 mg/ml</i></b>	T1 (G)	
<b><i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml</i></b>	T3 (NP)	
<b><i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i></b>	T3 (NP)	PA; QL (3 EA per 1 day)
<b><i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i></b>	T1 (G)	PA; QL (3 EA per 1 day)
<b><i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i></b>	T3 (NP)	
<b><i>morphine sulfate intravenous solution 4 mg/ml</i></b>	T3 (NP)	
<b><i>morphine sulfate oral solution 10 mg/5ml</i></b>	T1 (G)	QL (45 ML per 1 day)
<b><i>morphine sulfate oral solution 20 mg/5ml</i></b>	T1 (G)	QL (22.5 ML per 1 day)
<b><i>morphine sulfate oral tablet 15 mg</i></b>	T1 (G)	QL (6 EA per 1 day)
<b><i>morphine sulfate oral tablet 30 mg</i></b>	T1 (G)	QL (3 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG ( <b><i>tapentadol hcl</i></b> )	T3 (NP)	PA; QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG ( <b><i>tapentadol hcl</i></b> )	T3 (NP)	PA; QL (2 EA per 1 day)
<b><i>oxycodone hcl oral capsule</i></b>	T1 (G)	QL (12 EA per 1 day)
<b><i>oxycodone hcl oral solution</i></b>	T1 (G)	QL (60 ML per 1 day)
<b><i>oxycodone hcl oral tablet 10 mg</i></b>	T1 (G)	QL (6 EA per 1 day)
<b><i>oxycodone hcl oral tablet 15 mg</i></b>	T1 (G)	QL (4 EA per 1 day)
<b><i>oxycodone hcl oral tablet 20 mg</i></b>	T1 (G)	QL (3 EA per 1 day)
<b><i>oxycodone hcl oral tablet 30 mg</i></b>	T1 (G)	QL (2 EA per 1 day)
<b><i>oxycodone hcl oral tablet 5 mg</i></b>	T1 (G)	QL (12 EA per 1 day)
<b><i>oxycodone-acetaminophen oral tablet 10-325 mg</i></b>	T1 (G)	QL (6 EA per 1 day)
<b><i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i></b>	T1 (G)	QL (12 EA per 1 day)
<b><i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i></b>	T1 (G)	QL (8 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCONTIN ( <i>oxycodone hcl</i> )	T2 (PB)	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er</i>	T3 (NP)	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	T1 (G)	QL (1 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	T1 (G)	QL (3 EA per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>tramadol hcl er</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	T1 (G)	QL (5 EA per 1 day)
<i>tramadol-acetaminophen</i>	T1 (G)	QL (6 EA per 1 day)
XTAMPZA ER ( <i>oxycodone</i> )	T2 (PB)	PA; QL (4 EA per 1 day)
<b>OPIOID ANTAGONISTS (28:10)</b>		
<i>buprenorphine hcl-naloxone hcl</i>	LCG	
<i>ft naloxone hcl</i>	\$0	
<i>gnp naloxone hcl</i>	\$0	
KLOXXADO ( <i>naloxone hcl</i> )	\$0	
<i>naloxone hcl injection</i>	\$0	
<i>naloxone hcl nasal</i>	\$0	
<i>naltrexone hcl oral</i>	T1 (G)	
NARCAN ( <i>naloxone hcl</i> )	\$0	
OPVEE ( <i>nalmefene hcl</i> )	T2 (PB)	
<i>pentazocine-naloxone hcl</i>	T3 (NP)	QL (10 EA per 1 day)
REXTOVY ( <i>naloxone hcl</i> )	\$0	
RIVIVE ( <i>naloxone hcl</i> )	\$0	
SUBOXONE ( <i>buprenorphine hcl-naloxone hcl</i> )	T2 (PB)	
VIVITROL ( <i>naltrexone</i> )	T2 (PB)	
ZIMHI ( <i>naloxone hcl</i> )	\$0	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl</i> )	T2 (PB)	
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine</i>	T3 (NP)	PA; QL (0.15 EA per 1 day)
<i>buprenorphine hcl sublingual</i>	T1 (G)	
<i>buprenorphine hcl-naloxone hcl</i>	LCG	
<i>butorphanol tartrate injection</i>	T1 (G)	
<i>butorphanol tartrate nasal</i>	T3 (NP)	QL (2.5 ML per 1 fill)
<i>nalbuphine hcl injection solution 10 mg/ml</i>	T3 (NP)	
<i>pentazocine-naloxone hcl</i>	T3 (NP)	QL (10 EA per 1 day)
SUBOXONE ( <i>buprenorphine hcl-naloxone hcl</i> )	T2 (PB)	
ZUBSOLV ( <i>buprenorphine hcl-naloxone hcl</i> )	T2 (PB)	
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA ( <i>suvorexant</i> )	T3 (NP)	QL (1 EA per 1 day)
DAYVIGO ( <i>lemborexant</i> )	T3 (NP)	
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl oral tablet</i>	T3 (NP)	
<i>fluphenazine hcl oral tablet</i>	T3 (NP)	
<i>perphenazine oral</i>	T2 (PB)	
<i>perphenazine-amitriptyline</i>	T3 (NP)	
<i>prochlorperazine</i>	T3 (NP)	
<i>prochlorperazine maleate oral tablet 10 mg</i>	LCG	
<i>prochlorperazine maleate oral tablet 5 mg</i>	T1 (G)	
<i>thioridazine hcl oral</i>	T1 (G)	
<i>trifluoperazine hcl</i>	T3 (NP)	
<b>RESPIRATORY AND CNS STIMULANTS</b>		
<i>apap-caff-dihydrocodeine</i>	T3 (NP)	PA; QL (10 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ascomp-codeine</i>	T3 (NP)	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	T2 (PB)	QL (1 EA per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	T3 (NP)	QL (1 EA per 1 day)
<i>bac (butalbital-acetamin-caff)</i>	T1 (G)	
<i>butalbital-apap-caff-cod</i>	T3 (NP)	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1 (G)	
<i>butalbital-apap-caffeine oral tablet</i>	T1 (G)	
<i>butalbital-asa-caff-codeine</i>	T3 (NP)	
<i>butalbital-aspirin-caffeine</i>	T1 (G)	
<i>dexmethylphenidate hcl</i>	T1 (G)	QL (2 EA per 1 day)
<i>dexmethylphenidate hcl er</i>	T3 (NP)	QL (1 EA per 1 day)
<i>ergotamine-caffeine</i>	T3 (NP)	PA; QL (0.86 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	T3 (NP)	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T3 (NP)	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	T3 (NP)	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T3 (NP)	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet</i>	T1 (G)	QL (3 EA per 1 day)
<i>orphenadrine-aspirin-caffeine</i>	T3 (NP)	QL (4 EA per 1 day)
<i>theophylline er</i>	T3 (NP)	
<b>REVERSIBLE COX-1/COX-2 INHIBITORS</b>		
<i>diclofenac sodium gel 3 % external</i>	T1 (G)	QL (10 GM per 1 day)
<i>diflunisal oral</i>	T3 (NP)	
<i>etodolac</i>	T1 (G)	
<i>etodolac er</i>	T1 (G)	
<i>flurbiprofen oral</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>flurbiprofen sodium</i>	T1 (G)	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	T3 (NP)	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	T1 (G)	QL (16 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	T1 (G)	QL (12 EA per 1 day)
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T1 (G)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	LCG	
<i>indomethacin er</i>	T1 (G)	
<i>indomethacin oral capsule 25 mg</i>	LCG	
<i>indomethacin oral capsule 50 mg</i>	T1 (G)	
<i>ketorolac tromethamine injection</i>	T1 (G)	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1 (G)	
<i>ketorolac tromethamine ophthalmic</i>	T1 (G)	
<i>ketorolac tromethamine oral</i>	T1 (G)	QL (20 EA per 5 days)
<i>meclofenamate sodium oral</i>	T3 (NP)	
<i>mefenamic acid oral</i>	T3 (NP)	
<i>meloxicam oral tablet</i>	LCG	
<i>nabumetone oral</i>	T1 (G)	
<i>naproxen oral tablet 250 mg</i>	T1 (G)	
<i>naproxen oral tablet 375 mg, 500 mg</i>	LCG	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1 (G)	
<i>oxaprozin oral tablet</i>	T1 (G)	
<i>piroxicam oral</i>	T1 (G)	
<i>sulindac oral</i>	T1 (G)	
<b>SALICYLATES</b>		
<i>ascomp-codeine</i>	T3 (NP)	
<i>aspirin 81</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin regimen</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin-dipyridamole er</i>	T3 (NP)	
BAYER ASPIRIN EC LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
BAYER LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<i>butalbital-asa-caff-codeine</i>	T3 (NP)	
<i>butalbital-aspirin-caffeine</i>	T1 (G)	
<i>childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin ec</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
ECOTRIN LOW STRENGTH ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years

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Effective 1/01/2026

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements &amp; Limits</b>
<i>eq aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose oral tablet 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>eql aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eql childrens aspirin oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>gnp adult aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>h-e-b aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>kls aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>kp aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>mm aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>orphenadrine-aspirin-caffeine</i>	T3 (NP)	QL (4 EA per 1 day)
<i>qc aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>qc childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec adult low st</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>sb childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>sb low dose asa ec</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Coverage Requirements & Limits
ST JOSEPH ASPIRIN ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
ST JOSEPH LOW DOSE ( <i>aspirin</i> )	T3 PV	\$0 for age less than 55 years
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR</b>		
<i>desvenlafaxine succinate er</i>	T3 (NP)	QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1 (G)	QL (3 EA per 1 day)
FETZIMA ( <i>levomilnacipran hcl</i> )	T3 (NP)	QL (1 EA per 1 day)
FETZIMA TITRATION ( <i>levomilnacipran hcl</i> )	T3 (NP)	QL (56 EA per 365 days)
SAVELLA ( <i>milnacipran hcl</i> )	T3 (NP)	QL (2 EA per 1 day)
SAVELLA TITRATION PACK ( <i>milnacipran hcl</i> )	T3 (NP)	QL (110 EA per 365 days)
<i>venlafaxine hcl</i>	T1 (G)	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	T1 (G)	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	T1 (G)	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	T1 (G)	QL (3 EA per 1 day)
<b>SELECTIVE SEROTONIN AGONISTS</b>		
<i>almotriptan malate</i>	T2 (PB)	QL (0.4 EA per 1 day)
<i>eletriptan hydrobromide</i>	T2 (PB)	QL (0.4 EA per 1 day)
<i>frovatriptan succinate</i>	T2 (PB)	QL (0.4 EA per 1 day)
<i>naratriptan hcl</i>	T1 (G)	QL (0.3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 10 mg</i>	T1 (G)	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>	T1 (G)	QL (0.6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	T1 (G)	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	T1 (G)	QL (0.6 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sumatriptan nasal</i>	T2 (PB)	QL (0.4 EA per 1 day)
<i>sumatriptan succinate oral</i>	T1 (G)	QL (0.3 EA per 1 day)
<i>sumatriptan succinate subcutaneous</i>	T2 (PB)	QL (0.17 ML per 1 day)
<i>zolmitriptan oral tablet</i>	T1 (G)	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible</i>	T2 (PB)	QL (0.4 EA per 1 day)
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS</b>		
<i>citalopram hydrobromide oral tablet</i>	LCG	\$0 HDHP
<i>escitalopram oxalate oral tablet</i>	T1 (G)	\$0 HDHP
<i>fluoxetine hcl oral capsule</i>	LCG	\$0 HDHP
<i>fluvoxamine maleate er</i>	T3 (NP)	QL (2 EA per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg, 50 mg</i>	T2 (PB)	
<i>fluvoxamine maleate oral tablet 25 mg</i>	T3 (NP)	
<i>paroxetine hcl oral tablet</i>	LCG	\$0 HDHP
<i>sertraline hcl oral concentrate</i>	T1 (G)	\$0 HDHP
<i>sertraline hcl oral tablet</i>	T1 (G)	\$0 HDHP
<b>SEROTONIN MODULATORS</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	LCG	
<i>nefazodone hcl</i>	T3 (NP)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	LCG	
TRINTELLIX ( <i>vortioxetine hbr</i> )	T3 (NP)	QL (1 EA per 1 day)
<i>vilazodone hcl</i>	T1 (G)	QL (1 EA per 1 day)
<b>SUCCINIMIDES</b>		
<i>ethosuximide oral capsule</i>	T1 (G)	
<i>ethosuximide oral solution</i>	T3 (NP)	
<i>methsuximide</i>	T2 (PB)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>THIOXANTHENES</b>		
<i>thiothixene</i>	T3 (NP)	
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	LCG	
<i>amitriptyline hcl oral tablet 150 mg</i>	T3 (NP)	
<i>amoxapine</i>	T3 (NP)	
<i>chlordiazepoxide-amitriptyline</i>	T1 (G)	
<i>clomipramine hcl oral</i>	T3 (NP)	
<i>desipramine hcl oral</i>	T3 (NP)	
<i>doxepin hcl oral capsule 10 mg, 50 mg</i>	LCG	
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg</i>	T3 (NP)	
<i>doxepin hcl oral concentrate</i>	T3 (NP)	
<i>doxepin hcl oral tablet</i>	T3 (NP)	QL (1 EA per 1 day)
<i>imipramine hcl oral</i>	T1 (G)	
<i>nortriptyline hcl oral capsule</i>	LCG	
<i>nortriptyline hcl oral solution</i>	T3 (NP)	
<i>perphenazine-amitriptyline</i>	T3 (NP)	
<i>protriptyline hcl</i>	T3 (NP)	
<i>trimipramine maleate oral</i>	T3 (NP)	
<b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR</b>		
AUSTEDO ( <i>deutetrabenazine</i> )	T4 (SP)	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	T4 (SP)	
<i>tetrabenazine</i>	T4 (SP)	PA
<b>WAKEFULNESS-PROMOTING AGENTS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	T2 (PB)	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>armodafinil oral tablet 50 mg</i>	T2 (PB)	PA; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	T1 (G)	
<i>modafinil oral</i>	T1 (G)	PA; QL (1 EA per 1 day)
SUNOSI ( <i>solriamfetol hcl</i> )	T3 (NP)	PA; QL (1 EA per 1 day)
<b>DENTAL AGENTS</b>		
<b>DENTAL AGENTS</b>		
<i>multivitamin w/fluoride</i>	T1 (G)	
<i>multi-vitamin/fluoride</i>	T1 (G)	
<i>multivitamin/fluoride oral tablet chewable</i>	T1 (G)	
PREVIDENT MOUTH/THROAT ( <i>sodium fluoride</i> )	T3 (NP)	
<i>sodium fluoride 5000 plus</i>	T1 (G)	
<i>sodium fluoride 5000 ppm dental cream</i>	T1 (G)	
<i>sodium fluoride 5000 ppm dental gel</i>	T1 (G)	
<i>sodium fluoride dental</i>	T1 (G)	
<i>sodium fluoride mouth/throat</i>	T1 (G)	
<i>sodium fluoride oral</i>	T1 PV	
<i>tri-vite/fluoride</i>	T1 (G)	
<b>NUTRITIONAL SUPPLEMENTS</b>		
<i>multivitamin w/fluoride</i>	T1 (G)	
<i>multi-vitamin/fluoride</i>	T1 (G)	
<i>multivitamin/fluoride oral tablet chewable</i>	T1 (G)	
PREVIDENT MOUTH/THROAT ( <i>sodium fluoride</i> )	T3 (NP)	
<i>sodium fluoride 5000 plus</i>	T1 (G)	
<i>sodium fluoride 5000 ppm dental cream</i>	T1 (G)	
<i>sodium fluoride 5000 ppm dental gel</i>	T1 (G)	
<i>sodium fluoride dental</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>sodium fluoride mouth/throat</b>	T1 (G)	
<b>sodium fluoride oral</b>	T1 PV	
<b>tri-vite/fluoride</b>	T1 (G)	
<b>DEVICES</b>		
<b>DEVICES</b>		
ACCU-CHEK AVIVA ( <b>blood glucose calibration</b> )	T2 (PB)	\$0 HDHP
ACCU-CHEK AVIVA PLUS ( <b>blood glucose monitoring suppl</b> )	\$0	
ACCU-CHEK FASTCLIX LANCET KIT ( <b>lancets misc.</b> )	T2 (PB)	
ACCU-CHEK GUIDE ( <b>blood glucose monitoring suppl</b> )	\$0	
ACCU-CHEK GUIDE CONTROL ( <b>blood glucose calibration</b> )	T2 (PB)	\$0 HDHP
ACCU-CHEK GUIDE ME ( <b>blood glucose monitoring suppl</b> )	\$0	
ACCU-CHEK SMARTVIEW CONTROL ( <b>blood glucose calibration</b> )	T2 (PB)	\$0 HDHP
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT ( <b>lancets misc.</b> )	T2 (PB)	
ACCU-CLEAR PREGNANCY ( <b>pregnancy test</b> )	T3 (NP)	QL (2 EA per 22 days)
ADVOCATE INSULIN PEN NEEDLE ( <b>insulin pen needle</b> )	T2 (PB)	\$0 HDHP
ADVOCATE SAFETY LANCETS 21G ( <b>lancets</b> )	T2 (PB)	\$0 HDHP
ADVOCATE SAFETY LANCETS 23G ( <b>lancets</b> )	T2 (PB)	\$0 HDHP
ADVOCATE SAFETY LANCETS 28G ( <b>lancets</b> )	T2 (PB)	\$0 HDHP
AEROCHAMBER HOLDING CHAMBER ( <b>spacer/aero-holding chambers</b> )	T2 (PB)	\$0 HDHP
AEROCHAMBER MINI CHAMBER ( <b>spacer/aero-holding chambers</b> )	T2 (PB)	\$0 HDHP
AEROCHAMBER MV ( <b>spacer/aero-holding chambers</b> )	T2 (PB)	\$0 HDHP
AEROCHAMBER PLS FLOVU MTHPIECE ( <b>spacer/aero-holding chambers</b> )	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER PLUS FLO-VU INTERM ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU LARGE ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU SMALL ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLOW VU ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/LARGE ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/SMALL ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROCHAMBER2GO ANTI-STATIC ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
AEROVENT PLUS ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
ALCOHOL PREP PADS PAD , 70 %	T3 (NP)	
AQ INSULIN SYRINGE	T2 (PB)	\$0 HDHP
AQINJECT PEN NEEDLE	T2 (PB)	\$0 HDHP
ASSURE ID DUO PRO PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
ASSURE ID PRO PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
AUM ALCOHOL PREP PADS	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
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 ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
AUM SAFETY PEN NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
AUTOPEN	T3 (NP)	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
BD PEN ( <i>injection device for insulin</i> )	T3 (NP)	
BD PEN MINI ( <i>injection device for insulin</i> )	T3 (NP)	
BD PEN NEEDLE MICRO ULTRAFINE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
BD PEN NEEDLE MINI ULTRAFINE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
BD PEN NEEDLE NANO ULTRAFINE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
BD PEN NEEDLE ORIG ULTRAFINE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
BD PEN NEEDLE SHORT ULTRAFINE ( <i>insulin pen needle</i> )	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 ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML ( <i>insulin syringeneedle u-500</i> )	T2 (PB)	\$0 HDHP
BD ULTRA-FINE INSULIN SYRINGES U-100 1 ML ( <i>insulin syringes (disposable)</i> )	T2 (PB)	\$0 HDHP
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
BD VEO INSULIN SYR ULTRAFINE ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
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 ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
CARESENS LANCETS 30G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
CEQUR SIMPLICITY 2U ( <i>injection device for insulin</i> )	T2 (PB)	
CHOSEN LANCETS 30G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
CHOSEN SAFETY LANCETS 28G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
CLEARBLUE DIGITAL PLUS ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
CLEARBLUE DIGITAL PREGNANCY ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
CLEARBLUE PLUS PREGNANCY ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
CLEVER CHOICE COMFORT EZ ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
CLEVER CHOICE HOLDING CHAMBER ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
COMFORT EZ PRO PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
COMFORT TOUCH TWIST LANCET 30G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/LG MASK ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/MED MASK ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
COMPACT SPACE CHAMBER/SM MASK ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
CVS DIGITAL PREGNANCY TEST	T3 (NP)	QL (2 EA per 22 days)
CVS EARLY PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
CVS EARLY RESULT PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
CVS ONE STEP PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
CVS PREGNANCY TEST KIT	T3 (NP)	QL (2 EA per 22 days)
DEXCOM G6 RECEIVER ( <i>continuous glucose receiver</i> )	T2 (PB)	PA
DEXCOM G6 SENSOR ( <i>continuous glucose sensor</i> )	T2 (PB)	PA
DEXCOM G6 TRANSMITTER ( <i>continuous glucose transmitter</i> )	T2 (PB)	PA
DEXCOM G7 RECEIVER ( <i>continuous glucose receiver</i> )	T2 (PB)	PA
DEXCOM G7 SENSOR ( <i>continuous glucose sensor</i> )	T2 (PB)	PA
DIASCREEEN 10 ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 1B ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 1G ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 1K ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 2GK ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 2GP ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 3 ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 4NL ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 4OBL ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 4PH ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 5 ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 6 ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 7 ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEEN 8 ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DIASCREEN 9 ( <i>urine glucose monitoring suppl</i> )	T3 (NP)	
DIASCREEN LIQUID URINE CONTROL	T3 (NP)	
DIGITAL PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
DROPLET MICRON ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
DROPSAFE ACTI-LANCE 23G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
DROPSAFE ALCOHOL PREP ( <i>alcohol swabs</i> )	T3 (NP)	
DROPSAFE SAFETY SYRINGE/NEEDLE ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
EARLY PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
EARLY RESULT PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
EASIVENT ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
EASIVENT MASK LARGE ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
EASIVENT MASK MEDIUM ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
EASIVENT MASK SMALL ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
EASY TOUCH INSULIN BARRELS ( <i>insulin syringes (disposable)</i> )	T2 (PB)	\$0 HDHP
EMBECTA AUTOSHIELD DUO ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
EMBECTA INS SYR U/F 1/2 UNIT ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
EMBECTA INSULIN SYR ULTRAFINE ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
EMBECTA INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
EMBECTA INSULIN SYRINGE U-100 ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
EMBECTA INSULIN SYRINGE U-500 ( <i>insulin syringe/needle u-500</i> )	T2 (PB)	\$0 HDHP
EMBECTA PEN NEEDLE NANO ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
EMBECTA PEN NEEDLE NANO 2 GEN ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
EMBECTA PEN NEEDLE ULTRAFINE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
EMBRACE PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
EPT ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
EPT DIGITAL ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
EQ PREGNANCY TEST	T3 (NP)	QL (2 EA per 22 days)
EQ PREGNANCY TEST EARLY RESULT	T3 (NP)	QL (2 EA per 22 days)
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
EQL ONE-STEP PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
EQL PREGNANCY EARLY RESULT	T3 (NP)	QL (2 EA per 22 days)
EQL PREGNANCY TEST DIGITAL	T3 (NP)	QL (2 EA per 22 days)
FACT PLUS+ PREGNANCY ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
FIRST RESPONSE PREGNANCY ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
FLEXICHAMBER ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
FLEXICHAMBER ADULT MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
FLEXICHAMBER CHILD MASK/LARGE ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
FLEXICHAMBER CHILD MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
<i>folding paddle walker</i>	T1 PV	\$0 for 180 days/year
FT EARLY RESULT PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
FT ONE STEP PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
GNP ADVANCED PREGNANCY TEST	T3 (NP)	QL (2 EA per 22 days)
GNP EARLY RESULT PREGNANCY TST	T3 (NP)	QL (2 EA per 22 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
GNP ONE STEP PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
GNP PEN NEEDLES	T2 (PB)	\$0 HDHP
GNP PREGNANCY TEST	T3 (NP)	QL (2 EA per 22 days)
GNP ULTIGUARD SAFEPAK NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
GOODSENSE ALCOHOL SWABS	T3 (NP)	
GUARDIAN 4 GLUCOSE SENSOR ( <i>continuous glucose sensor</i> )	T3 (NP)	PA
GUARDIAN 4 TRANSMITTER ( <i>continuous glucose transmitter</i> )	T3 (NP)	PA
GUARDIAN LINK 3 TRANSMITTER ( <i>continuous glucose transmitter</i> )	T3 (NP)	PA
GUARDIAN REAL-TIME CHARGER ( <i>continuous glucose monitor sup</i> )	T3 (NP)	
GUARDIAN REAL-TIME REPLACE PED ( <i>continuous glucose receiver</i> )	T3 (NP)	PA
GUARDIAN REAL-TIME TEST PLUG ( <i>continuous glucose monitor sup</i> )	T3 (NP)	
GUARDIAN SENSOR 3	T3 (NP)	PA
INCONTROL ULTICARE PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
INPEN 100-BLUE-LILLY-HUMALOG ( <i>injection device for insulin</i> )	T3 (NP)	
INPEN 100-BLUE-NOVOLOG-FIASP ( <i>injection device for insulin</i> )	T3 (NP)	
INPEN 100-GREY-LILLY-HUMALOG ( <i>injection device for insulin</i> )	T3 (NP)	
INPEN 100-GREY-NOVOLOG-FIASP ( <i>injection device for insulin</i> )	T3 (NP)	
INPEN 100-PINK-LILLY-HUMALOG ( <i>injection device for insulin</i> )	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
INPEN 100-PINK-NOVOLOG-FIASP ( <i>injection device for insulin</i> )	T3 (NP)	
INSPIREASE ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
INSPIREASE RESERVOIR BAGS ( <i>spacer/aero-hold chamber bags</i> )	T2 (PB)	\$0 HDHP
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 31G X 4 MM , 32G X 5 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
INSULIN PEN NEEDLES 29G X 12MM , 29G X 4MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	T2 (PB)	\$0 HDHP
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 5/16" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	T2 (PB)	\$0 HDHP
INSULIN SYRINGES U-100 1 ML ( <i>insulin syringes (disposable)</i> )	T2 (PB)	\$0 HDHP
INSUPEN32G EXTR3ME ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
J-TIP KIT W/VIAL ADAPTERS ( <i>injection device</i> )	T3 (NP)	
LANCETS	T2 (PB)	\$0 HDHP
LANCETS 28G THIN	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
LANCETS SUPER THIN ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
MICROCHAMBER ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
MICROSPACER ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
MOBILE LANCETS 30G	T2 (PB)	\$0 HDHP
NOVOFINE PEN NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
NOVOFINE PLUS PEN NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
NOVOPEN ECHO ( <i>injection device for insulin</i> )	T3 (NP)	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 ( <i>insulin disposable pump</i> )	T2 (PB)	
OMNIPOD 5 DEXG7G6 PODS GEN 5 ( <i>insulin disposable pump</i> )	T2 (PB)	
OMNIPOD 5 LIBRE2 G6 INTRO G5 ( <i>insulin disposable pump</i> )	T2 (PB)	
OMNIPOD 5 LIBRE2 PLUS G6 PODS ( <i>insulin disposable pump</i> )	T2 (PB)	
OMNIPOD DASH INTRO (GEN 4) ( <i>insulin disposable pump</i> )	T2 (PB)	
OMNIPOD DASH PDM (GEN 4) ( <i>insulin disposable pump</i> )	T2 (PB)	
OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )	T2 (PB)	
ONE STEP PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
ONE-STEP PREGNANCY	T3 (NP)	QL (2 EA per 22 days)
ONETOUCH DELICA PLUS LANCING ( <i>lancet devices</i> )	T3 (NP)	
ONETOUCH DELICA SAFETY LANCING ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
ONETOUCH ULTRA CONTROL ( <i>blood glucose calibration</i> )	T2 (PB)	\$0 HDHP
ONETOUCH ULTRA IN VITRO LIQUID ( <i>blood glucose calibration</i> )	T2 (PB)	\$0 HDHP
ONETOUCH VERIO IN VITRO LIQUID ( <i>blood glucose calibration</i> )	T2 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
OPTICHAMBER DIAMOND-LG MASK ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND-MD MASK ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND-SM MASK ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
PANDA MASK LARGE ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
PANDA MASK MEDIUM ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
PANDA MASK SMALL ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
PARI VORTEX ADULT MASK ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
PARI VORTEX PEDIATRIC MASK ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
PEDIATRIC PANDA MASK ( <i>spacer/aero-hold chamber mask</i> )	T2 (PB)	\$0 HDHP
PEN NEEDLE/5-BEVEL TIP	T2 (PB)	\$0 HDHP
PENTIPS GENERIC PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
PERFECT POINT SAFETY LANCETS ( <i>lancets</i> )	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 ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
POCKET SPACER ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
PREGNANCY TEST	T3 (NP)	QL (2 EA per 22 days)
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

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Drug Name	Drug Tier	Coverage Requirements & Limits
PROCHAMBER VHC	T2 (PB)	\$0 HDHP
PURALIN ONE-STEP PREGNANCY ( <i>pregnancy test</i> )	T3 (NP)	QL (2 EA per 22 days)
PURE COMFORT SAFETY PEN NEEDLE	T2 (PB)	\$0 HDHP
PURE COMFORT SPACER CHAMBER	T2 (PB)	\$0 HDHP
QUICK TOUCH INSULIN PEN NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
RAYA SURE PEN NEEDLE	T2 (PB)	\$0 HDHP
RITEFLO ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
SAFETY PEN NEEDLES	T2 (PB)	\$0 HDHP
SB PREGNANCY TEST KIT	T3 (NP)	QL (2 EA per 22 days)
TECHLITE LANCETS 26G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
TECHLITE PLUS PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
TRUE COMFORT SAFETY PEN NEEDLE	T2 (PB)	\$0 HDHP
ULTICARE INSULIN SYR 1/2 UNIT ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
ULTIGUARD SAFEPAK SYR/NEEDLE ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
UNIFINE OTC PEN NEEDLES ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
UNIFINE PROTECT PEN NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
UNISTIK NORMAL ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
VERIFINE INSULIN PEN NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
VERIFINE INSULIN SYRINGE ( <i>insulin syringe-needle u-100</i> )	T2 (PB)	\$0 HDHP
VERIFINE PLUS PEN NEEDLE ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 21G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 23G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 28G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 30G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
VIVAGUARD LANCETS 30G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
VIVAGUARD SAFETY LANCETS 28G ( <i>lancets</i> )	T2 (PB)	\$0 HDHP
VORTEX VALVE CHAMBER-PEDI MASK ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
VORTEX VALVED HOLDING CHAMBER ( <i>spacer/aero-holding chambers</i> )	T2 (PB)	\$0 HDHP
<b>DIAGNOSTIC AGENTS</b>		
<b>CARDIAC FUNCTION</b>		
<i>aspirin-dipyridamole er</i>	T3 (NP)	
<i>dipyridamole oral</i>	T2 (PB)	
<b>DIABETES MELLITUS</b>		
ACCU-CHEK AVIVA PLUS IN VITRO ( <i>glucose blood</i> )	T2 (PB)	\$0 HDHP; QL (10 EA per 1 day)
ACCU-CHEK GUIDE TEST ( <i>glucose blood</i> )	T2 (PB)	\$0 HDHP; QL (10 EA per 1 day)
ACCU-CHEK SMARTVIEW TEST STRIPS ( <i>glucose blood</i> )	T2 (PB)	\$0 HDHP; QL (10 EA per 1 day)
EMBRACE PEN NEEDLES 29G X 12MM ( <i>insulin pen needle</i> )	T2 (PB)	\$0 HDHP
<b>KETONES</b>		
CHEMSTRIP K ( <i>acetone (urine) test</i> )	T3 (NP)	
KETONE TEST	T3 (NP)	
KETOSTIX ( <i>acetone (urine) test</i> )	T3 (NP)	
RELION KETONE TEST ( <i>acetone (urine) test</i> )	T3 (NP)	
<b>KIDNEY FUNCTION</b>		
<i>mannitol intravenous solution 20 %</i>	T3 (NP)	
<b>MYASTHENIA GRAVIS</b>		
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	T3 (NP)	
<b>PHEOCHROMOCYTOMA</b>		
<i>metirosine</i>	T1 (G)	PA; QL (16 EA per 1 day)
<b>URINE AND FECES CONTENTS</b>		
CHEMSTRIP 10 MD ( <i>multiple urine tests</i> )	T3 (NP)	
CHEMSTRIP 10/SG ( <i>multiple urine tests</i> )	T3 (NP)	
CHEMSTRIP 2 GP ( <i>multiple urine tests</i> )	T3 (NP)	
CHEMSTRIP 5 OB ( <i>multiple urine tests</i> )	T3 (NP)	
CHEMSTRIP 7 ( <i>multiple urine tests</i> )	T3 (NP)	
CHEMSTRIP 9 ( <i>multiple urine tests</i> )	T3 (NP)	
CHEMSTRIP UGK ( <i>urine glucose-ketones test</i> )	T3 (NP)	
KETO-DIASTIX ( <i>urine glucose-ketones test</i> )	T3 (NP)	
KETONE CARE ( <i>urine glucose-ketones test</i> )	T3 (NP)	
MULTISTIX 10 SG ( <i>multiple urine tests</i> )	T3 (NP)	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ALKALINIZING AGENTS</b>		
<i>potassium citrate er</i>	T2 (PB)	
<i>sod citrate-citric acid</i>	T1 (G)	
<i>sodium acetate intravenous solution 2 meq/ml</i>	T3 (NP)	
<b>AMMONIA DETOXICANTS</b>		
<i>carglumic acid</i>	T4 (SP)	PA; SP-ORx
<i>constulose</i>	LCG	
<i>enulose</i>	T1 (G)	
<i>generlac</i>	T1 (G)	
<i>lactulose encephalopathy</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lactulose oral solution</i>	LCG	
<i>sod benz-sod phenylacet</i>	T1 (G)	
<i>sodium phenylbutyrate oral</i>	T4 (SP)	PA
<b>CALORIC AGENTS</b>		
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	T1 (G)	
<i>clindamycin phosphate in d5w</i>	T1 (G)	
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
<i>acetazolamide er</i>	T3 (NP)	
<i>acetazolamide oral</i>	T3 (NP)	
<b>DIURETICS, MISCELLANEOUS</b>		
<i>theophylline er</i>	T3 (NP)	
<b>IRRIGATING SOLUTIONS</b>		
<i>acetic acid irrigation</i>	T1 (G)	
<i>glycine irrigation</i>	T1 (G)	
<i>glycine urologic</i>	T1 (G)	
RENACIDIN ( <i>citric ac-gluconolact-mg carb</i> )	T3 (NP)	
<i>sorbitol-mannitol</i>	T1 (G)	
<b>LOOP DIURETICS (40:28)</b>		
<i>bumetanide oral</i>	T1 (G)	
<i>ethacrynic acid</i>	T3 (NP)	
<i>furosemide injection</i>	T1 (G)	
<i>furosemide oral solution 10 mg/ml</i>	LCG	
<i>furosemide oral solution 8 mg/ml</i>	T1 (G)	
<i>furosemide oral tablet</i>	LCG	
<i>torseamide</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>OSMOTIC DIURETICS</b>		
<i>mannitol intravenous solution 20 %</i>	T3 (NP)	
<b>PHOSPHATE-REMOVING AGENTS</b>		
<i>calcium acetate (phos binder)</i>	T1 (G)	
<i>calcium acetate oral tablet 667 mg</i>	T1 (G)	
FOSRENOL ORAL PACKET ( <i>lanthanum carbonate</i> )	T3 (NP)	
<i>lanthanum carbonate</i>	T3 (NP)	
<i>sevelamer carbonate oral tablet</i>	T3 (NP)	
VELPHORO ( <i>sucroferric oxyhydroxide</i> )	T3 (NP)	
<b>POTASSIUM-REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate</i>	T1 (G)	
SPS (SODIUM POLYSTYRENE SULF) ( <i>sodium polystyrene sulfonate</i> )	T3 (NP)	
<b>POTASSIUM-SPARING DIURETICS</b>		
<i>amiloride hcl oral</i>	T1 (G)	
<i>amiloride-hydrochlorothiazide</i>	LCG	
<i>eplerenone</i>	T3 (NP)	
<i>spironolactone oral tablet</i>	LCG	
<i>spironolactone-hctz</i>	LCG	
<i>triamterene-hctz</i>	LCG	
<b>REPLACEMENT PREPARATIONS</b>		
<i>b-plex plus</i>	T1 (G)	
CADEAU DHA	T3 PV	
<i>calcium acetate (phos binder)</i>	T1 (G)	
<i>calcium acetate oral tablet 667 mg</i>	T1 (G)	
CENTRUM SPECIALIST PRENATAL ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>corvita 150</i>	T1 (G)	
<i>cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i>	T1 PV	
<i>cvs prenatal multi+dha</i>	T1 PV	
<i>cvs prenatal multivitamin</i>	T1 PV	
ENFAMIL EXPECTA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>fluconazole in sodium chloride</i>	T1 (G)	
<i>klor-con 10</i>	T1 (G)	
<i>klor-con m10</i>	T1 (G)	
<i>klor-con m15</i>	T1 (G)	
<i>klor-con m20</i>	T1 (G)	
<i>klor-con oral packet</i>	T3 (NP)	
<i>klor-con oral tablet extended release</i>	T1 (G)	
K-PHOS ( <i>potassium phosphate monobasic</i> )	T3 (NP)	
<i>k-tan plus</i>	T1 (G)	
<i>linezolid in sodium chloride</i>	T1 (G)	
PHOSPHO-TRIN K500 ( <i>potassium phosphate monobasic</i> )	T3 (NP)	
<i>pnv-dha</i>	T1 (G)	
<i>pnv-select</i>	T1 (G)	
<i>potassium chloride crys er</i>	T1 (G)	
<i>potassium chloride er</i>	T1 (G)	
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	T1 (G)	
<i>potassium chloride oral packet</i>	T3 (NP)	
<i>potassium chloride oral solution</i>	T1 (G)	
<i>prenatal (wliron &amp; fa)</i>	T1 PV	
<i>prenatal forte</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal gummies/dha &amp; fa</i>	T1 PV	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg</i>	T1 PV	
PRENATAL MULTIVITAMIN + DHA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>prenatal multivitamin plus dha</i>	T1 PV	
<i>prenatal/folic acid+dha</i>	T1 PV	
<i>prenatal/liron oral tablet</i>	T1 PV	
<i>purevit dualfe plus</i>	T1 (G)	
<i>se-tan plus</i>	T1 (G)	
SIMILAC PRENATAL EARLY SHIELD ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
STUART ONE ( <i>prenatal mv-min-fe cbn-fa-dha</i> )	T3 PV	
<i>v-c forte</i>	T1 (G)	
<b>THIAZIDE DIURETICS</b>		
<i>amiloride-hydrochlorothiazide</i>	LCG	
<i>bisoprolol-hydrochlorothiazide</i>	LCG	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	T1 (G)	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	LCG	\$0 HDHP
<i>hydrochlorothiazide oral</i>	LCG	
<i>irbesartan-hydrochlorothiazide</i>	T1 (G)	
<i>lisinopril-hydrochlorothiazide</i>	LCG	\$0 HDHP
<i>losartan potassium-hctz</i>	LCG	
<i>olmesartan medoxomil-hctz</i>	T1 (G)	
<i>quinapril-hydrochlorothiazide</i>	T1 (G)	\$0 HDHP
<i>spironolactone-hctz</i>	LCG	
<i>triamterene-hctz</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>valsartan-hydrochlorothiazide</b>	T1 (G)	
<b>THIAZIDE-LIKE DIURETICS</b>		
<b>atenolol-chlorthalidone</b>	LCG	\$0 HDHP
<b>chlorthalidone</b>	LCG	
<b>indapamide</b>	LCG	
<b>metolazone oral tablet 10 mg</b>	T1 (G)	
<b>metolazone oral tablet 2.5 mg, 5 mg</b>	T3 (NP)	
<b>URICOSURIC AGENTS</b>		
<b>colchicine-probenecid</b>	T2 (PB)	
<b>probenecid</b>	T2 (PB)	
<b>ENZYMES</b>		
<b>ENZYME COFACTORS/CHAPERONES</b>		
GALAFOLD ( <i>migalastat hcl</i> )	T4 (SP)	PA; QL (0.5 EA per 1 day)
<b>sapropterin dihydrochloride</b>	T4 (SP)	PA
<b>ENZYME INHIBITORS</b>		
CERDELGA ( <i>eliglustat tartrate</i> )	T4 (SP)	PA; SP-ORx
<b>miglustat</b>	T4 (SP)	PA
<b>nitisinone</b>	T4 (SP)	PA
ORFADIN ORAL SUSPENSION ( <i>nitisinone</i> )	T4 (SP)	PA
<b>yargesa</b>	T4 (SP)	PA
ZOKINVY ( <i>lonafarnib</i> )	T4 (SP)	PA; QL (4 EA per 1 day)
<b>ENZYMES</b>		
CREON ( <i>pancrelipase (lip-prot-amyl)</i> )	T2 (PB)	
PULMOZYME ( <i>dornase alfa</i> )	T4 (SP)	PA
REVCovi ( <i>elapegademase-lvlr</i> )	T4 (SP)	PA
SANTYL ( <i>collagenase</i> )	T3 (NP)	QL (3 GM per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
SUCRAID ( <i>sacrosidase</i> )	T4 (SP)	PA
XIAFLEX ( <i>collagenase clostrid histolyt</i> )	T4 (SP)	PA
ZENPEP ( <i>pancrelipase (lip-prot-amyl)</i> )	T2 (PB)	
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT)</b>		
<i>apraclonidine hcl</i>	T1 (G)	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	T2 (PB)	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1 (G)	
<i>brimonidine tartrate-timolol</i>	T2 (PB)	
SIMBRINZA ( <i>brinzolamide-brimonidine</i> )	T2 (PB)	
<b>ANTIALLERGIC AGENTS</b>		
ALOCRIL ( <i>nedocromil sodium</i> )	T3 (NP)	
<i>azelastine hcl nasal</i>	T1 (G)	QL (2 ML per 1 day)
<i>azelastine hcl ophthalmic</i>	T1 (G)	
<i>azelastine-fluticasone</i>	T3 (NP)	QL (0.77 GM per 1 day)
<i>cromolyn sodium ophthalmic</i>	T1 (G)	
<i>cromolyn sodium oral</i>	T3 (NP)	
<i>epinastine hcl</i>	T3 (NP)	
<i>olopatadine hcl nasal</i>	T3 (NP)	QL (1.02 GM per 1 day)
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	T1 (G)	
ZERVIAE ( <i>cetirizine hcl</i> )	T3 (NP)	
<b>ANTIBACTERIALS (52:04)</b>		
AZASITE ( <i>azithromycin</i> )	T3 (NP)	
<i>bacitracin ophthalmic</i>	T3 (NP)	
<i>bacitracin-polymyxin b</i>	T1 (G)	
<i>bacitra-neomycin-polymyxin-hc</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CIPRO HC ( <i>ciprofloxacin-hydrocortisone</i> )	T3 (NP)	
<i>ciprofloxacin hcl ophthalmic</i>	T1 (G)	
<i>ciprofloxacin hcl otic</i>	T3 (NP)	
<i>ciprofloxacin-dexamethasone</i>	T3 (NP)	
CORTISPORIN-TC ( <i>neomycin-colist-hc-thonzonium</i> )	T3 (NP)	
<i>erythromycin external</i>	T1 (G)	
<i>erythromycin ophthalmic</i>	T1 (G)	
<i>gatifloxacin ophthalmic</i>	T1 (G)	
<i>gentamicin sulfate external</i>	T1 (G)	
<i>gentamicin sulfate ophthalmic</i>	T1 (G)	
<i>levofloxacin ophthalmic solution 0.5 %</i>	T3 (NP)	
MINOCIN ( <i>minocycline hcl</i> )	T3 (NP)	
<i>minocycline hcl oral capsule</i>	T1 (G)	
<i>moxifloxacin hcl (2x day)</i>	T3 (NP)	
<i>moxifloxacin hcl ophthalmic</i>	T1 (G)	
<i>neomycin sulfate oral</i>	LCG	
<i>neomycin-bacitracin zn-polymyx</i>	T1 (G)	
<i>neomycin-polymyxin-dexameth</i>	LCG	
<i>neomycin-polymyxin-gramicidin</i>	T1 (G)	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1 (G)	
<i>neomycin-polymyxin-hc otic</i>	T2 (PB)	
<i>ofloxacin ophthalmic</i>	T1 (G)	
<i>ofloxacin otic</i>	T1 (G)	
<i>polymyxin b sulfate injection</i>	T1 (G)	
<i>polymyxin b-trimethoprim</i>	LCG	
<i>sulfacetamide sodium ophthalmic</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>sulfacetamide-prednisolone</b>	T1 (G)	
TOBRADEX ( <b>tobramycin-dexamethasone</b> )	T3 (NP)	
TOBRADEX ST ( <b>tobramycin-dexamethasone</b> )	T3 (NP)	
<b>tobramycin nebulization solution 300 mg/5ml inhalation</b>	T4 (SP)	QL (10 ML per 1 day)
<b>tobramycin ophthalmic</b>	LCG	
<b>tobramycin-dexamethasone</b>	T1 (G)	
TOBREX ( <b>tobramycin</b> )	T3 (NP)	
ZYLET ( <b>loteprednol-tobramycin</b> )	T3 (NP)	
<b>ANTIFUNGALS (EENT)</b>		
NATACYN ( <b>natamycin</b> )	T2 (PB)	
<b>ANTIGLAUCOMA AGENTS, MISCELLANEOUS</b>		
<b>epinephrine (anaphylaxis) injection solution 30 mg/30ml</b>	T1 (G)	
<b>epinephrine injection solution</b>	T1 (G)	
<b>epinephrine pf</b>	T1 (G)	
<b>ANTI-INFECTIVES, MISCELLANEOUS (52:04)</b>		
<b>chlorhexidine gluconate mouth/throat</b>	LCG	
<b>periogard</b>	LCG	
<b>ANTI-INFLAMMATORY AGENTS (EENT)</b>		
<b>cyclosporine modified</b>	T2 (PB)	
<b>cyclosporine ophthalmic</b>	T3 (NP)	PA; QL (2 EA per 1 day)
<b>cyclosporine oral capsule 100 mg</b>	T3 (NP)	
<b>cyclosporine oral capsule 25 mg</b>	T2 (PB)	
<b>gengraf</b>	T2 (PB)	
<b>ANTIVIRALS (EENT)</b>		
<b>trifluridine</b>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ASTRINGENTS (52:04)</b>		
<i>chlorhexidine gluconate mouth/throat</i>	LCG	
<i>periogard</i>	LCG	
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT)</b>		
<i>betaxolol hcl ophthalmic</i>	T1 (G)	
<i>brimonidine tartrate-timolol</i>	T2 (PB)	
<i>carteolol hcl</i>	T1 (G)	
<i>dorzolamide hcl-timolol mal</i>	T1 (G)	
<i>levobunolol hcl</i>	T1 (G)	
<i>timolol maleate ophthalmic solution</i>	LCG	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT)</b>		
<i>acetazolamide er</i>	T3 (NP)	
<i>acetazolamide oral</i>	T3 (NP)	
<i>dorzolamide hcl ophthalmic</i>	T1 (G)	
<i>dorzolamide hcl-timolol mal</i>	T1 (G)	
SIMBRINZA ( <i>brinzolamide-brimonidine</i> )	T2 (PB)	
<b>CORTICOSTEROIDS (EENT)</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	T2 (PB)	\$0 HDHP; QL (0.4 GM per 1 day)
<i>ala-cort</i>	T1 (G)	
ARNUITY ELLIPTA ( <i>fluticasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (1 EA per 1 day)
<i>azelastine-fluticasone</i>	T3 (NP)	QL (0.77 GM per 1 day)
<i>bacitra-neomycin-polymyxin-hc</i>	T1 (G)	
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
CIPRO HC ( <i>ciprofloxacin-hydrocortisone</i> )	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b><i>ciprofloxacin-dexamethasone</i></b>	T3 (NP)	
CORTIFOAM ( <b><i>hydrocortisone acetate</i></b> )	T3 (NP)	
CORTISPORIN-TC ( <b><i>neomycin-colist-hc-thonzonium</i></b> )	T3 (NP)	
<b><i>dexameth sod phos (pf) +rfid</i></b>	T1 (G)	
<b><i>dexamethasone intensol</i></b>	LCG	
<b><i>dexamethasone oral elixir</i></b>	T3 (NP)	
<b><i>dexamethasone oral solution</i></b>	LCG	
<b><i>dexamethasone oral tablet</i></b>	LCG	
<b><i>dexamethasone sod phos (pf)</i></b>	T1 (G)	
<b><i>dexamethasone sod phos +rfid</i></b>	T1 (G)	
<b><i>dexamethasone sod phosphate pf</i></b>	T1 (G)	
<b><i>dexamethasone sodium phosphate injection</i></b>	T1 (G)	
<b><i>dexamethasone sodium phosphate ophthalmic</i></b>	T1 (G)	
<b><i>difluprednate</i></b>	T3 (NP)	
FLAREX ( <b><i>fluorometholone acetate</i></b> )	T3 (NP)	
<b><i>flunisolide nasal</i></b>	T2 (PB)	QL (0.84 ML per 1 day)
<b><i>fluocinolone acetonide body</i></b>	T1 (G)	
<b><i>fluocinolone acetonide external cream</i></b>	T3 (NP)	
<b><i>fluocinolone acetonide external ointment</i></b>	T3 (NP)	
<b><i>fluocinolone acetonide external solution</i></b>	T1 (G)	
<b><i>fluocinolone acetonide otic</i></b>	T1 (G)	
<b><i>fluocinolone acetonide scalp</i></b>	T1 (G)	
<b><i>fluorometholone</i></b>	T1 (G)	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	T2 (PB)	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
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)
<i>fluticasone propionate nasal</i>	T1 (G)	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact</i>	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)
<i>hydrocortisone (perianal)</i>	T1 (G)	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T1 (G)	
<i>hydrocortisone butyrate external solution</i>	T1 (G)	
<i>hydrocortisone cream 1 % external (rx)</i>	T1 (G)	
<i>hydrocortisone external cream 2.5 %</i>	LCG	
<i>hydrocortisone external lotion 2.5 %</i>	T1 (G)	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1 (G)	
<i>hydrocortisone oral</i>	LCG	
<i>hydrocortisone rectal</i>	T3 (NP)	
<i>hydrocortisone valerate external cream</i>	T3 (NP)	
<i>hydrocortisone-acetic acid</i>	T3 (NP)	
<i>mometasone furoate external</i>	T1 (G)	
<i>mometasone furoate nasal</i>	T3 (NP)	QL (1.14 GM per 1 day)
<i>neomycin-polymyxin-dexameth</i>	LCG	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1 (G)	
<i>neomycin-polymyxin-hc otic</i>	T2 (PB)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prednisolone acetate ophthalmic</i>	T1 (G)	
<i>prednisolone oral solution</i>	LCG	
<i>prednisolone sodium phosphate ophthalmic</i>	T1 (G)	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	LCG	QL (16 ML per 1 day)
<i>procto-med hc</i>	T1 (G)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG ( <i>hydrocortisone sod succinate</i> )	T3 (NP)	
<i>sulfacetamide-prednisolone</i>	T1 (G)	
TOBRADEX ( <i>tobramycin-dexamethasone</i> )	T3 (NP)	
TOBRADEX ST ( <i>tobramycin-dexamethasone</i> )	T3 (NP)	
<i>tobramycin-dexamethasone</i>	T1 (G)	
TRELEGY ELLIPTA ( <i>fluticasone-umeclidin-vilant</i> )	T2 (PB)	QL (2 EA per 1 day)
<i>wixela inhub</i>	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
ZYLET ( <i>loteprednol-tobramycin</i> )	T3 (NP)	
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC.</b>		
<i>cyclosporine ophthalmic</i>	T3 (NP)	PA; QL (2 EA per 1 day)
<b>EENT DRUGS, MISCELLANEOUS</b>		
<i>acetic acid otic</i>	T1 (G)	
<i>apraclonidine hcl</i>	T1 (G)	
<i>cromolyn sodium ophthalmic</i>	T1 (G)	
<i>cromolyn sodium oral</i>	T3 (NP)	
CYSTADROPS ( <i>cysteamine hcl</i> )	T4 (SP)	QL (0.72 ML per 1 day)
CYSTARAN ( <i>cysteamine hcl</i> )	T4 (SP)	QL (2.15 ML per 1 day)
<i>hydrocortisone-acetic acid</i>	T3 (NP)	
SYFOVRE ( <i>pegcetacoplan (ophthalmic)</i> )	T4 (SP)	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS</b>		
<i>bromfenac sodium (once-daily)</i>	T3 (NP)	QL (6.8 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T1 (G)	QL (12 ML per 365 days)
<i>diclofenac sodium ophthalmic</i>	T1 (G)	
<i>flurbiprofen oral</i>	T1 (G)	
<i>flurbiprofen sodium</i>	T1 (G)	
<i>ketorolac tromethamine injection</i>	T1 (G)	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1 (G)	
<i>ketorolac tromethamine ophthalmic</i>	T1 (G)	
<i>ketorolac tromethamine oral</i>	T1 (G)	QL (20 EA per 5 days)
<b>LOCAL ANESTHETICS (EENT)</b>		
<i>lidocaine viscous hcl</i>	LCG	
<b>MACULAR DEGENERATION AGENTS</b>		
CYSTADROPS ( <i>cysteamine hcl</i> )	T4 (SP)	QL (0.72 ML per 1 day)
CYSTARAN ( <i>cysteamine hcl</i> )	T4 (SP)	QL (2.15 ML per 1 day)
SYFOVRE ( <i>pegcetacoplan (ophthalmic)</i> )	T4 (SP)	PA
<b>MIOTICS</b>		
PHOSPHOLINE IODIDE ( <i>echothiophate iodide</i> )	T3 (NP)	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1 (G)	
<i>pilocarpine hcl oral tablet 5 mg</i>	T2 (PB)	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	T3 (NP)	
<b>MYDRIATICS</b>		
<i>altafrin</i>	T1 (G)	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1 (G)	
<i>atropine sulfate ophthalmic solution 1 %</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cyclopentolate hcl ophthalmic</i>	T1 (G)	
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T1 (G)	
<i>epinephrine injection solution</i>	T1 (G)	
<i>epinephrine pf</i>	T1 (G)	
<i>phenylephrine hcl ophthalmic</i>	T1 (G)	
<b>OSMOTIC AGENTS</b>		
<i>mannitol intravenous solution 20 %</i>	T3 (NP)	
<b>PROSTAGLANDIN ANALOGS</b>		
<i>bimatoprost ophthalmic</i>	T3 (NP)	QL (0.1 ML per 1 day)
<i>latanoprost ophthalmic</i>	T1 (G)	
LUMIGAN ( <i>bimatoprost</i> )	T2 (PB)	QL (0.1 ML per 1 day)
<i>tafluprost (pf)</i>	T2 (PB)	QL (1 EA per 1 day)
<i>travoprost (bak free)</i>	T3 (NP)	QL (0.12 ML per 1 day)
<b>RHO KINASE INHIBITORS</b>		
RHOPRESSA ( <i>netarsudil dimesylate</i> )	T3 (NP)	QL (0.1 ML per 1 day)
<b>VASOCONSTRICTORS</b>		
<i>altafrin</i>	T1 (G)	
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T1 (G)	
<i>epinephrine injection solution</i>	T1 (G)	
<i>epinephrine pf</i>	T1 (G)	
<i>phenylephrine hcl ophthalmic</i>	T1 (G)	
<b>GASTROINTESTINAL DRUGS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET ( <i>dolasetron mesylate</i> )	T3 (NP)	QL (0.07 EA per 1 day)
<i>granisetron hcl intravenous</i>	T1 (G)	
<i>granisetron hcl oral</i>	T1 (G)	QL (4 EA per 30 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ondansetron hcl +rfid</i>	T1 (G)	
<i>ondansetron hcl injection</i>	T1 (G)	
<i>ondansetron hcl oral solution</i>	T1 (G)	QL (4 ML per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1 (G)	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	T1 (G)	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml</i>	T1 (G)	
<b>ANTIDIARRHEA AGENTS</b>		
<i>bis subcit-metronid-tetracyc</i>	T3 (NP)	
<i>bismuth/metronidaz/tetracyclin</i>	T3 (NP)	
<i>diphenoxylate-atropine oral tablet</i>	T1 (G)	
<i>loperamide hcl oral capsule</i>	T1 (G)	
MOTOFEN ( <i>difenoxin-atropine</i> )	T3 (NP)	
<b>ANTIEMETICS, MISCELLANEOUS</b>		
<i>dronabinol</i>	T3 (NP)	PA; QL (2 EA per 1 day)
<i>olanzapine intramuscular</i>	T3 (NP)	
<i>olanzapine oral tablet</i>	T1 (G)	QL (1 EA per 1 day)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	LCG	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1 (G)	
<i>promethazine hcl oral tablet 25 mg</i>	LCG	
<i>promethazine hcl rectal</i>	T3 (NP)	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	LCG	
<i>scopolamine</i>	T2 (PB)	
<b>ANTIHIISTAMINES (GI DRUGS)</b>		
<i>dimenhydrinate injection</i>	T1 (G)	
<i>meclizine hcl oral tablet 50 mg</i>	T2 (PB)	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>meclizine hcl tablet 25 mg oral (rx)</i>	LCG	
<i>prochlorperazine</i>	T3 (NP)	
<i>prochlorperazine maleate oral tablet 10 mg</i>	LCG	
<i>prochlorperazine maleate oral tablet 5 mg</i>	T1 (G)	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS)</b>		
<i>alosetron hcl</i>	T3 (NP)	PA
<i>balsalazide disodium</i>	T3 (NP)	
DIPENTUM ( <i>olsalazine sodium</i> )	T3 (NP)	
<i>mesalamine er</i>	T3 (NP)	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3 (NP)	
<i>mesalamine rectal</i>	T3 (NP)	
SFROWASA ( <i>mesalamine</i> )	T3 (NP)	
<i>sulfasalazine oral</i>	T1 (G)	
<b>ANTIULCER AGENTS AND ACID SUPPRESS.,MISC</b>		
<i>bis subcit-metronid-tetracyc</i>	T3 (NP)	
<i>bismuth/metronidaz/tetracyclin</i>	T3 (NP)	
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS</b>		
<i>amoxicillin</i>	LCG	
<i>clarithromycin oral suspension reconstituted</i>	T3 (NP)	
<i>clarithromycin oral tablet</i>	T1 (G)	
<i>metronidazole intravenous</i>	T1 (G)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	LCG	
<i>tetracycline hcl oral capsule</i>	T3 (NP)	
<b>CATHARTICS AND LAXATIVES</b>		
<i>bisacodyl ec</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>citrate of magnesium</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>citroma</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs c-lax laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs gentle laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs gentle laxative womens</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs purelax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eq magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq laxative oral tablet delayed release</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ft clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ft laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ft magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>gavilax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>gavilyte-c</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements &amp; Limits</b>
<b><i>gavilyte-g</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<b><i>gavilyte-n with flavor pack</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<b><i>gentle laxative oral tablet delayed release</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>glycolax</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>gnp clearlax oral powder</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>gnp gentle laxative oral</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>gnp magnesium citrate</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>gnp womens gentle laxative</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>gnp womens laxative oral tablet delayed release 5 mg</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>goodsense bisacodyl laxative</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>goodsense clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>goodsense magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>kls laxaclear</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>kp bisacodyl</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>magnesium citrate oral solution</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>mineral oil heavy oral</i>	T1 (G)	
<i>mm clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>na sulfate-k sulfate-mg sulf</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (354 ML per 365 days)
<i>peg 3350 oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>peg 3350-kcl-na bicarb-nacl</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<i>peg-3350/electrolytes</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b><i>peg-3350/electrolytes/ascorbat</i></b>	T1 (G)	
<b><i>peg-kcl-nacl-nasulf-na asc-c</i></b>	T1 (G)	
PLENVU ( <b><i>peg-kcl-nacl-nasulf-na asc-c</i></b> )	T3 (NP)	
<b><i>pnv-dha+docusate</i></b>	T1 (G)	
<b><i>polyethylene glycol 3350 oral powder</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>polyethylene glycol 3350-grx oral powder</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>prenatal 19 oral tablet 29-1 mg</i></b>	T1 (G)	
<b><i>qc gentle laxative oral</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>qc gentle laxative womens</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>qc laxative</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>qc magnesium citrate</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>qc natura-lax</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>ra laxative oral powder</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b><i>ra laxative oral tablet delayed release</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>ra magnesium citrate</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>ra womens laxative</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>sb bisacodyl laxative ec</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>sb gentle lax-women</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>sb magnesium citrate</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>sb polyethylene glycol 3350</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>smooth lax oral powder</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>true laxative</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b><i>womans laxative</i></b>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>womens laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<b>CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone</i>	T3 (NP)	QL (2 EA per 1 day)
<b>CHOLELITHOLYTIC AGENTS</b>		
BYLVAY ( <i>odevixibat</i> )	T4 (SP)	PA
BYLVAY (PELLETS) ( <i>odevixibat</i> )	T4 (SP)	PA
CHENODAL ( <i>chenodiol</i> )	T4 (SP)	PA
CHOLBAM ( <i>cholic acid</i> )	T4 (SP)	PA
CTEXLI ( <i>chenodiol (basds)</i> )	T4 (SP)	PA
OCALIVA ( <i>obeticholic acid</i> )	T4 (SP)	
<i>ursodiol oral capsule 300 mg</i>	T3 (NP)	
<i>ursodiol oral tablet</i>	T3 (NP)	
<b>DIGESTANTS</b>		
CREON ( <i>pancrelipase (lip-prot-amyl)</i> )	T2 (PB)	
GATTEX ( <i>teduglutide (rdna)</i> )	T4 (SP)	PA
ZENPEP ( <i>pancrelipase (lip-prot-amyl)</i> )	T2 (PB)	
<b>DOPAMINE RECEPTOR ANTAGONISTS</b>		
<i>droperidol injection</i>	T1 (G)	
<i>promethazine hcl rectal</i>	T3 (NP)	
<b>GI DRUGS, MISCELLANEOUS</b>		
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)

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Drug Name	Drug Tier	Coverage Requirements & Limits
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)
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)
<b>alvimopan</b>	T1 (G)	
AVSOLA ( <i>infliximab-axxq</i> )	T4 (SP)	PA
BYLVAY ( <i>odevixibat</i> )	T4 (SP)	PA
BYLVAY (PELLETS) ( <i>odevixibat</i> )	T4 (SP)	PA
CHOLBAM ( <i>cholic acid</i> )	T4 (SP)	PA
CIMZIA ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
<b>dronabinol</b>	T3 (NP)	PA; QL (2 EA per 1 day)
GATTEX ( <i>teduglutide (rdna)</i> )	T4 (SP)	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UEIT START ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (1.6 ML per 365 days)
INFLECTRA ( <i>infliximab-dyyb</i> )	T4 (SP)	PA
LINZESS ( <i>linaclotide</i> )	T2 (PB)	QL (1 EA per 1 day)
<i>lubiprostone</i>	T3 (NP)	QL (2 EA per 1 day)
OICALIVA ( <i>obeticholic acid</i> )	T4 (SP)	
<i>octreotide acetate injection</i>	T4 (SP)	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>octreotide acetate subcutaneous</i>	T4 (SP)	PA
<i>prucalopride succinate</i>	T3 (NP)	QL (1 EA per 1 day)
REBYOTA ( <i>fecal microbiota, live-jslm</i> )	T4 (SP)	PA
SIMPONI ARIA ( <i>golimumab</i> )	T4 (SP)	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SKYRIZI INTRAVENOUS ( <i>risankizumab-rzaa</i> )	T4 (SP)	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML ( <i>risankizumab-rzaa</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )	T4 (SP)	PA; SP-QTZ; QL (0.05 ML per 1 day)
SYMPROIC ( <i>naldemedine tosylate</i> )	T2 (PB)	QL (1 EA per 1 day)
<b>GUANYLATE CYCLASE C (GCC) RECEPT AGONIST</b>		
LINZESS ( <i>linaclotide</i> )	T2 (PB)	QL (1 EA per 1 day)
<b>HISTAMINE H2-ANTAGONISTS</b>		
<i>cimetidine hcl</i>	T1 (G)	
<i>cimetidine oral</i>	T1 (G)	
<i>famotidine (pf)</i>	T1 (G)	
<i>famotidine oral suspension reconstituted</i>	T3 (NP)	
<i>famotidine oral tablet 40 mg</i>	T1 (G)	
<i>famotidine tablet 20 mg oral (rx)</i>	LCG	
<i>nizatidine</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>LIPOTROPIC AGENTS</b>		
<i>scopolamine</i>	T2 (PB)	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS</b>		
<i>aprepitant oral capsule 125 mg</i>	T3 (NP)	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	T3 (NP)	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	T3 (NP)	QL (4 EA per 30 days)
<i>fosaprepitant dimeglumine</i>	T1 (G)	
<b>OPIOID ANTAGONISTS (56:18)</b>		
<i>alvimopan</i>	T1 (G)	
SYMPROIC ( <i>naldemedine tosylate</i> )	T2 (PB)	QL (1 EA per 1 day)
<b>PROKINETIC AGENTS</b>		
<i>metoclopramide hcl injection</i>	T1 (G)	
<i>metoclopramide hcl oral solution</i>	LCG	
<i>metoclopramide hcl oral tablet</i>	LCG	
<b>PROSTAGLANDINS</b>		
<i>misoprostol oral</i>	\$0	
<b>PROTECTANTS</b>		
<i>sucralfate oral tablet</i>	LCG	
<b>PROTON-PUMP INHIBITORS</b>		
<i>amoxicill-clarithro-lansopraz</i>	T3 (NP)	
<i>esomeprazole magnesium oral capsule delayed release</i>	T1 (G)	
<i>lansoprazole oral capsule delayed release</i>	T1 (G)	QL (1 EA per 1 day)
OMECLAMOX-PAK ( <i>amoxicill-clarithro-omeprazole</i> )	T2 (PB)	
<i>omeprazole oral capsule delayed release</i>	LCG	QL (1 EA per 1 day)
<i>pantoprazole sodium intravenous</i>	T1 (G)	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	LCG	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rabeprazole sodium oral tablet delayed release</i>	T2 (PB)	QL (1 EA per 1 day)
<b>HEAVY METAL ANTAGONISTS</b>		
<b>HEAVY METAL ANTAGONISTS</b>		
CHEMET ( <i>succimer</i> )	T3 (NP)	
<i>deferasirox oral tablet soluble</i>	T3 (NP)	PA
<i>deferiprone</i>	T3 (NP)	PA
<i>deferoxamine mesylate</i>	T1 (G)	
<i>penicillamine oral tablet</i>	T4 (SP)	
<i>trientine hcl oral capsule 250 mg</i>	T4 (SP)	PA
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>ADRENALS</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	T2 (PB)	\$0 HDHP; QL (0.4 GM per 1 day)
<i>ala-cort</i>	T1 (G)	
ARNUIITY ELLIPTA ( <i>fluticasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) ( <i>mometasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES) ( <i>mometasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) ( <i>mometasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES) ( <i>mometasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX HFA ( <i>mometasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (0.44 GM per 1 day)
<i>betamethasone dipropionate aug external cream</i>	T1 (G)	
<i>betamethasone dipropionate aug external lotion</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>betamethasone dipropionate aug external ointment</b>	T3 (NP)	
<b>betamethasone dipropionate external cream</b>	T1 (G)	
<b>betamethasone dipropionate external lotion</b>	T1 (G)	
<b>betamethasone dipropionate external ointment</b>	T3 (NP)	
<b>betamethasone valerate external cream</b>	T1 (G)	
<b>betamethasone valerate external lotion</b>	T1 (G)	
<b>betamethasone valerate external ointment</b>	T1 (G)	
BREO ELLIPTA ( <b>fluticasone furoate-vilanterol</b> )	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
<b>breyna</b>	T2 (PB)	\$0 HDHP; QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE ( <b>budeson-glycopyrrol-formoterol</b> )	T2 (PB)	QL (0.36 GM per 1 day)
<b>budesonide er</b>	T3 (NP)	
<b>budesonide inhalation</b>	T3 (NP)	\$0 HDHP; QL (4 ML per 1 day)
<b>budesonide oral</b>	T3 (NP)	
<b>budesonide-formoterol fumarate</b>	T2 (PB)	\$0 HDHP; QL (0.35 GM per 1 day)
CORTIFOAM ( <b>hydrocortisone acetate</b> )	T3 (NP)	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML ( <b>methylprednisolone acetate</b> )	T3 (NP)	
<b>dexameth sod phos (pf) +rfid</b>	T1 (G)	
<b>dexamethasone intensol</b>	LCG	
<b>dexamethasone oral elixir</b>	T3 (NP)	
<b>dexamethasone oral solution</b>	LCG	
<b>dexamethasone oral tablet</b>	LCG	
<b>dexamethasone sod phos (pf)</b>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>dexamethasone sod phos +rfid</b>	T1 (G)	
<b>dexamethasone sod phosphate pf</b>	T1 (G)	
<b>dexamethasone sodium phosphate injection</b>	T1 (G)	
<b>fludrocortisone acetate oral</b>	T1 (G)	
<b>flunisolide nasal</b>	T2 (PB)	QL (0.84 ML per 1 day)
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)
<b>fluticasone propionate external cream</b>	T1 (G)	
<b>fluticasone propionate external ointment</b>	T1 (G)	
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)
<b>fluticasone propionate nasal</b>	T1 (G)	
<b>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</b>	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)
<b>hydrocortisone (perianal)</b>	T1 (G)	
<b>hydrocortisone ace-pramoxine external cream 1-1 %</b>	T1 (G)	
<b>hydrocortisone butyrate external solution</b>	T1 (G)	
<b>hydrocortisone cream 1 % external (rx)</b>	T1 (G)	
<b>hydrocortisone external cream 2.5 %</b>	LCG	
<b>hydrocortisone external lotion 2.5 %</b>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>hydrocortisone external ointment 1 %, 2.5 %</b>	T1 (G)	
<b>hydrocortisone oral</b>	LCG	
<b>hydrocortisone rectal</b>	T3 (NP)	
<b>hydrocortisone valerate external cream</b>	T3 (NP)	
<b>hydrocortisone-acetic acid</b>	T3 (NP)	
<b>INTRAROSA (prasterone)</b>	T3 (NP)	
<b>KENALOG-10 (triamcinolone acetonide)</b>	T3 (NP)	
<b>KENALOG-80 (triamcinolone acetonide)</b>	T3 (NP)	
<b>methylprednisolone acetate suspension 40 mg/ml injection</b>	T1 (G)	
<b>methylprednisolone acetate suspension 80 mg/ml injection</b>	T1 (G)	
<b>methylprednisolone oral</b>	LCG	
<b>mometasone furoate external</b>	T1 (G)	
<b>mometasone furoate nasal</b>	T3 (NP)	QL (1.14 GM per 1 day)
<b>prednisolone acetate ophthalmic</b>	T1 (G)	
<b>prednisolone oral solution</b>	LCG	
<b>prednisolone sodium phosphate ophthalmic</b>	T1 (G)	
<b>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</b>	LCG	QL (16 ML per 1 day)
<b>prednisone oral tablet</b>	LCG	
<b>prednisone oral tablet therapy pack</b>	LCG	
<b>procto-med hc</b>	T1 (G)	
<b>QVAR REDIHALER (beclomethasone diprop hfa)</b>	T2 (PB)	\$0 HDHP; QL (0.71 GM per 1 day)
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG (hydrocortisone sod succinate)</b>	T3 (NP)	
<b>TRELEGY ELLIPTA (fluticasone-umeclidin-vilant)</b>	T2 (PB)	QL (2 EA per 1 day)
<b>triamcinolone acetonide external cream</b>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>triamcinolone acetonide external lotion</i>	T1 (G)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	T1 (G)	
<i>triamcinolone acetonide external ointment 0.1 %</i>	LCG	
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	T1 (G)	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	T3 (NP)	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T1 (G)	
<i>triderm</i>	LCG	
TRYNGOLZA ( <i>olezarsen sodium</i> )	T4 (SP)	PA; QL (0.03 ML per 1 day)
<i>wixela inhub</i>	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose oral</i>	T3 (NP)	
<b>ANDROGENS</b>		
<i>danazol oral</i>	T3 (NP)	
<i>testosterone cypionate intramuscular</i>	T1 (G)	PA; \$0 for gender identity-related dx; QL (0.4 ML per 1 day)
<i>testosterone enanthate intramuscular</i>	T1 (G)	PA; \$0 for gender identity-related dx; QL (0.2 ML per 1 day)
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T3 (NP)	PA; \$0 for gender identity-related dx; QL (5 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	T3 (NP)	PA; \$0 for gender identity-related dx; QL (10 GM per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>testosterone transdermal solution</i>	T3 (NP)	PA; \$0 for gender identity-related dx; QL (6 ML per 1 day)
<b>ANTIDIABETIC AGENTS, MISCELLANEOUS</b>		
<i>colesevelam hcl oral tablet</i>	T3 (NP)	
<b>ANTIESTROGENS</b>		
<i>anastrozole oral</i>	T1 (G)	\$0 for breast cancer PX
<i>exemestane</i>	T1 (G)	\$0 for breast cancer PX
<i>letrozole oral</i>	T1 (G)	\$0 for breast cancer PX
<b>ANTIGONADTROPINS</b>		
<i>aftera</i>	T1 PV	
<i>cetrorelix acetate</i>	T4 (SP)	PA
<i>econtra one-step</i>	T1 PV	
<i>ganirelix acetate</i>	T4 (SP)	PA
<i>her style</i>	T1 PV	
KYLEENA ( <i>levonorgestrel</i> )	T3 PV	
<i>levonorgestrel</i>	T1 PV	
LILETTA (52 MG) ( <i>levonorgestrel</i> )	T3 PV	
MIRENA (52 MG) ( <i>levonorgestrel</i> )	T3 PV	
<i>my choice</i>	T1 PV	
<i>my way</i>	T1 PV	
<i>new day</i>	T1 PV	
NEXPLANON ( <i>etonogestrel</i> )	T3 PV	
<i>opcicon one-step</i>	T1 PV	
<i>option 2</i>	T1 PV	
ORGOVYX ( <i>relugolix</i> )	T4 (SP)	PA
<i>react</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
SKYLA ( <i>levonorgestrel</i> )	T3 PV	
SLYND ( <i>drospirenone</i> )	\$0	
<i>take action</i>	T1 PV	
<i>testosterone cypionate intramuscular</i>	T1 (G)	PA; \$0 for gender identity-related dx; QL (0.4 ML per 1 day)
<i>testosterone enanthate intramuscular</i>	T1 (G)	PA; \$0 for gender identity-related dx; QL (0.2 ML per 1 day)
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T3 (NP)	PA; \$0 for gender identity-related dx; QL (5 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	T3 (NP)	PA; \$0 for gender identity-related dx; QL (10 GM per 1 day)
<i>testosterone transdermal solution</i>	T3 (NP)	PA; \$0 for gender identity-related dx; QL (6 ML per 1 day)
<b>ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS</b>		
<i>diazoxide oral</i>	T3 (NP)	
<b>ANTIPARATHYROID AGENTS</b>		
<i>calcitonin (salmon) injection</i>	T1 (G)	\$0 HDHP
<i>calcitonin (salmon) nasal</i>	T1 (G)	\$0 HDHP; QL (0.13 ML per 1 day)
<i>cinacalcet hcl</i>	T3 (NP)	PA
<b>ANTITHYROID AGENTS</b>		
<i>iodine strong</i>	T1 (G)	
<i>methimazole oral</i>	T1 (G)	
<i>propylthiouracil oral</i>	T2 (PB)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>BIGUANIDES</b>		
<i>glipizide-metformin hcl</i>	T3 (NP)	
<i>glyburide-metformin</i>	T1 (G)	\$0 HDHP
JANUMET ( <i>sitagliptin phos-metformin hcl</i> )	T2 (PB)	\$0 HDHP
JANUMET XR ( <i>sitagliptin phos-metformin hcl</i> )	T2 (PB)	\$0 HDHP
JENTADUETO ( <i>linagliptin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
JENTADUETO XR ( <i>linagliptin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	LCG	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	T1 (G)	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	LCG	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
SYNJARDY ( <i>empagliflozin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
XIGDUO XR ( <i>dapagliflozin prop-metformin</i> )	T2 (PB)	\$0 HDHP
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	T1 PV	
<i>aftera</i>	T1 PV	
<i>altavera</i>	T1 PV	
<i>alyacen 1/35</i>	T1 PV	
<i>alyacen 7/7/7</i>	T1 PV	
<i>amethyst</i>	T1 PV	
ANNOVERA ( <i>segesterone-ethinyl estradiol</i> )	T3 PV	QL (1 EA per 350 days)
<i>apri</i>	T1 PV	
<i>aranelle</i>	T1 PV	
<i>ashlyna</i>	T1 PV	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aubra eq</i>	T1 PV	
<i>aurovela 1.5/30</i>	T1 PV	
<i>aurovela 1/20</i>	T1 PV	
<i>aurovela 24 fe</i>	T1 PV	
<i>aurovela fe 1.5/30</i>	T1 PV	
<i>aurovela fe 1/20</i>	T1 PV	
<i>aviane</i>	T1 PV	
<i>ayuna</i>	T1 PV	
<i>azurette</i>	T1 PV	
<i>balziva</i>	T1 PV	
<i>blisovi 24 fe</i>	T1 PV	
<i>blisovi fe 1.5/30</i>	T1 PV	
<i>blisovi fe 1/20</i>	T1 PV	
<i>briellyn</i>	T1 PV	
<i>camila</i>	T1 PV	
<i>camrese</i>	T1 PV	QL (1 EA per 1 day)
<i>camrese lo</i>	T1 PV	QL (1 EA per 1 day)
<i>charlotte 24 fe</i>	T1 PV	
<i>chateal eq</i>	T1 PV	
<i>cryselle-28</i>	T1 PV	
<i>cyred eq</i>	T1 PV	
<i>dasetta 1/35 (28)</i>	T1 PV	
<i>dasetta 7/7/7</i>	T1 PV	
<i>daysee</i>	T1 PV	QL (1 EA per 1 day)
<i>deblitane</i>	T1 PV	
<i>delyla</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-SUBQ PROVERA 104 ( <i>medroxyprogesterone acetate</i> )	\$0	QL (0.02 ML per 1 day)
<i>desogestrel-ethinyl estradiol</i>	T1 PV	
<i>dolishale</i>	T1 PV	
<i>drospiren-eth estrad-levomefol</i>	T1 PV	
<i>drospirenone-ethinyl estradiol</i>	T1 PV	
<i>econtra one-step</i>	T1 PV	
<i>elinest</i>	T1 PV	
ELLA ( <i>ulipristal acetate</i> )	T3 PV	
<i>eluryng</i>	T1 PV	
<i>emzahh</i>	T1 PV	
<i>enilloring</i>	T1 PV	
<i>enpresse-28</i>	T1 PV	
<i>enskyce</i>	T1 PV	
<i>errin</i>	T1 PV	
<i>estarylla</i>	T1 PV	
<i>ethynodiol diac-eth estradiol</i>	T1 PV	
<i>etonogestrel-ethinyl estradiol</i>	T1 PV	
<i>falmina</i>	T1 PV	
<i>feirza 1.5/30</i>	T1 PV	
<i>feirza 1/20</i>	T1 PV	
FEMLYV ( <i>norethindrone acet-ethinyl est</i> )	\$0	
<i>finzala</i>	T1 PV	
<i>galbriela</i>	T1 PV	
<i>gemmily</i>	T1 PV	
<i>hailey 1.5/30</i>	T1 PV	
<i>hailey 24 fe</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hailey fe 1.5/30</i>	T1 PV	
<i>hailey fe 1/20</i>	T1 PV	
<i>haloette</i>	T1 PV	
<i>heather</i>	T1 PV	
<i>her style</i>	T1 PV	
<i>iclevia</i>	T1 PV	QL (1 EA per 1 day)
<i>incassia</i>	T1 PV	
<i>introvale</i>	T1 PV	QL (1 EA per 1 day)
<i>isibloom</i>	T1 PV	
<i>jaimiess</i>	T1 PV	QL (1 EA per 1 day)
<i>jasmiel</i>	T1 PV	
<i>jencycla</i>	T1 PV	
<i>jolessa</i>	T1 PV	QL (1 EA per 1 day)
<i>joyeaux</i>	T1 PV	
<i>juleber</i>	T1 PV	
<i>junel 1.5/30</i>	T1 PV	
<i>junel 1/20</i>	T1 PV	
<i>junel fe 1.5/30</i>	T1 PV	
<i>junel fe 1/20</i>	T1 PV	
<i>junel fe 24</i>	T1 PV	
<i>kaitlib fe</i>	T1 PV	
<i>kalliga</i>	T1 PV	
<i>kariva</i>	T1 PV	
<i>kelnor 1/35</i>	T1 PV	
<i>kurvelo</i>	T1 PV	
KYLEENA ( <i>levonorgestrel</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin 1.5/30</i>	T1 PV	
<i>larin 1/20</i>	T1 PV	
<i>larin 24 fe</i>	T1 PV	
<i>larin fe 1.5/30</i>	T1 PV	
<i>larin fe 1/20</i>	T1 PV	
<i>leena</i>	T1 PV	
<i>lessina</i>	T1 PV	
<i>levonest</i>	T1 PV	
<i>levonorgest-eth est &amp; eth est</i>	T1 PV	QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	T1 PV	QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron</i>	T1 PV	
<i>levonorgestrel</i>	T1 PV	
<i>levonorgestrel-ethinyl estrad</i>	T1 PV	
<i>levonorg-eth estrad triphasic</i>	T1 PV	
<i>levora 0.15/30 (28)</i>	T1 PV	
LILETTA (52 MG) ( <i>levonorgestrel</i> )	T3 PV	
LO LOESTRIN FE ( <i>norethin-eth estrad-fe biphas</i> )	\$0	
<i>lojaimiess</i>	T1 PV	QL (1 EA per 1 day)
<i>loryna</i>	T1 PV	
<i>low-ogestrel</i>	T1 PV	
<i>lo-zumandimine</i>	T1 PV	
<i>lutra</i>	T1 PV	
<i>lyleq</i>	T1 PV	
<i>lyza</i>	T1 PV	
<i>marlissa</i>	T1 PV	
<i>medroxyprogesterone acetate intramuscular</i>	T1 PV	QL (0.02 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>meleya</i>	T1 PV	
<i>merzee</i>	T1 PV	
<i>mibelas 24 fe</i>	T1 PV	
<i>microgestin 1.5/30</i>	T1 PV	
<i>microgestin 1/20</i>	T1 PV	
<i>microgestin fe 1.5/30</i>	T1 PV	
<i>microgestin fe 1/20</i>	T1 PV	
<i>mili</i>	T1 PV	
<i>minzoya</i>	T1 PV	
MIRENA (52 MG) ( <i>levonorgestrel</i> )	T3 PV	
<i>mono-lynyah</i>	T1 PV	
<i>my choice</i>	T1 PV	
<i>my way</i>	T1 PV	
NATAZIA ( <i>estradiol valerate-dienogest</i> )	T2 PV	
<i>necon 0.5/35 (28)</i>	T1 PV	
<i>new day</i>	T1 PV	
NEXPLANON ( <i>etonogestrel</i> )	T3 PV	
NEXTSTELLIS ( <i>drospirenone-estetrol</i> )	\$0	
<i>nikki</i>	T1 PV	
<i>nora-be</i>	T1 PV	
<i>norelgestromin-eth estradiol</i>	T1 PV	
<i>norethin ace-eth estrad-fe</i>	T1 PV	
<i>norethindrone acet-ethinyl est</i>	T1 PV	
<i>norethindrone oral</i>	T1 PV	
<i>norethindron-ethinyl estrad-fe</i>	T1 PV	
<i>norethin-eth estradiol-fe</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1 PV	
<i>norgestimate-ethinyl estradiol triphasic</i>	T1 PV	
<i>norlyroc</i>	T1 PV	
<i>nortrel 0.5/35 (28)</i>	T1 PV	
<i>nortrel 1/35 (21)</i>	T1 PV	
<i>nortrel 1/35 (28)</i>	T1 PV	
<i>nortrel 7/7/7</i>	T1 PV	
<i>nylia 1/35</i>	T1 PV	
<i>nylia 7/7/7</i>	T1 PV	
<i>ocella</i>	T1 PV	
<i>opcicon one-step</i>	T1 PV	
OPILL ( <i>norgestrel</i> )	T3 PV	
<i>option 2</i>	T1 PV	
<i>orquidea</i>	T1 PV	
<i>philith</i>	T1 PV	
<i>pimtrea</i>	T1 PV	
<i>portia-28</i>	T1 PV	
<i>react</i>	T1 PV	
<i>reclipsen</i>	T1 PV	
<i>rivelsa</i>	T1 PV	QL (1 EA per 1 day)
<i>rosyrah</i>	T1 PV	QL (1 EA per 1 day)
<i>setlakin</i>	T1 PV	QL (1 EA per 1 day)
<i>sharobel</i>	T1 PV	
<i>simliya</i>	T1 PV	
<i>simpesse</i>	T1 PV	QL (1 EA per 1 day)
SKYLA ( <i>levonorgestrel</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
SLYND ( <i>drospirenone</i> )	\$0	
<i>sprintec 28</i>	T1 PV	
<i>sronyx</i>	T1 PV	
<i>syeda</i>	T1 PV	
<i>take action</i>	T1 PV	
<i>tarina 24 fe</i>	T1 PV	
<i>tarina fe 1/20 eq</i>	T1 PV	
<i>taysofy</i>	T1 PV	
<i>tilia fe</i>	T1 PV	
<i>tri-estarylla</i>	T1 PV	
<i>tri-legest fe</i>	T1 PV	
<i>tri-linyah</i>	T1 PV	
<i>tri-lo-estarylla</i>	T1 PV	
<i>tri-lo-marzia</i>	T1 PV	
<i>tri-lo-mili</i>	T1 PV	
<i>tri-lo-sprintec</i>	T1 PV	
<i>tri-mili</i>	T1 PV	
<i>tri-sprintec</i>	T1 PV	
<i>tri-vylibra</i>	T1 PV	
<i>tri-vylibra lo</i>	T1 PV	
<i>turqoz</i>	T1 PV	
TWIRLA ( <i>levonorgestrel-eth estradiol</i> )	\$0	
TYBLUME ( <i>levonorgestrel-ethinyl estrad</i> )	\$0	
<i>tydemy</i>	T1 PV	
<i>valtya 1/50</i>	T1 PV	
<i>velivet</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vestura</i>	T1 PV	
<i>vienva</i>	T1 PV	
<i>viorele</i>	T1 PV	
<i>volnea</i>	T1 PV	
<i>vyfemla</i>	T1 PV	
<i>vylibra</i>	T1 PV	
<i>wera</i>	T1 PV	
<i>wymzya fe</i>	T1 PV	
<i>xarah fe</i>	T1 PV	
<i>xelria fe</i>	T1 PV	
<i>xulane</i>	T1 PV	
<i>zafemy</i>	T1 PV	
<i>zovia 1/35 (28)</i>	T1 PV	
<i>zumandimine</i>	T1 PV	
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS</b>		
GLYXAMBI ( <i>empagliflozin-linagliptin</i> )	T2 (PB)	\$0 HDHP
JANUMET ( <i>sitagliptin phos-metformin hcl</i> )	T2 (PB)	\$0 HDHP
JANUMET XR ( <i>sitagliptin phos-metformin hcl</i> )	T2 (PB)	\$0 HDHP
JANUVIA ( <i>sitagliptin phosphate</i> )	T2 (PB)	\$0 HDHP
JENTADUETO ( <i>linagliptin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
JENTADUETO XR ( <i>linagliptin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
TRADJENTA ( <i>linagliptin</i> )	T2 (PB)	\$0 HDHP
<b>ESTROGEN AGONIST-ANTAGONISTS</b>		
<i>clomid</i>	T3 (NP)	
<i>clomiphene citrate oral</i>	T3 (NP)	
DUAVEE ( <i>conj estrogens-bazedoxifene</i> )	T2 (PB)	

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OSPHENA ( <i>ospemifene</i> )	T3 (NP)	
<i>raloxifene hcl</i>	T1 (G)	\$0 for breast cancer PX
<i>tamoxifen citrate oral</i>	T1 (G)	\$0 for breast cancer PX
<i>toremifene citrate</i>	T3 (NP)	
<b>ESTROGENS</b>		
<i>abigale</i>	T1 (G)	
<i>abigale lo</i>	T1 (G)	
<i>afirmelle</i>	T1 PV	
<i>altavera</i>	T1 PV	
<i>alyacen 1/35</i>	T1 PV	
<i>alyacen 7/7/7</i>	T1 PV	
<i>amethyst</i>	T1 PV	
ANNOVERA ( <i>segesterone-ethinyl estradiol</i> )	T3 PV	QL (1 EA per 350 days)
<i>apri</i>	T1 PV	
<i>aranelle</i>	T1 PV	
<i>ashlyna</i>	T1 PV	QL (1 EA per 1 day)
<i>aubra eq</i>	T1 PV	
<i>aurovela 1.5/30</i>	T1 PV	
<i>aurovela 1/20</i>	T1 PV	
<i>aurovela 24 fe</i>	T1 PV	
<i>aurovela fe 1.5/30</i>	T1 PV	
<i>aurovela fe 1/20</i>	T1 PV	
<i>aviane</i>	T1 PV	
<i>ayuna</i>	T1 PV	
<i>azurette</i>	T1 PV	
<i>balziva</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>blisovi 24 fe</i>	T1 PV	
<i>blisovi fe 1.5/30</i>	T1 PV	
<i>blisovi fe 1/20</i>	T1 PV	
<i>briellyn</i>	T1 PV	
<i>camrese</i>	T1 PV	QL (1 EA per 1 day)
<i>camrese lo</i>	T1 PV	QL (1 EA per 1 day)
<i>charlotte 24 fe</i>	T1 PV	
<i>chateal eq</i>	T1 PV	
COMBIPATCH ( <i>estradiol-norethindrone acet</i> )	T3 (NP)	
<i>cryselle-28</i>	T1 PV	
<i>cyred eq</i>	T1 PV	
<i>dasetta 1/35 (28)</i>	T1 PV	
<i>dasetta 7/7/7</i>	T1 PV	
<i>daysee</i>	T1 PV	QL (1 EA per 1 day)
<i>delyla</i>	T1 PV	
<i>desogestrel-ethinyl estradiol</i>	T1 PV	
<i>dolishale</i>	T1 PV	
<i>dotti</i>	T3 (NP)	
<i>drospiren-eth estrad-levomefol</i>	T1 PV	
<i>drospirenone-ethinyl estradiol</i>	T1 PV	
DUAVEE ( <i>conj estrogens-bazedoxifene</i> )	T2 (PB)	
<i>elinest</i>	T1 PV	
<i>eluryng</i>	T1 PV	
<i>enilloring</i>	T1 PV	
<i>enpresse-28</i>	T1 PV	
<i>enskyce</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estarylla</i>	T1 PV	
<i>estradiol oral</i>	LCG	
<i>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</i>	T1 (G)	
<i>estradiol transdermal patch twice weekly</i>	T3 (NP)	
<i>estradiol transdermal patch weekly</i>	T1 (G)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	T1 (G)	
<i>estradiol vaginal tablet</i>	T3 (NP)	
<i>estradiol-norethindrone acet</i>	T1 (G)	
<i>ethynodiol diac-eth estradiol</i>	T1 PV	
<i>etonogestrel-ethinyl estradiol</i>	T1 PV	
<i>falmina</i>	T1 PV	
<i>feirza 1.5/30</i>	T1 PV	
<i>feirza 1/20</i>	T1 PV	
FEMLYV ( <i>norethindrone acet-ethinyl est</i> )	\$0	
<i>finzala</i>	T1 PV	
<i>fyavolv</i>	T2 (PB)	
<i>galbriela</i>	T1 PV	
<i>gemmily</i>	T1 PV	
<i>hailey 1.5/30</i>	T1 PV	
<i>hailey 24 fe</i>	T1 PV	
<i>hailey fe 1.5/30</i>	T1 PV	
<i>hailey fe 1/20</i>	T1 PV	
<i>haloette</i>	T1 PV	
<i>iclevia</i>	T1 PV	QL (1 EA per 1 day)
<i>introvale</i>	T1 PV	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>isibloom</i>	T1 PV	
<i>jaimiess</i>	T1 PV	QL (1 EA per 1 day)
<i>jasmiel</i>	T1 PV	
<i>jinteli</i>	T2 (PB)	
<i>jolessa</i>	T1 PV	QL (1 EA per 1 day)
<i>joyeaux</i>	T1 PV	
<i>juleber</i>	T1 PV	
<i>junel 1.5/30</i>	T1 PV	
<i>junel 1/20</i>	T1 PV	
<i>junel fe 1.5/30</i>	T1 PV	
<i>junel fe 1/20</i>	T1 PV	
<i>junel fe 24</i>	T1 PV	
<i>kaitlib fe</i>	T1 PV	
<i>kalliga</i>	T1 PV	
<i>kariva</i>	T1 PV	
<i>kelnor 1/35</i>	T1 PV	
<i>kurvelo</i>	T1 PV	
<i>larin 1.5/30</i>	T1 PV	
<i>larin 1/20</i>	T1 PV	
<i>larin 24 fe</i>	T1 PV	
<i>larin fe 1.5/30</i>	T1 PV	
<i>larin fe 1/20</i>	T1 PV	
<i>leena</i>	T1 PV	
<i>lessina</i>	T1 PV	
<i>levonest</i>	T1 PV	
<i>levonorgest-eth est &amp; eth est</i>	T1 PV	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>levonorgest-eth estrad 91-day</b>	T1 PV	QL (1 EA per 1 day)
<b>levonorgest-eth estradiol-iron</b>	T1 PV	
<b>levonorgestrel-ethinyl estrad</b>	T1 PV	
<b>levonorg-eth estrad triphasic</b>	T1 PV	
<b>levora 0.15/30 (28)</b>	T1 PV	
LO LOESTRIN FE ( <b>norethin-eth estrad-fe biphas</b> )	\$0	
<b>lojaimiess</b>	T1 PV	QL (1 EA per 1 day)
<b>loryna</b>	T1 PV	
<b>low-ogestrel</b>	T1 PV	
<b>lo-zumandimine</b>	T1 PV	
<b>lutra</b>	T1 PV	
<b>lyllana</b>	T3 (NP)	
<b>marlissa</b>	T1 PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG ( <b>esterified estrogens</b> )	T2 (PB)	
<b>merzee</b>	T1 PV	
<b>mibelas 24 fe</b>	T1 PV	
<b>microgestin 1.5/30</b>	T1 PV	
<b>microgestin 1/20</b>	T1 PV	
<b>microgestin fe 1.5/30</b>	T1 PV	
<b>microgestin fe 1/20</b>	T1 PV	
<b>mili</b>	T1 PV	
<b>mimvey</b>	T1 (G)	
<b>minzoya</b>	T1 PV	
<b>mono-lynyah</b>	T1 PV	
NATAZIA ( <b>estradiol valerate-dienogest</b> )	T2 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>necon 0.5/35 (28)</b>	T1 PV	
NEXTSTELLIS ( <b>drospirenone-estetrol</b> )	\$0	
<b>nikki</b>	T1 PV	
<b>norelgestromin-eth estradiol</b>	T1 PV	
<b>norethin ace-eth estrad-fe</b>	T1 PV	
<b>norethindrone acet-ethinyl est</b>	T1 PV	
<b>norethindrone-eth estradiol</b>	T2 (PB)	
<b>norethindron-ethinyl estrad-fe</b>	T1 PV	
<b>norethin-eth estradiol-fe</b>	T1 PV	
<b>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</b>	T1 PV	
<b>norgestimate-ethinyl estradiol triphasic</b>	T1 PV	
<b>nortrel 0.5/35 (28)</b>	T1 PV	
<b>nortrel 1/35 (21)</b>	T1 PV	
<b>nortrel 1/35 (28)</b>	T1 PV	
<b>nortrel 7/7/7</b>	T1 PV	
<b>nylia 1/35</b>	T1 PV	
<b>nylia 7/7/7</b>	T1 PV	
<b>ocella</b>	T1 PV	
<b>philith</b>	T1 PV	
<b>pimtrea</b>	T1 PV	
<b>portia-28</b>	T1 PV	
PREMARIN ORAL ( <b>estrogens conjugated</b> )	T2 (PB)	
PREMARIN VAGINAL ( <b>estrogens, conjugated</b> )	T2 (PB)	
PREMPHASE ( <b>conj estrog-medroxyprogest ace</b> )	T2 (PB)	
PREMPRO ( <b>conj estrog-medroxyprogest ace</b> )	T2 (PB)	
<b>reclipsen</b>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rivelsa</i>	T1 PV	QL (1 EA per 1 day)
<i>rosyrah</i>	T1 PV	QL (1 EA per 1 day)
<i>setlakin</i>	T1 PV	QL (1 EA per 1 day)
<i>simliya</i>	T1 PV	
<i>simpesse</i>	T1 PV	QL (1 EA per 1 day)
<i>sprintec 28</i>	T1 PV	
<i>sronyx</i>	T1 PV	
<i>syeda</i>	T1 PV	
<i>tarina 24 fe</i>	T1 PV	
<i>tarina fe 1/20 eq</i>	T1 PV	
<i>taysofy</i>	T1 PV	
<i>tilia fe</i>	T1 PV	
<i>tri-estarylla</i>	T1 PV	
<i>tri-legest fe</i>	T1 PV	
<i>tri-linyah</i>	T1 PV	
<i>tri-lo-estarylla</i>	T1 PV	
<i>tri-lo-marzia</i>	T1 PV	
<i>tri-lo-mili</i>	T1 PV	
<i>tri-lo-sprintec</i>	T1 PV	
<i>tri-mili</i>	T1 PV	
<i>tri-sprintec</i>	T1 PV	
<i>tri-vylibra</i>	T1 PV	
<i>tri-vylibra lo</i>	T1 PV	
<i>turqoz</i>	T1 PV	
TWIRLA ( <i>levonorgestrel-eth estradiol</i> )	\$0	
TYBLUME ( <i>levonorgestrel-ethinyl estrad</i> )	\$0	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tydemy</i>	T1 PV	
<i>valtya 1/50</i>	T1 PV	
<i>velivet</i>	T1 PV	
<i>vestura</i>	T1 PV	
<i>vienva</i>	T1 PV	
<i>viorele</i>	T1 PV	
<i>volnea</i>	T1 PV	
<i>vyfemla</i>	T1 PV	
<i>vylibra</i>	T1 PV	
<i>wera</i>	T1 PV	
<i>wymzya fe</i>	T1 PV	
<i>xarah fe</i>	T1 PV	
<i>xelria fe</i>	T1 PV	
<i>xulane</i>	T1 PV	
<i>yuvaferm</i>	T3 (NP)	
<i>zafemy</i>	T1 PV	
<i>zovia 1/35 (28)</i>	T1 PV	
<i>zumandimine</i>	T1 PV	
<b>GLYCOGENOLYTIC AGENTS</b>		
BAQSIMI ONE PACK ( <i>glucagon</i> )	T2 (PB)	
BAQSIMI TWO PACK ( <i>glucagon</i> )	T2 (PB)	
<i>glucagon emergency kit injection kit 1 mg</i>	T1 (G)	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	T2 (PB)	
<b>GONADOTROPINS</b>		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T4 (SP)	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
FOLLISTIM AQ ( <i>follitropin beta</i> )	T4 (SP)	PA
GONAL-F ( <i>follitropin alfa</i> )	T4 (SP)	PA
GONAL-F RFF REDIJECT ( <i>follitropin alfa</i> )	T4 (SP)	PA
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )	T4 (SP)	PA
<i>leuprolide acetate injection</i>	T4 (SP)	PA
LUPRON DEPOT (1-MONTH) ( <i>leuprolide acetate</i> )	T4 (SP)	PA
LUPRON DEPOT (3-MONTH) ( <i>leuprolide acetate (3 month)</i> )	T4 (SP)	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG ( <i>leuprolide acetate (4 month)</i> )	T4 (SP)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG ( <i>leuprolide acetate (6 month)</i> )	T4 (SP)	PA
LUPRON DEPOT-PED (1-MONTH) ( <i>leuprolide acetate</i> )	T4 (SP)	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) ( <i>leuprolide acetate (3 month)</i> )	T4 (SP)	PA; QL (0.02 EA per 1 day)
LUPRON DEPOT-PED (6-MONTH) ( <i>leuprolide acetate (6 month)</i> )	T4 (SP)	PA; QL (0.01 EA per 1 day)
MENOPUR ( <i>menotropins</i> )	T4 (SP)	PA
NOVAREL ( <i>chorionic gonadotropin</i> )	T4 (SP)	PA
OVIDREL ( <i>choriogonadotropin alfa</i> )	T4 (SP)	PA
PREGNYL ( <i>chorionic gonadotropin</i> )	T4 (SP)	PA
SYNAREL ( <i>nafarelin acetate</i> )	T2 (PB)	
<b>INCRETIN MIMETICS</b>		
<i>liraglutide</i>	T2 (PB)	PA; \$0 HDHP; QL (0.3 ML per 1 day)
MOUNJARO ( <i>tirzepatide</i> )	T2 (PB)	PA; \$0 HDHP; QL (0.08 ML per 1 day)
SOLIQUA ( <i>insulin glargine-lixisenatide</i> )	T2 (PB)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TRULICITY ( <i>dulaglutide</i> )	T2 (PB)	PA; \$0 HDHP; QL (0.08 ML per 1 day)
XULTOPHY ( <i>insulin degludec-liraglutide</i> )	T2 (PB)	
<b>INTERMEDIATE-ACTING INSULINS</b>		
NOVOLIN 70/30 FLEXPEN ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 FLEXPEN RELION ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 RELION ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 VIAL ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP
NOVOLIN N FLEXPEN ( <i>insulin nph human (isophane)</i> )	T2 (PB)	\$0 HDHP
NOVOLIN N FLEXPEN RELION ( <i>insulin nph human (isophane)</i> )	T2 (PB)	\$0 HDHP
NOVOLIN N RELION ( <i>insulin nph human (isophane)</i> )	T2 (PB)	\$0 HDHP
NOVOLIN N VIAL ( <i>insulin nph human (isophane)</i> )	T2 (PB)	\$0 HDHP
<b>LEPTINS</b>		
MYALEPT ( <i>metreleptin</i> )	T4 (SP)	PA
<b>LONG-ACTING INSULINS</b>		
INSULIN DEGLUDEC	T3 (NP)	PA
INSULIN DEGLUDEC FLEXTOUCH	T3 (NP)	PA
INSULIN GLARGINE-YFGN	T2 (PB)	\$0 HDHP
REZVOGLAR KWIKPEN ( <i>insulin glargine-aglr</i> )	T2 (PB)	\$0 before deductible for some plans
SOLIQUA ( <i>insulin glargine-lixisenatide</i> )	T2 (PB)	
XULTOPHY ( <i>insulin degludec-liraglutide</i> )	T2 (PB)	
<b>MEGLITINIDES</b>		
<i>nateglinide</i>	T3 (NP)	
<i>repaglinide</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>PARATHYROID AGENTS</b>		
TERIPARATIDE	T4 (SP)	PA
<b>PITUITARY</b>		
<i>desmopressin ace spray refrig</i>	T3 (NP)	
<i>desmopressin acetate oral</i>	T3 (NP)	
<i>desmopressin acetate spray</i>	T3 (NP)	
NORDITROPIN FLEXPPO ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 10 ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 20 ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5 ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
OMNITROPE ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
<i>vasopressin</i>	T1 (G)	
<i>vasopressin +rfid</i>	T1 (G)	
<b>PROGESTINS</b>		
<i>abigale</i>	T1 (G)	
<i>abigale lo</i>	T1 (G)	
<i>afirmelle</i>	T1 PV	
<i>aftera</i>	T1 PV	
<i>altavera</i>	T1 PV	
<i>alyacen 1/35</i>	T1 PV	
<i>alyacen 7/7/7</i>	T1 PV	
<i>amethyst</i>	T1 PV	
ANNOVERA ( <i>segesterone-ethinyl estradiol</i> )	T3 PV	QL (1 EA per 350 days)
<i>apri</i>	T1 PV	
<i>aranelle</i>	T1 PV	
<i>ashlyna</i>	T1 PV	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aubra eq</i>	T1 PV	
<i>aurovela 1.5/30</i>	T1 PV	
<i>aurovela 1/20</i>	T1 PV	
<i>aurovela 24 fe</i>	T1 PV	
<i>aurovela fe 1.5/30</i>	T1 PV	
<i>aurovela fe 1/20</i>	T1 PV	
<i>aviane</i>	T1 PV	
<i>ayuna</i>	T1 PV	
<i>azurette</i>	T1 PV	
<i>balziva</i>	T1 PV	
<i>blisovi 24 fe</i>	T1 PV	
<i>blisovi fe 1.5/30</i>	T1 PV	
<i>blisovi fe 1/20</i>	T1 PV	
<i>briellyn</i>	T1 PV	
<i>camila</i>	T1 PV	
<i>camrese</i>	T1 PV	QL (1 EA per 1 day)
<i>camrese lo</i>	T1 PV	QL (1 EA per 1 day)
<i>charlotte 24 fe</i>	T1 PV	
<i>chateal eq</i>	T1 PV	
COMBIPATCH ( <i>estradiol-norethindrone acet</i> )	T3 (NP)	
CRINONE ( <i>progesterone</i> )	T3 (NP)	QL (0.6 GM per 1 day)
<i>cryselle-28</i>	T1 PV	
<i>cyred eq</i>	T1 PV	
<i>dasetta 1/35 (28)</i>	T1 PV	
<i>dasetta 7/7/7</i>	T1 PV	
<i>daysee</i>	T1 PV	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>deblitane</i>	T1 PV	
<i>delyla</i>	T1 PV	
DEPO-SUBQ PROVERA 104 ( <i>medroxyprogesterone acetate</i> )	\$0	QL (0.02 ML per 1 day)
<i>desogestrel-ethinyl estradiol</i>	T1 PV	
<i>dolishale</i>	T1 PV	
<i>drospiren-eth estrad-levomefol</i>	T1 PV	
<i>drospirenone-ethinyl estradiol</i>	T1 PV	
<i>econtra one-step</i>	T1 PV	
<i>elinest</i>	T1 PV	
ELLA ( <i>ulipristal acetate</i> )	T3 PV	
<i>eluryng</i>	T1 PV	
<i>emzahh</i>	T1 PV	
ENDOMETRIN ( <i>progesterone</i> )	T3 (NP)	
<i>enilloring</i>	T1 PV	
<i>enpresse-28</i>	T1 PV	
<i>enskyce</i>	T1 PV	
<i>errin</i>	T1 PV	
<i>estarylla</i>	T1 PV	
<i>estradiol-norethindrone acet</i>	T1 (G)	
<i>ethynodiol diac-eth estradiol</i>	T1 PV	
<i>etonogestrel-ethinyl estradiol</i>	T1 PV	
<i>falmina</i>	T1 PV	
<i>feirza 1.5/30</i>	T1 PV	
<i>feirza 1/20</i>	T1 PV	
FEMLYV ( <i>norethindrone acet-ethinyl est</i> )	\$0	
<i>finzala</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fyavolv</i>	T2 (PB)	
<i>galbriela</i>	T1 PV	
<i>gallifrey</i>	T1 (G)	
<i>gemmily</i>	T1 PV	
<i>hailey 1.5/30</i>	T1 PV	
<i>hailey 24 fe</i>	T1 PV	
<i>hailey fe 1.5/30</i>	T1 PV	
<i>hailey fe 1/20</i>	T1 PV	
<i>haloette</i>	T1 PV	
<i>heather</i>	T1 PV	
<i>her style</i>	T1 PV	
<i>iclevia</i>	T1 PV	QL (1 EA per 1 day)
<i>incassia</i>	T1 PV	
<i>introvale</i>	T1 PV	QL (1 EA per 1 day)
<i>isibloom</i>	T1 PV	
<i>jaimiess</i>	T1 PV	QL (1 EA per 1 day)
<i>jasmiel</i>	T1 PV	
<i>jencycla</i>	T1 PV	
<i>jinteli</i>	T2 (PB)	
<i>jolessa</i>	T1 PV	QL (1 EA per 1 day)
<i>joyeaux</i>	T1 PV	
<i>juleber</i>	T1 PV	
<i>junel 1.5/30</i>	T1 PV	
<i>junel 1/20</i>	T1 PV	
<i>junel fe 1.5/30</i>	T1 PV	
<i>junel fe 1/20</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>junel fe 24</i>	T1 PV	
<i>kaitlib fe</i>	T1 PV	
<i>kalliga</i>	T1 PV	
<i>kariva</i>	T1 PV	
<i>kelnor 1/35</i>	T1 PV	
<i>kurvelo</i>	T1 PV	
KYLEENA ( <i>levonorgestrel</i> )	T3 PV	
<i>larin 1.5/30</i>	T1 PV	
<i>larin 1/20</i>	T1 PV	
<i>larin 24 fe</i>	T1 PV	
<i>larin fe 1.5/30</i>	T1 PV	
<i>larin fe 1/20</i>	T1 PV	
<i>leena</i>	T1 PV	
<i>lessina</i>	T1 PV	
<i>levonest</i>	T1 PV	
<i>levonorgest-eth est &amp; eth est</i>	T1 PV	QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	T1 PV	QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron</i>	T1 PV	
<i>levonorgestrel</i>	T1 PV	
<i>levonorgestrel-ethinyl estrad</i>	T1 PV	
<i>levonorg-eth estrad triphasic</i>	T1 PV	
<i>levora 0.15/30 (28)</i>	T1 PV	
LILETTA (52 MG) ( <i>levonorgestrel</i> )	T3 PV	
LO LOESTRIN FE ( <i>norethin-eth estrad-fe biphas</i> )	\$0	
<i>lojaimiess</i>	T1 PV	QL (1 EA per 1 day)
<i>loryna</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>low-ogestrel</i>	T1 PV	
<i>lo-zumandimine</i>	T1 PV	
<i>lutra</i>	T1 PV	
<i>lyleq</i>	T1 PV	
<i>lyza</i>	T1 PV	
<i>marlissa</i>	T1 PV	
<i>medroxyprogesterone acetate intramuscular</i>	T1 PV	QL (0.02 ML per 1 day)
<i>medroxyprogesterone acetate oral</i>	LCG	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	T1 (G)	
<i>megestrol acetate oral tablet 20 mg</i>	LCG	
<i>megestrol acetate oral tablet 40 mg</i>	T1 (G)	
<i>meleya</i>	T1 PV	
<i>merzee</i>	T1 PV	
<i>mibelas 24 fe</i>	T1 PV	
<i>microgestin 1.5/30</i>	T1 PV	
<i>microgestin 1/20</i>	T1 PV	
<i>microgestin fe 1.5/30</i>	T1 PV	
<i>microgestin fe 1/20</i>	T1 PV	
<i>mili</i>	T1 PV	
<i>mimvey</i>	T1 (G)	
<i>minzoya</i>	T1 PV	
MIRENA (52 MG) ( <i>levonorgestrel</i> )	T3 PV	
<i>mono-lynyah</i>	T1 PV	
<i>my choice</i>	T1 PV	
<i>my way</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
NATAZIA ( <i>estradiol valerate-dienogest</i> )	T2 PV	
<i>necon 0.5/35 (28)</i>	T1 PV	
<i>new day</i>	T1 PV	
NEXPLANON ( <i>etonogestrel</i> )	T3 PV	
NEXTSTELLIS ( <i>drospirenone-estetrol</i> )	\$0	
<i>nikki</i>	T1 PV	
<i>nora-be</i>	T1 PV	
<i>norelgestromin-eth estradiol</i>	T1 PV	
<i>norethin ace-eth estrad-fe</i>	T1 PV	
<i>norethindrone acetate oral</i>	T1 (G)	
<i>norethindrone acet-ethinyl est</i>	T1 PV	
<i>norethindrone oral</i>	T1 PV	
<i>norethindrone-eth estradiol</i>	T2 (PB)	
<i>norethindron-ethinyl estrad-fe</i>	T1 PV	
<i>norethin-eth estradiol-fe</i>	T1 PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1 PV	
<i>norgestimate-ethinyl estradiol triphasic</i>	T1 PV	
<i>norlyroc</i>	T1 PV	
<i>nortrel 0.5/35 (28)</i>	T1 PV	
<i>nortrel 1/35 (21)</i>	T1 PV	
<i>nortrel 1/35 (28)</i>	T1 PV	
<i>nortrel 7/7/7</i>	T1 PV	
<i>nylia 1/35</i>	T1 PV	
<i>nylia 7/7/7</i>	T1 PV	
<i>ocella</i>	T1 PV	
<i>opcicon one-step</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
OPILL ( <i>norgestrel</i> )	T3 PV	
<i>option 2</i>	T1 PV	
<i>orquidea</i>	T1 PV	
<i>philith</i>	T1 PV	
<i>pimtrea</i>	T1 PV	
<i>portia-28</i>	T1 PV	
PREMPHASE ( <i>conj estrogen-medroxyprogesterone</i> )	T2 (PB)	
PREMPRO ( <i>conj estrogen-medroxyprogesterone</i> )	T2 (PB)	
<i>progesterone intramuscular</i>	T1 (G)	
<i>progesterone oral</i>	T1 (G)	
<i>react</i>	T1 PV	
<i>reclipsen</i>	T1 PV	
<i>rivelsa</i>	T1 PV	QL (1 EA per 1 day)
<i>rosyrah</i>	T1 PV	QL (1 EA per 1 day)
<i>setlakin</i>	T1 PV	QL (1 EA per 1 day)
<i>sharobel</i>	T1 PV	
<i>simliya</i>	T1 PV	
<i>simpesse</i>	T1 PV	QL (1 EA per 1 day)
SKYLA ( <i>levonorgestrel</i> )	T3 PV	
SLYND ( <i>drospirenone</i> )	\$0	
<i>sprintec 28</i>	T1 PV	
<i>sronyx</i>	T1 PV	
<i>syeda</i>	T1 PV	
<i>take action</i>	T1 PV	
<i>tarina 24 fe</i>	T1 PV	
<i>tarina fe 1/20 eq</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>taysofy</i>	T1 PV	
<i>tilia fe</i>	T1 PV	
<i>tri-estarylla</i>	T1 PV	
<i>tri-legest fe</i>	T1 PV	
<i>tri-linyah</i>	T1 PV	
<i>tri-lo-estarylla</i>	T1 PV	
<i>tri-lo-marzia</i>	T1 PV	
<i>tri-lo-mili</i>	T1 PV	
<i>tri-lo-sprintec</i>	T1 PV	
<i>tri-mili</i>	T1 PV	
<i>tri-sprintec</i>	T1 PV	
<i>tri-vylibra</i>	T1 PV	
<i>tri-vylibra lo</i>	T1 PV	
<i>turqoz</i>	T1 PV	
TWIRLA ( <i>levonorgestrel-eth estradiol</i> )	\$0	
TYBLUME ( <i>levonorgestrel-ethinyl estrad</i> )	\$0	
<i>tydemy</i>	T1 PV	
<i>valtya 1/50</i>	T1 PV	
<i>velivet</i>	T1 PV	
<i>vestura</i>	T1 PV	
<i>vienva</i>	T1 PV	
<i>viorele</i>	T1 PV	
<i>volnea</i>	T1 PV	
<i>vyfemla</i>	T1 PV	
<i>vylibra</i>	T1 PV	
<i>wera</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>wymzya fe</i>	T1 PV	
<i>xarah fe</i>	T1 PV	
<i>xelria fe</i>	T1 PV	
<i>xulane</i>	T1 PV	
<i>zafemy</i>	T1 PV	
<i>zovia 1/35 (28)</i>	T1 PV	
<i>zumandimine</i>	T1 PV	
<b>RAPID-ACTING INSULINS</b>		
HUMALOG MIX 50/50 KWIKPEN ( <i>insulin lispro prot &amp; lispro</i> )	T2 (PB)	\$0 HDHP
NOVOLOG 70/30 FLEXPEN RELION ( <i>insulin aspart prot &amp; aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG FLEXPEN ( <i>insulin aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG FLEXPEN RELION ( <i>insulin aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 FLEXPEN ( <i>insulin aspart prot &amp; aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 RELION ( <i>insulin aspart prot &amp; aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 VIAL ( <i>insulin aspart prot &amp; aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG PENFILL ( <i>insulin aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG RELION ( <i>insulin aspart</i> )	T2 (PB)	\$0 HDHP
NOVOLOG U-100 VIAL ( <i>insulin aspart</i> )	T2 (PB)	\$0 HDHP
<b>SHORT-ACTING INSULINS</b>		
HUMULIN R U-500 KWIKPEN ( <i>insulin regular human</i> )	T2 (PB)	\$0 HDHP
HUMULIN R U-500 VIAL ( <i>insulin regular human</i> )	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 FLEXPEN ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 FLEXPEN RELION ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 RELION ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN 70/30 VIAL ( <i>insulin nph isophane &amp; regular</i> )	T2 (PB)	\$0 HDHP
NOVOLIN R FLEXPEN ( <i>insulin regular human</i> )	T2 (PB)	\$0 HDHP
NOVOLIN R FLEXPEN RELION ( <i>insulin regular human</i> )	T2 (PB)	\$0 HDHP
NOVOLIN R RELION ( <i>insulin regular human</i> )	T2 (PB)	\$0 HDHP
NOVOLIN R VIAL ( <i>insulin regular human</i> )	T2 (PB)	\$0 HDHP
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB</b>		
FARXIGA ( <i>dapagliflozin propanediol</i> )	T2 (PB)	\$0 HDHP
GLYXAMBI ( <i>empagliflozin-linagliptin</i> )	T2 (PB)	\$0 HDHP
JARDIANCE ( <i>empagliflozin</i> )	T2 (PB)	\$0 HDHP
SYNJARDY ( <i>empagliflozin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
SYNJARDY XR ( <i>empagliflozin-metformin hcl</i> )	T2 (PB)	\$0 HDHP
XIGDUO XR ( <i>dapagliflozin prop-metformin</i> )	T2 (PB)	\$0 HDHP
<b>SOMATOSTATIN AGONISTS</b>		
<i>octreotide acetate injection</i>	T4 (SP)	PA
<i>octreotide acetate subcutaneous</i>	T4 (SP)	PA
SIGNIFOR ( <i>pasireotide diaspertate</i> )	T4 (SP)	PA; QL (2 ML per 1 day)
<b>SOMATOTROPIN AGONISTS</b>		
INCRELEX ( <i>mecasermin</i> )	T4 (SP)	PA; SP-ORx
NORDITROPIN FLEXPEN ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 10 ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 20 ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5 ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
OMNITROPE ( <i>somatropin</i> )	T4 (SP)	PA; SP-QTZ
<b>SOMATOTROPIN ANTAGONISTS</b>		
SOMAVERT ( <i>pegvisomant</i> )	T4 (SP)	PA; SP-ORx

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SULFONYLUREAS</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	LCG	\$0 HDHP
<i>glipizide er</i>	LCG	\$0 HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	LCG	\$0 HDHP
<i>glipizide-metformin hcl</i>	T3 (NP)	
<i>glyburide micronized</i>	LCG	\$0 HDHP
<i>glyburide oral</i>	LCG	\$0 HDHP
<i>glyburide-metformin</i>	T1 (G)	\$0 HDHP
<b>THIAZOLIDINEDIONES</b>		
<i>pioglitazone hcl</i>	T1 (G)	\$0 HDHP
<b>THYROID AGENTS</b>		
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	LCG	
<i>levo-t oral tablet 300 mcg</i>	T1 (G)	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	LCG	
<i>levothyroxine sodium oral tablet 300 mcg</i>	T1 (G)	
<i>levoxyl</i>	LCG	
<i>liomny</i>	T1 (G)	
<i>liothyronine sodium intravenous</i>	T1 (G)	
<i>liothyronine sodium oral</i>	T1 (G)	
<i>np thyroid</i>	T1 (G)	
<i>thyroid oral</i>	T1 (G)	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	LCG	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>unithroid oral tablet 300 mcg</i>	T1 (G)	
<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<b>AMINO ACID POLYMERS</b>		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
<b>ANTIMETABOLITES</b>		
<i>teriflunomide</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC</b>		
<i>azathioprine oral tablet 100 mg</i>	T3 (NP)	
<i>azathioprine oral tablet 50 mg</i>	T1 (G)	
<i>mycophenolate mofetil oral capsule</i>	T2 (PB)	
<b>BONE-MODIFYING AGENTS</b>		
PROLIA ( <i>denosumab</i> )	T4 (SP)	PA; QL (2 ML per 250 days)
XGEVA ( <i>denosumab</i> )	T4 (SP)	PA
<b>CALCINEURIN INHIBITORS, MISC (90:28)</b>		
<i>cyclosporine modified</i>	T2 (PB)	
<i>cyclosporine ophthalmic</i>	T3 (NP)	PA; QL (2 EA per 1 day)
<i>cyclosporine oral capsule 100 mg</i>	T3 (NP)	
<i>cyclosporine oral capsule 25 mg</i>	T2 (PB)	
<i>gengraf</i>	T2 (PB)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b><i>tacrolimus external</i></b>	T3 (NP)	QL (2 GM per 1 day)
<b><i>tacrolimus oral</i></b>	T2 (PB)	
<b>COMPLEMENT INHIBITOR AGENTS (90:20)</b>		
SOLIRIS ( <b><i>eculizumab</i></b> )	T4 (SP)	PA
SYFOVRE ( <b><i>pegcetacoplan (ophthalmic)</i></b> )	T4 (SP)	PA
<b>DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC</b>		
ORENCIA CLICKJECT ( <b><i>abatacept</i></b> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <b><i>abatacept</i></b> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <b><i>abatacept</i></b> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <b><i>abatacept</i></b> )	T4 (SP)	PA; SP-QTZ; QL (0.1 ML per 1 day)
<b>DISEASE-MODIFYING ANTIRHEUMATIC DRUGS</b>		
AVSOLA ( <b><i>infliximab-axxq</i></b> )	T4 (SP)	PA
CIMZIA ( <b><i>certolizumab pegol</i></b> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <b><i>certolizumab pegol</i></b> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <b><i>certolizumab pegol</i></b> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
<b><i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i></b>	T1 (G)	
<b><i>hydroxychloroquine sulfate oral tablet 200 mg</i></b>	LCG	
<b><i>hydroxychloroquine sulfate oral tablet 400 mg</i></b>	T2 (PB)	
INFLECTRA ( <b><i>infliximab-dyyb</i></b> )	T4 (SP)	PA
<b><i>methotrexate sodium</i></b>	T1 (G)	
<b><i>methotrexate sodium (pf)</i></b>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>sulfasalazine oral</b>	T1 (G)	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML ( <b>guselkumab</b> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA INTRAVENOUS ( <b>guselkumab</b> )	T4 (SP)	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <b>guselkumab</b> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <b>guselkumab</b> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML ( <b>guselkumab</b> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <b>guselkumab</b> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML ( <b>guselkumab</b> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
<b>FUMARATES</b>		
<b>dimethyl fumarate oral</b>	T3 (NP)	PA; SP-QTZ; QL (2 EA per 1 day)
<b>dimethyl fumarate starter pack</b>	T3 (NP)	PA; SP-QTZ; QL (120 EA per 365 days)
<b>IGG1 MONOCLONAL ANTIBODIES</b>		
BENLYSTA SUBCUTANEOUS ( <b>belimumab</b> )	T4 (SP)	PA; SP-QTZ
<b>IMMUNOMODULATORY AGENTS (90:00)</b>		
<b>cyclophosphamide injection</b>	T4 (SP)	
<b>cyclophosphamide oral capsule</b>	T3 (NP)	
CYCLOPHOSPHAMIDE ORAL TABLET	T2 (PB)	
<b>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</b>	T3 (NP)	
<b>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</b>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>everolimus oral tablet soluble</i>	T4 (SP)	PA; SP-QTZ
<i>mercaptopurine oral tablet</i>	T1 (G)	
<i>torpenz</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>INTERFERON GAMMA INHIBITOR AGENTS, MISC</b>		
GAMIFANT ( <i>emapalumab-lzsg</i> )	T4 (SP)	PA
<b>INTERFERONS</b>		
AVONEX PEN ( <i>interferon beta-1a</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
AVONEX PREFILLED ( <i>interferon beta-1a</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
BETASERON ( <i>interferon beta-1b</i> )	T4 (SP)	PA; SP-QTZ; QL (0.5 EA per 1 day)
PEGASYS ( <i>peginterferon alfa-2a</i> )	T4 (SP)	PA; SP-QTZ
<b>INTERLEUKIN INHIBITOR AGENTS, MISC</b>		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>omalizumab</i> )	T4 (SP)	PA

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>INTERLEUKIN-MEDIATED AGENTS, MISC</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
COSENTYX (300 MG DOSE) ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG) ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY PEN ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX UNOREADY ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
KINERET ( <i>anakinra</i> )	T4 (SP)	PA
OTULFI INTRAVENOUS ( <i>ustekinumab-aaaz (iv)</i> )	T4 (SP)	PA; SP-QTZ
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab-aaaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab-aaaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
STEQEYMA INTRAVENOUS ( <i>ustekinumab-stba (iv)</i> )	T4 (SP)	PA
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab-stba</i> )	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab-stba</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
YESINTEK INTRAVENOUS ( <i>ustekinumab-kfce (iv)</i> )	T4 (SP)	PA
YESINTEK SUBCUTANEOUS SOLUTION ( <i>ustekinumab-kfce</i> )	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab-kfce</i> )	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab-kfce</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
<b>JANUS KINASE INHIBITORS, MISCELLANEOUS</b>		
CIBINQO ( <i>abrocitinib</i> )	T4 (SP)	PA; QL (1 EA per 1 day)
RINVOQ ( <i>upadacitinib</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
XELJANZ ORAL SOLUTION ( <i>tofacitinib citrate</i> )	T4 (SP)	PA; SP-QTZ; QL (10 ML per 1 day)
XELJANZ ORAL TABLET ( <i>tofacitinib citrate</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
XELJANZ XR ( <i>tofacitinib citrate</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>MONOCARBOXYLIC ACID AMIDE AGENTS</b>		
<i>leflunomide oral</i>	T1 (G)	
<b>MTOR INHIBITORS, MISCELLANEOUS</b>		
<i>sirolimus oral</i>	T3 (NP)	
<b>PHOSPHODIESTERASE-4 INHIBITORS, MISC</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (55 EA per 365 days)
<b>SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS</b>		
<i>fingolimod hcl</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG ( <i>fingolimod hcl</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	T4 (SP)	PA; SP-QTZ; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG ( <i>siponimod fumarate</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	T4 (SP)	PA; SP-QTZ; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG ( <i>siponimod fumarate</i> )	T4 (SP)	PA; SP-QTZ; QL (14 EA per 365 days)
<b>TUMOR NECROSIS FACTOR INHIBITORS, MISC</b>		
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)
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 ( <i>infliximab-axxq</i> )	T4 (SP)	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
ENBREL ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL MINI ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL SURECLICK ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ-PED<40KG CROHN STARTER ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UEIT START ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (1.6 ML per 365 days)
INFLECTRA ( <i>infliximab-dyyb</i> )	T4 (SP)	PA
SIMPONI ARIA ( <i>golimumab</i> )	T4 (SP)	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
<i>dutasteride oral</i>	T1 (G)	
<i>finasteride oral tablet 5 mg</i>	LCG	
<b>5-ALPHA-REDUCTASE INHIBITORS (92:04)</b>		
<i>disulfiram oral</i>	LCG	
<i>dutasteride oral</i>	T1 (G)	
<i>finasteride oral tablet 5 mg</i>	LCG	
<i>naltrexone hcl oral</i>	T1 (G)	
VIVITROL ( <i>naltrexone</i> )	T2 (PB)	
<b>ANTIDOTES (92:12)</b>		
<i>acetylcysteine inhalation</i>	T3 (NP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</b>	T1 (G)	
BAQSIMI ONE PACK ( <i>glucagon</i> )	T2 (PB)	
BAQSIMI TWO PACK ( <i>glucagon</i> )	T2 (PB)	
CHEMET ( <i>succimer</i> )	T3 (NP)	
<b>deferoxamine mesylate</b>	T1 (G)	
FOSRENOL ORAL PACKET ( <i>lanthanum carbonate</i> )	T3 (NP)	
<b>glucagon emergency kit injection kit 1 mg</b>	T1 (G)	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	T2 (PB)	
<b>lanthanum carbonate</b>	T3 (NP)	
<b>leucovorin calcium injection solution reconstituted</b>	T1 (G)	
<b>leucovorin calcium oral tablet 10 mg, 5 mg</b>	T1 (G)	
<b>leucovorin calcium oral tablet 15 mg, 25 mg</b>	T3 (NP)	
<b>naloxone hcl injection</b>	\$0	
<b>naltrexone hcl oral</b>	T1 (G)	
<b>phytonadione injection solution 1 mg/0.5ml</b>	T1 (G)	
<b>phytonadione injection solution 10 mg/ml</b>	T3 (NP)	
<b>phytonadione oral</b>	T3 (NP)	
<b>sevelamer carbonate oral tablet</b>	T3 (NP)	
<b>sodium polystyrene sulfonate</b>	T1 (G)	
SPS (SODIUM POLYSTYRENE SULF) ( <b>sodium polystyrene sulfonate</b> )	T3 (NP)	
VISTOGARD ( <i>uridine triacetate</i> )	T3 (NP)	
<b>vitamin k1 injection solution 1 mg/0.5ml</b>	T1 (G)	
<b>vitamin k1 injection solution 10 mg/ml</b>	T3 (NP)	
VIVITROL ( <i>naltrexone</i> )	T2 (PB)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ZIMHI ( <i>naloxone hcl</i> )	\$0	
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	LCG	
<i>allopurinol sodium</i>	T1 (G)	
<i>colchicine oral tablet</i>	T1 (G)	
<i>colchicine-probenecid</i>	T2 (PB)	
<i>febuxostat</i>	T3 (NP)	
<i>indomethacin er</i>	T1 (G)	
<i>indomethacin oral capsule 25 mg</i>	LCG	
<i>indomethacin oral capsule 50 mg</i>	T1 (G)	
<i>naproxen oral tablet 250 mg</i>	T1 (G)	
<i>naproxen oral tablet 375 mg, 500 mg</i>	LCG	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1 (G)	
<i>probenecid</i>	T2 (PB)	
<b>ANTISENSE OLIGONUCLEOTIDES</b>		
TRYNGOLZA ( <i>olezarsen sodium</i> )	T4 (SP)	PA; QL (0.03 ML per 1 day)
<b>BONE ANABOLIC AGENTS</b>		
TERIPARATIDE	T4 (SP)	PA
<b>BONE RESORPTION INHIBITORS</b>		
<i>alendronate sodium oral tablet 10 mg</i>	T1 (G)	\$0 HDHP
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	LCG	\$0 HDHP; QL (0.15 EA per 1 day)
<i>calcitonin (salmon) injection</i>	T1 (G)	\$0 HDHP
<i>calcitonin (salmon) nasal</i>	T1 (G)	\$0 HDHP; QL (0.13 ML per 1 day)
<i>dotti</i>	T3 (NP)	
<i>estradiol oral</i>	LCG	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/1gm, 1.25 mg/1.25gm</b>	T1 (G)	
<b>estradiol transdermal patch twice weekly</b>	T3 (NP)	
<b>estradiol transdermal patch weekly</b>	T1 (G)	
<b>estradiol vaginal cream 0.1 mg/1gm</b>	T1 (G)	
<b>estradiol vaginal tablet</b>	T3 (NP)	
<b>ibandronate sodium intravenous</b>	T1 (G)	QL (0.04 ML per 1 day)
<b>ibandronate sodium oral</b>	T1 (G)	\$0 HDHP; QL (0.04 EA per 1 day)
<b>lyllana</b>	T3 (NP)	
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (esterified estrogens)</b>	T2 (PB)	
<b>pamidronate disodium</b>	T4 (SP)	
<b>PREMARIN ORAL (estrogens conjugated)</b>	T2 (PB)	
<b>PREMARIN VAGINAL (estrogens, conjugated)</b>	T2 (PB)	
<b>PROLIA (denosumab)</b>	T4 (SP)	PA; QL (2 ML per 250 days)
<b>raloxifene hcl</b>	T1 (G)	\$0 for breast cancer PX
<b>risedronate sodium oral tablet 150 mg</b>	T3 (NP)	QL (0.04 EA per 1 day)
<b>risedronate sodium oral tablet 30 mg</b>	T3 (NP)	
<b>risedronate sodium oral tablet 35 mg</b>	T1 (G)	\$0 HDHP; QL (0.15 EA per 1 day)
<b>risedronate sodium oral tablet 5 mg</b>	T1 (G)	\$0 HDHP
<b>risedronate sodium oral tablet delayed release</b>	T3 (NP)	QL (0.15 EA per 1 day)
<b>XGEVA (denosumab)</b>	T4 (SP)	PA
<b>yuvaferm</b>	T3 (NP)	
<b>zoledronic acid</b>	T4 (SP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>BRADYKININ RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate</i>	T4 (SP)	PA; QL (0.6 ML per 1 day)
<b>CARIOSTATIC AGENTS</b>		
<i>multivitamin w/fluoride</i>	T1 (G)	
<i>multi-vitamin/fluoride</i>	T1 (G)	
<i>multivitamin/fluoride oral tablet chewable</i>	T1 (G)	
<i>multi-vitamin/fluoride/iron</i>	T1 (G)	
PREVIDENT MOUTH/THROAT ( <i>sodium fluoride</i> )	T3 (NP)	
<i>sodium fluoride 5000 plus</i>	T1 (G)	
<i>sodium fluoride 5000 ppm dental cream</i>	T1 (G)	
<i>sodium fluoride 5000 ppm dental gel</i>	T1 (G)	
<i>sodium fluoride dental</i>	T1 (G)	
<i>sodium fluoride mouth/throat</i>	T1 (G)	
<i>sodium fluoride oral</i>	T1 PV	
<i>tri-vite/fluoride</i>	T1 (G)	
<b>COMPLEMENT INHIBITORS</b>		
BERINERT ( <i>c1 esterase inhibitor (human)</i> )	T4 (SP)	PA; SP-ORx; QL (0.34 EA per 1 day)
CINRYZE ( <i>c1 esterase inhibitor (human)</i> )	T4 (SP)	PA; SP-ORx; QL (1.2 EA per 1 day)
SOLIRIS ( <i>eculizumab</i> )	T4 (SP)	PA
ULTOMIRIS ( <i>ravulizumab-cwvz</i> )	T4 (SP)	PA
VEOPOZ ( <i>pozelimab-bbfg</i> )	T4 (SP)	PA
<b>COMPLEMENT INHIBITORS (92:32)</b>		
BERINERT ( <i>c1 esterase inhibitor (human)</i> )	T4 (SP)	PA; SP-ORx; QL (0.34 EA per 1 day)

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
CINRYZE ( <i>c1 esterase inhibitor (human)</i> )	T4 (SP)	PA; SP-ORx; QL (1.2 EA per 1 day)
<i>icatibant acetate</i>	T4 (SP)	PA; QL (0.6 ML per 1 day)
SOLIRIS ( <i>eculizumab</i> )	T4 (SP)	PA
ULTOMIRIS ( <i>ravulizumab-cwvz</i> )	T4 (SP)	PA
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
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)
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)

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Drug Name	Drug Tier	Coverage Requirements & Limits
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 ( <i>infliximab-axxq</i> )	T4 (SP)	PA
<i>azathioprine oral tablet 100 mg</i>	T3 (NP)	
<i>azathioprine oral tablet 50 mg</i>	T1 (G)	
CIBINQO ( <i>abrocitinib</i> )	T4 (SP)	PA; QL (1 EA per 1 day)
CIMZIA ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
COSENTYX (300 MG DOSE) ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG) ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY PEN ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX UNOREADY ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
<i>cyclosporine modified</i>	T2 (PB)	
<i>cyclosporine oral capsule 100 mg</i>	T3 (NP)	
<i>cyclosporine oral capsule 25 mg</i>	T2 (PB)	
ENBREL ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL MINI ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SURECLICK ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
<b>gengraf</b>	T2 (PB)	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
<b>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</b>	T1 (G)	
<b>hydroxychloroquine sulfate oral tablet 200 mg</b>	LCG	
<b>hydroxychloroquine sulfate oral tablet 400 mg</b>	T2 (PB)	
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (2.4 ML per 365 days)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ-PLAQ PSOR/UEIT START ( <i>adalimumab-adaz</i> )	T4 (SP)	PA; SP-QTZ; QL (1.6 ML per 365 days)
INFLECTRA ( <i>infliximab-dyyb</i> )	T4 (SP)	PA
KINERET ( <i>anakinra</i> )	T4 (SP)	PA
<i>leflunomide oral</i>	T1 (G)	
<i>methotrexate sodium</i>	T1 (G)	
<i>methotrexate sodium (pf)</i>	T1 (G)	
ORENCIA CLICKJECT ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (55 EA per 365 days)
<i>penicillamine oral tablet</i>	T4 (SP)	
RINVOQ ( <i>upadacitinib</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
SIMPONI ARIA ( <i>golimumab</i> )	T4 (SP)	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
<i>sulfasalazine oral</i>	T1 (G)	
XELJANZ ORAL SOLUTION ( <i>tofacitinib citrate</i> )	T4 (SP)	PA; SP-QTZ; QL (10 ML per 1 day)
XELJANZ ORAL TABLET ( <i>tofacitinib citrate</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
XELJANZ XR ( <i>tofacitinib citrate</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<b>IMMUNOMODULATORY AGENTS</b>		
ACTEMRA ACTPEN ( <i>tocilizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS ( <i>tocilizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTIMMUNE ( <i>interferon gamma-1b</i> )	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)

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Drug Name	Drug Tier	Coverage Requirements & Limits
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)
AVONEX PEN ( <i>interferon beta-1a</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
AVONEX PREFILLED ( <i>interferon beta-1a</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
AVSOLA ( <i>infliximab-axxq</i> )	T4 (SP)	PA
<i>azathioprine oral tablet 100 mg</i>	T3 (NP)	
<i>azathioprine oral tablet 50 mg</i>	T1 (G)	
BETASERON ( <i>interferon beta-1b</i> )	T4 (SP)	PA; SP-QTZ; QL (0.5 EA per 1 day)
CIMZIA ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA-STARTER ( <i>certolizumab pegol</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
<i>cyclosporine modified</i>	T2 (PB)	
<i>cyclosporine oral capsule 100 mg</i>	T3 (NP)	
<i>cyclosporine oral capsule 25 mg</i>	T2 (PB)	
<i>dimethyl fumarate oral</i>	T3 (NP)	PA; SP-QTZ; QL (2 EA per 1 day)
<i>dimethyl fumarate starter pack</i>	T3 (NP)	PA; SP-QTZ; QL (120 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL MINI ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL SURECLICK ( <i>etanercept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
<i>fingolimod hcl</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>gengraf</i>	T2 (PB)	
GILENYA ORAL CAPSULE 0.25 MG ( <i>fingolimod hcl</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	T1 (G)	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>hydroxychloroquine sulfate oral tablet 400 mg</b>	T2 (PB)	
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UEIT START ( <b>adalimumab-adaz</b> )	T4 (SP)	PA; SP-QTZ; QL (1.6 ML per 365 days)
INFLECTRA ( <b>infliximab-dyyb</b> )	T4 (SP)	PA
KESIMPTA ( <b>ofatumumab</b> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
KINERET ( <b>anakinra</b> )	T4 (SP)	PA
<b>leflunomide oral</b>	T1 (G)	
<b>lenalidomide</b>	T4 (SP)	PA; SP-QTZ
MAYZENT ORAL TABLET 0.25 MG ( <b>siponimod fumarate</b> )	T4 (SP)	PA; SP-QTZ; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG ( <b>siponimod fumarate</b> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <b>siponimod fumarate</b> )	T4 (SP)	PA; SP-QTZ; QL (24 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG ( <i>siponimod fumarate</i> )	T4 (SP)	PA; SP-QTZ; QL (14 EA per 365 days)
<i>methotrexate sodium</i>	T1 (G)	
<i>methotrexate sodium (pf)</i>	T1 (G)	
ORENCIA CLICKJECT ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <i>abatacept</i> )	T4 (SP)	PA; SP-QTZ; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (55 EA per 365 days)
PEGASYS ( <i>peginterferon alfa-2a</i> )	T4 (SP)	PA; SP-QTZ
POMALYST ORAL CAPSULE 1 MG, 2 MG ( <i>pomalidomide</i> )	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG ( <i>pomalidomide</i> )	T4 (SP)	PA; SP-QTZ
PROLEUKIN ( <i>aldesleukin</i> )	T4 (SP)	
REVLIMID ( <i>lenalidomide</i> )	T4 (SP)	PA; SP-QTZ
SIMPONI ARIA ( <i>golimumab</i> )	T4 (SP)	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
<i>sulfasalazine oral</i>	T1 (G)	
<i>teriflunomide</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
THALOMID ( <i>thalidomide</i> )	T4 (SP)	PA; SP-QTZ
TYSABRI ( <i>natalizumab</i> )	T4 (SP)	PA; QL (0.54 ML per 1 day)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine oral tablet 100 mg</i>	T3 (NP)	
<i>azathioprine oral tablet 50 mg</i>	T1 (G)	
BENLYSTA SUBCUTANEOUS ( <i>belimumab</i> )	T4 (SP)	PA; SP-QTZ
<i>cyclophosphamide injection</i>	T4 (SP)	
<i>cyclophosphamide oral capsule</i>	T3 (NP)	
CYCLOPHOSPHAMIDE ORAL TABLET	T2 (PB)	
<i>cyclosporine modified</i>	T2 (PB)	
<i>cyclosporine oral capsule 100 mg</i>	T3 (NP)	
<i>cyclosporine oral capsule 25 mg</i>	T2 (PB)	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T3 (NP)	
GAMIFANT ( <i>emapalumab-lzsg</i> )	T4 (SP)	PA
<i>gengraf</i>	T2 (PB)	
<i>leflunomide oral</i>	T1 (G)	
<i>mercaptopurine oral tablet</i>	T1 (G)	
<i>methotrexate sodium</i>	T1 (G)	
<i>methotrexate sodium (pf)</i>	T1 (G)	
<i>mycophenolate mofetil hcl</i>	T3 (NP)	
<i>mycophenolate mofetil intravenous</i>	T3 (NP)	
<i>mycophenolate mofetil oral capsule</i>	T2 (PB)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mycophenolate mofetil oral suspension reconstituted</i>	T3 (NP)	
<i>mycophenolate mofetil oral tablet</i>	T2 (PB)	
<i>mycophenolate sodium</i>	T2 (PB)	
<i>mycophenolic acid</i>	T2 (PB)	
<i>pimecrolimus</i>	T3 (NP)	QL (2 GM per 1 day)
<i>sirolimus oral</i>	T3 (NP)	
<i>tacrolimus external</i>	T3 (NP)	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	T2 (PB)	
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<i>betaine</i>	T4 (SP)	
BOTOX ( <i>onabotulinumtoxin</i> )	T3 (NP)	PA
CADEAU DHA	T3 PV	
CENTRUM SPECIALIST PRENATAL ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
CERDELGA ( <i>eliglustat tartrate</i> )	T4 (SP)	PA; SP-ORx
<i>cvs prenatal gummy oral tablet chewable 0.4-113.5 mg</i>	T1 PV	
<i>cvs prenatal multi+dha</i>	T1 PV	
<i>cvs prenatal multivitamin</i>	T1 PV	
CYSTAGON ( <i>cysteamine bitartrate</i> )	T4 (SP)	
<i>dalfampridine er</i>	T4 (SP)	PA; QL (2 EA per 1 day)
ELMIRON ( <i>pentosan polysulfate sodium</i> )	T3 (NP)	PA
ENDARI ( <i>glutamine (sickle cell)</i> )	T3 (NP)	
ENFAMIL EXPECTA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
EVOTAZ ( <i>atazanavir-cobicistat</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
EVRYSDI ORAL SOLUTION RECONSTITUTED ( <i>risdiplam</i> )	T4 (SP)	PA; QL (8 ML per 1 day)
GALAFOLD ( <i>migalastat hcl</i> )	T4 (SP)	PA; QL (0.5 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
HEALTHY MAMA BE WELL ROUNDED ( <i>prenatal-fe bisgly-fa-omega 3</i> )	T3 PV	
ILARIS ( <i>canakinumab</i> )	T4 (SP)	PA; QL (0.08 ML per 1 day)
<i>levocarnitine oral solution</i>	T2 (PB)	
<i>levocarnitine oral tablet</i>	T2 (PB)	
<i>levocarnitine sf</i>	T2 (PB)	
<i>L-glutamine oral packet</i>	T1 (G)	
<i>metyrosine</i>	T1 (G)	PA; QL (16 EA per 1 day)
<i>miglustat</i>	T4 (SP)	PA
<i>nitisinone</i>	T4 (SP)	PA
ONE-A-DAY WOMENS PRENATAL 1 ( <i>prenat-fe carbonyl-fa-omega 3</i> )	T3 PV	
ORFADIN ORAL SUSPENSION ( <i>nitisinone</i> )	T4 (SP)	PA
<i>pnv-dha</i>	T1 (G)	
<i>pnv-dha+docusate</i>	T1 (G)	
<i>pnv-omega</i>	T1 (G)	
<i>prenatal formula</i>	T1 PV	
<i>prenatal gummies/dha &amp; fa</i>	T1 PV	
<i>prenatal multi +dha</i>	T1 PV	
PRENATAL MULTIVITAMIN + DHA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>prenatal multivitamin plus dha</i>	T1 PV	
<i>prenatal/folic acid+dha</i>	T1 PV	
PREZCOBIX ORAL TABLET 675-150 MG ( <i>darunavir-cobicistat</i> )	T2 (PB)	SP-QTZ
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
REBYOTA ( <i>fecal microbiota, live-jslm</i> )	T4 (SP)	PA
<i>sapropterin dihydrochloride</i>	T4 (SP)	PA
SIMILAC PRENATAL EARLY SHIELD ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
SKYCLARYS ( <i>omaveloxolone</i> )	T4 (SP)	PA; QL (3 EA per 1 day)
STUART ONE ( <i>prenatal mv-min-fe cbn-fa-dha</i> )	T3 PV	
SYMTUZA ( <i>darun-cobic-emtricit-tenofaf</i> )	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>tiopronin oral tablet</i>	T4 (SP)	
TYBOST ( <i>cobicistat</i> )	T2 (PB)	SP-QTZ
VYNDAMAX ( <i>tafamidis</i> )	T4 (SP)	PA; SP-ORx; QL (1 EA per 1 day)
<i>yargesa</i>	T4 (SP)	PA
ZOKINVY ( <i>lonafarnib</i> )	T4 (SP)	PA; QL (4 EA per 1 day)
<b>PROTECTIVE AGENTS</b>		
<i>adapalene external cream</i>	T3 (NP)	
<i>adapalene external gel 0.3 %</i>	T3 (NP)	
<i>adapalene gel 0.1 % external (rx)</i>	T1 (G)	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1 (G)	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T3 (NP)	
<i>dalfampridine er</i>	T4 (SP)	PA; QL (2 EA per 1 day)
<i>mesna oral</i>	T4 (SP)	
MESNEX ORAL ( <i>mesna</i> )	T4 (SP)	
<b>NONHORMONAL CONTRACEPTIVES</b>		
<b>NONHORMONAL CONTRACEPTIVES</b>		
AIMSCO LUBRICATED	T3 PV	
CAYA ( <i>diaphragm arc-spring</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CONDOMS	T3 PV	
DUREX EXTRA SENSITIVE THIN ( <i>condoms latex lubricated</i> )	T3 PV	
DUREX REALFEEL ( <i>condoms non-latex lubricated</i> )	T3 PV	
DUREX TROPICAL ( <i>condoms latex lubricated</i> )	T3 PV	
ENCARE ( <i>nonoxynol-9</i> )	T3 PV	
FANTASY LUBRICATED ( <i>condoms latex lubricated</i> )	T3 PV	
FANTASY LUBRICATED/SPERMICIDE ( <i>condoms latex lubricated</i> )	T3 PV	
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	T3 PV	
FEMCAP ( <i>cervical caps</i> )	T3 PV	
KAMELEON LUBRICATED ( <i>condoms latex lubricated</i> )	T3 PV	
KIMONO	T3 PV	
KIMONO COLORS ( <i>condoms latex lubricated</i> )	T3 PV	
KIMONO MAXX-LARGE FLARE ( <i>condoms latex lubricated</i> )	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 ( <i>condoms latex lubricated</i> )	T3 PV	
MAXX	T3 PV	
MAXX PLUS	T3 PV	
MIUDELLA INTRAUTERINE COPPER ( <i>copper</i> )	T3 PV	
OMNIFLEX DIAPHRAGM ( <i>diaphragms</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
OPTIONS GYNOL II CONTRACEPTIVE ( <i>nonoxynol-9</i> )	T3 PV	
PARAGARD INTRAUTERINE COPPER ( <i>copper</i> )	T3 PV	
PHEXXI ( <i>lactic ac-citric ac-pot bitart</i> )	\$0	
REALITY LATEX CONDOMS ( <i>condoms latex lubricated</i> )	T3 PV	
REALITY LATEX/ULTRA TEXTURED ( <i>condoms latex lubricated</i> )	T3 PV	
REALITY LATEX/ULTRA THIN ( <i>condoms latex lubricated</i> )	T3 PV	
TODAY SPONGE ( <i>nonoxynol-9</i> )	T3 PV	
TROJAN ENZ ( <i>condoms latex non-lubricated</i> )	T3 PV	
TROJAN MAGNUM ( <i>condoms latex lubricated</i> )	T3 PV	
TROJAN ULTRA RIBBED LUBRICATED ( <i>condoms latex lubricated</i> )	T3 PV	
TROJAN ULTRA THIN ( <i>condoms latex lubricated</i> )	T3 PV	
TROJAN ULTRA THIN/SPERMICIDAL ( <i>condoms latex lubricated</i> )	T3 PV	
TROJAN-ENZ LUBRICATED ( <i>condoms latex lubricated</i> )	T3 PV	
TROJAN-ENZ/SPERMICIDAL ( <i>condoms latex lubricated</i> )	T3 PV	
TRUE COVER	T3 PV	
TRUSTEX COLOR CONDOMS + LUBE ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX LUB/RIBBED/STUDDERED ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX LUB/SPERMICIDE EX ST ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX LUB/SPERMICIDE XL ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX LUBRICATED ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX LUBRICATED EX LARGE ( <i>condoms latex lubricated</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TRUSTEX LUBRICATED EXTRA ST ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX LUBRICATED/SPERMICIDE ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX NATURAL CONDOMS + LUBE ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX NON-LUBRICATED ( <i>condoms latex non-lubricated</i> )	T3 PV	
TRUSTEX RIA LUB/SPERMICIDE ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX RIA LUBRICATED ( <i>condoms latex lubricated</i> )	T3 PV	
TRUSTEX RIA NON-LUBRICATED ( <i>condoms latex non-lubricated</i> )	T3 PV	
TRUSTEX-NONOXYNOL-9/RIB/STUD ( <i>condoms latex lubricated</i> )	T3 PV	
VCF VAGINAL CONTRACEPTIVE ( <i>nonoxynol-9</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 60 ( <i>diaphragm wide seal</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 65 ( <i>diaphragm wide seal</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 70 ( <i>diaphragm wide seal</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 75 ( <i>diaphragm wide seal</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 80 ( <i>diaphragm wide seal</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 85 ( <i>diaphragm wide seal</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 90 ( <i>diaphragm wide seal</i> )	T3 PV	
WIDE-SEAL DIAPHRAGM 95 ( <i>diaphragm wide seal</i> )	T3 PV	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methylergonovine maleate oral</i>	T3 (NP)	QL (28 EA per 1 fill)
<i>mifepristone oral tablet 200 mg</i>	\$0	
<i>oxytocin +rfid</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oxytocin injection</i>	T1 (G)	
<b>RESPIRATORY TRACT AGENTS</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR)</b>		
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T1 (G)	
<i>epinephrine injection solution</i>	T1 (G)	
<i>epinephrine injection solution auto-injector</i>	T1 (G)	
<i>epinephrine pf</i>	T1 (G)	
<b>ANTICHOLINERGIC AGENTS (RESPIR. TRACT)</b>		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1 (G)	
<i>atropine sulfate ophthalmic solution 1 %</i>	LCG	
ATROVENT HFA ( <i>ipratropium bromide hfa</i> )	T3 (NP)	QL (0.86 GM per 1 day)
COMBIVENT RESPIMAT ( <i>ipratropium-albuterol</i> )	T2 (PB)	QL (0.27 GM per 1 day)
<i>hyoscyamine sulfate oral</i>	T1 (G)	
<i>hyoscyamine sulfate sl</i>	T1 (G)	
<i>hyoscyamine sulfate sublingual</i>	T1 (G)	
<i>ipratropium bromide inhalation</i>	LCG	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal</i>	LCG	
<i>ipratropium-albuterol</i>	T1 (G)	QL (18 ML per 1 day)
SPIRIVA RESPIMAT ( <i>tiotropium bromide</i> )	T2 (PB)	QL (0.14 GM per 1 day)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	T2 (PB)	QL (1 EA per 1 day)
<b>ANTIFIBROTIC AGENTS</b>		
OFEV ( <i>nintedanib esylate</i> )	T4 (SP)	PA; SP-QTZ
<i>pirfenidone</i>	T4 (SP)	PA; SP-QTZ

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY)</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>mepolizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>mepolizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>mepolizumab</i> )	T4 (SP)	PA; QL (0.11 EA per 1 day)
<b>ANTITUSSIVES</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	LCG	
<i>benzonatate oral capsule 150 mg</i>	T1 (G)	
<i>codeine sulfate oral tablet 15 mg</i>	T1 (G)	QL (40 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	T1 (G)	QL (20 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	T1 (G)	QL (10 EA per 1 day)
<i>diphenhydramine hcl injection</i>	T1 (G)	
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1 (G)	PA; QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	T1 (G)	PA; QL (6 EA per 1 day)
<i>hydromet</i>	T1 (G)	PA; QL (240 ML per 1 fill)
<b>CORTICOSTEROIDS (RESPIRATORY TRACT)</b>		
ADVAIR HFA ( <i>fluticasone-salmeterol</i> )	T2 (PB)	\$0 HDHP; QL (0.4 GM per 1 day)
ARNUITY ELLIPTA ( <i>fluticasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (1 EA per 1 day)
<i>azelastine-fluticasone</i>	T3 (NP)	QL (0.77 GM per 1 day)
BREO ELLIPTA ( <i>fluticasone furoate-vilanterol</i> )	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>budesonide inhalation</b>	T3 (NP)	\$0 HDHP; QL (4 ML per 1 day)
<b>flunisolide nasal</b>	T2 (PB)	QL (0.84 ML per 1 day)
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)
<b>fluticasone propionate nasal</b>	T1 (G)	
<b>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</b>	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)
<b>mometasone furoate external</b>	T1 (G)	
<b>mometasone furoate nasal</b>	T3 (NP)	QL (1.14 GM per 1 day)
QVAR REDHALER ( <b>beclomethasone diprop hfa</b> )	T2 (PB)	\$0 HDHP; QL (0.71 GM per 1 day)
TRELEGY ELLIPTA ( <b>fluticasone-umeclidin-vilant</b> )	T2 (PB)	QL (2 EA per 1 day)
<b>wixela inhub</b>	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
<b>CYSTIC FIBROSIS (CFTR) CORRECTORS</b>		
ORKAMBI ORAL PACKET 75-94 MG ( <b>lumacaftor-ivacaftor</b> )	T4 (SP)	PA; SP-ORx; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ORKAMBI ORAL TABLET ( <i>lumacaftor-ivacaftor</i> )	T4 (SP)	PA; SP-ORx; QL (112 EA per 28 days)
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS</b>		
KALYDECO ORAL TABLET ( <i>ivacaftor</i> )	T4 (SP)	PA; SP-ORx
ORKAMBI ORAL PACKET 75-94 MG ( <i>lumacaftor-ivacaftor</i> )	T4 (SP)	PA; SP-ORx; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET ( <i>lumacaftor-ivacaftor</i> )	T4 (SP)	PA; SP-ORx; QL (112 EA per 28 days)
<b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan</i>	T4 (SP)	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet</i>	T4 (SP)	PA; QL (2 EA per 1 day)
<i>bosentan oral tablet soluble</i>	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
OPSUMIT ( <i>macitentan</i> )	T4 (SP)	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE ( <i>bosentan</i> )	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
<b>EXPECTORANTS</b>		
<i>iodine strong</i>	T1 (G)	
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT)</b>		
<i>carbinoxamine maleate oral solution</i>	T1 (G)	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1 (G)	
<i>clemastine fumarate oral tablet</i>	T1 (G)	
<i>cyproheptadine hcl oral</i>	T1 (G)	
<i>diphenhydramine hcl injection</i>	T1 (G)	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	LCG	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1 (G)	
<i>promethazine hcl oral tablet 25 mg</i>	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl rectal</i>	T3 (NP)	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	LCG	
<b>INTERLEUKIN ANTAGONISTS</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)
ILARIS ( <i>canakinumab</i> )	T4 (SP)	PA; QL (0.08 ML per 1 day)
<b>LEUKOTRIENE MODIFIERS</b>		
<i>montelukast sodium oral tablet</i>	LCG	
<i>montelukast sodium oral tablet chewable</i>	LCG	
<i>zafirlukast</i>	T3 (NP)	
<i>zileuton er</i>	T3 (NP)	
<b>MAST-CELL STABILIZERS</b>		
ALOCRIL ( <i>nedocromil sodium</i> )	T3 (NP)	
<i>cromolyn sodium ophthalmic</i>	T1 (G)	
<i>cromolyn sodium oral</i>	T3 (NP)	
<b>MUCOLYTIC AGENTS</b>		
<i>acetylcysteine inhalation</i>	T3 (NP)	
PULMOZYME ( <i>dornase alfa</i> )	T4 (SP)	PA
<i>sodium chloride inhalation</i>	T1 (G)	
<b>NASAL PREPARATIONS (STEROIDS)</b>		
<i>azelastine-fluticasone</i>	T3 (NP)	QL (0.77 GM per 1 day)
<i>flunisolide nasal</i>	T2 (PB)	QL (0.84 ML per 1 day)
<i>fluticasone propionate nasal</i>	T1 (G)	
<i>mometasone furoate nasal</i>	T3 (NP)	QL (1.14 GM per 1 day)
<b>ORALLY INHALED PREPARATIONS (STEROIDS)</b>		
ARNUITY ELLIPTA ( <i>fluticasone furoate</i> )	T2 (PB)	\$0 HDHP; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>budesonide inhalation</b>	T3 (NP)	\$0 HDHP; QL (4 ML per 1 day)
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)
QVAR REDHALER ( <i>beclomethasone diprop hfa</i> )	T2 (PB)	\$0 HDHP; QL (0.71 GM per 1 day)
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS</b>		
<b>roflumilast</b>	T1 (G)	PA
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)</b>		
<b>alyq</b>	T4 (SP)	PA; QL (2 EA per 1 day)
<b>sildenafil citrate oral suspension reconstituted</b>	T4 (SP)	PA; QL (7.5 ML per 1 day)
<b>sildenafil citrate oral tablet 20 mg</b>	T4 (SP)	PA; QL (3 EA per 1 day)
<b>tadalafil (pah)</b>	T4 (SP)	PA; QL (2 EA per 1 day)
<b>tadalafil oral tablet 2.5 mg, 5 mg</b>	T1 (G)	PA; QL (1 EA per 1 day)
<b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES</b>		
<b>treprostinil</b>	T4 (SP)	PA
TYVASO ( <b>treprostinil</b> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT ( <b>treprostinil</b> )	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT ( <b>treprostinil</b> )	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT ( <b>treprostinil</b> )	T4 (SP)	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT ( <b>treprostinil</b> )	T4 (SP)	PA; QL (2.9 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO STARTER KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
VENTAVIS ( <i>iloprost</i> )	T4 (SP)	PA; QL (9 ML per 1 day)
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS</b>		
<i>pirfenidone</i>	T4 (SP)	PA; SP-QTZ
PROLASTIN-C ( <i>alpha1-proteinase inhibitor</i> )	T4 (SP)	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>omalizumab</i> )	T4 (SP)	PA
<b>SECOND GENERATION ANTIHIST(RESPIR TRACT)</b>		
<i>azelastine hcl nasal</i>	T1 (G)	QL (2 ML per 1 day)
<i>azelastine hcl ophthalmic</i>	T1 (G)	
<i>azelastine-fluticasone</i>	T3 (NP)	QL (0.77 GM per 1 day)
<i>cetirizine hcl oral solution</i>	T1 (G)	
<i>desloratadine oral tablet</i>	T3 (NP)	
ZERVIAE ( <i>cetirizine hcl</i> )	T3 (NP)	
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)</b>		
<i>albuterol sulfate hfa</i>	T1 (G)	QL (1.2 GM per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</b>	T1 (G)	QL (18 ML per 1 day)
<b>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</b>	T1 (G)	QL (12.5 ML per 1 day)
<b>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</b>	LCG	QL (5 EA per 1 day)
<b>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</b>	LCG	QL (5 EA per 1 day)
<b>arformoterol tartrate</b>	T3 (NP)	QL (4 ML per 1 day)
<b>formoterol fumarate inhalation</b>	T3 (NP)	QL (4 ML per 1 day)
<b>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</b>	T3 (NP)	QL (18 ML per 1 day)
<b>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</b>	T3 (NP)	QL (3 EA per 1 day)
<b>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</b>	T3 (NP)	QL (9 ML per 1 day)
SEREVENT DISKUS ( <b>salmeterol xinafoate</b> )	T2 (PB)	QL (2 EA per 1 day)
STRIVERDI RESPIMAT ( <b>olodaterol hcl</b> )	T2 (PB)	QL (0.14 GM per 1 day)
<b>VASODILATING AGENTS (RESPIRATORY TRACT)</b>		
ADEMPAS ( <b>riociguat</b> )	T4 (SP)	PA; QL (3 EA per 1 day)
<b>alyq</b>	T4 (SP)	PA; QL (2 EA per 1 day)
<b>ambrisentan</b>	T4 (SP)	PA; QL (1 EA per 1 day)
<b>bosentan oral tablet</b>	T4 (SP)	PA; QL (2 EA per 1 day)
<b>bosentan oral tablet soluble</b>	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
OPSUMIT ( <b>macitentan</b> )	T4 (SP)	PA; QL (1 EA per 1 day)
<b>sildenafil citrate oral suspension reconstituted</b>	T4 (SP)	PA; QL (7.5 ML per 1 day)
<b>sildenafil citrate oral tablet 20 mg</b>	T4 (SP)	PA; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tadalafil (pah)</i>	T4 (SP)	PA; QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE ( <i>bosentan</i> )	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
<i>treprostinil</i>	T4 (SP)	PA
TYVASO ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT ( <i>treprostinil</i> )	T4 (SP)	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL ( <i>selexipag</i> )	T4 (SP)	PA
UPTRAVI TITRATION ( <i>selexipag</i> )	T4 (SP)	PA
VENTAVIS ( <i>iloprost</i> )	T4 (SP)	PA; QL (9 ML per 1 day)
<b>VASODILATING AGENTS, MISC</b>		
ADEMPAS ( <i>riociguat</i> )	T4 (SP)	PA; QL (3 EA per 1 day)
UPTRAVI ORAL ( <i>selexipag</i> )	T4 (SP)	PA
UPTRAVI TITRATION ( <i>selexipag</i> )	T4 (SP)	PA
<b>XANTHINE DERIVATIVES</b>		
<i>theophylline er</i>	T3 (NP)	
<b>SKIN AND MUCOUS MEMBRANE AGENTS</b>		
<b>ADRENERGIC AGONISTS</b>		
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	T2 (PB)	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1 (G)	
<i>brimonidine tartrate-timolol</i>	T2 (PB)	
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>naftifine hcl external cream 1 %</i>	T2 (PB)	

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTIBACTERIALS (84:04)</b>		
<i>azelaic acid external</i>	T3 (NP)	
<i>bacitracin ophthalmic</i>	T3 (NP)	
<i>bacitracin-polymyxin b</i>	T1 (G)	
<i>bacitra-neomycin-polymyxin-hc</i>	T1 (G)	
<i>benzoyl peroxide-erythromycin</i>	T3 (NP)	
<i>clindacin etz external swab</i>	T1 (G)	
<i>clindacin-p</i>	T1 (G)	
<i>clindamycin hcl oral</i>	T1 (G)	
<i>clindamycin palmitate hcl</i>	T1 (G)	
<i>clindamycin phos (once-daily)</i>	T1 (G)	
<i>clindamycin phos (twice-daily)</i>	T1 (G)	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1 (G)	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	T3 (NP)	
<i>clindamycin phosphate external solution</i>	T1 (G)	
<i>clindamycin phosphate external swab</i>	T1 (G)	
<i>clindamycin phosphate in d5w</i>	T1 (G)	
<i>clindamycin phosphate injection</i>	T1 (G)	
<i>clindamycin phosphate vaginal</i>	T1 (G)	
<i>dapsone oral</i>	T3 (NP)	
<i>doxycycline hyclate oral capsule</i>	T1 (G)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1 (G)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1 (G)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T3 (NP)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>erythromycin external</i>	T1 (G)	
<i>gentamicin sulfate external</i>	T1 (G)	
<i>gentamicin sulfate ophthalmic</i>	T1 (G)	
<i>levofloxacin intravenous</i>	T3 (NP)	
<i>levofloxacin oral solution</i>	T3 (NP)	
<i>levofloxacin oral tablet</i>	T1 (G)	
<i>metronidazole external cream</i>	T1 (G)	
<i>metronidazole external gel 0.75 %</i>	T1 (G)	
<i>metronidazole intravenous</i>	T1 (G)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	LCG	
<i>metronidazole vaginal</i>	T1 (G)	
MINOCIN ( <i>minocycline hcl</i> )	T3 (NP)	
<i>minocycline hcl oral capsule</i>	T1 (G)	
<i>moxifloxacin hcl in nacl</i>	T1 (G)	
<i>moxifloxacin hcl oral</i>	T1 (G)	
<i>mupirocin external</i>	T1 (G)	
<i>neomycin sulfate oral</i>	LCG	
NEO-SYNALAR ( <i>neomycin-fluocinolone</i> )	T3 (NP)	
<i>neuac</i>	T1 (G)	
<i>polymyxin b sulfate injection</i>	T1 (G)	
<i>polymyxin b-trimethoprim</i>	LCG	
<i>sulfacetamide sodium (acne)</i>	T3 (NP)	
<i>tetracycline hcl oral capsule</i>	T3 (NP)	
<b>ANTIPROLIFERANTS</b>		
AMELUZ ( <i>aminolevulinic acid hcl</i> )	T3 (NP)	
<i>bexarotene</i>	T4 (SP)	PA; SP-QTZ

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluorouracil external cream 5 %</i>	T3 (NP)	
<i>fluorouracil external solution</i>	T1 (G)	
<i>fluorouracil intravenous</i>	T4 (SP)	
<i>imiquimod external cream 5 %</i>	T1 (G)	
<b>ANTIPRURITICS AND LOCAL ANESTHETICS</b>		
<i>doxepin hcl oral capsule 10 mg, 50 mg</i>	LCG	
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg</i>	T3 (NP)	
<i>doxepin hcl oral concentrate</i>	T3 (NP)	
<i>doxepin hcl oral tablet</i>	T3 (NP)	QL (1 EA per 1 day)
<i>glydo</i>	T1 (G)	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T1 (G)	
<i>lidocaine external patch 5 %</i>	T1 (G)	
<i>lidocaine hcl urethral mucosal external prefilled syringe</i>	T1 (G)	
<i>lidocaine ointment 5 % external</i>	T1 (G)	
<i>lidocaine-prilocaine external cream</i>	T1 (G)	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	LCG	
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)</b>		
<i>acyclovir external ointment</i>	T1 (G)	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	LCG	
<i>acyclovir oral suspension</i>	T3 (NP)	
<i>acyclovir oral tablet</i>	LCG	
<i>acyclovir sodium</i>	T1 (G)	
<i>penciclovir</i>	T3 (NP)	
<b>ASTRINGENTS (84:12)</b>		
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T1 (G)	
<i>glycopyrrolate oral solution</i>	T1 (G)	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1 (G)	QL (4 EA per 1 day)
<i>glycopyrrolate pf solution prefilled syringe 0.2 mg/ml injection</i>	T1 (G)	
<b>ASTRINGENTS, ANTI-INFECTIVE</b>		
<i>benzalkonium chloride external solution</i>	T1 (G)	
<i>chlorhexidine gluconate mouth/throat</i>	LCG	
<i>iodine strong</i>	T1 (G)	
<i>iodine tincture tincture 2 % external (rx)</i>	T1 (G)	
<i>periogard</i>	LCG	
<i>selenium sulfide external lotion</i>	T1 (G)	
<i>silver sulfadiazine external</i>	T1 (G)	
<i>ssd</i>	T1 (G)	
<b>AZOLES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>clotrimazole external</i>	LCG	
<i>clotrimazole mouth/throat</i>	T1 (G)	
<i>clotrimazole-betamethasone external cream</i>	T1 (G)	
<i>econazole nitrate external cream</i>	T1 (G)	
ERTACZO ( <i>sertaconazole nitrate</i> )	T3 (NP)	
GYNAZOLE-1 ( <i>butoconazole nitrate (1 dose)</i> )	T3 (NP)	
<i>ketconazole external cream</i>	T1 (G)	
<i>ketconazole external shampoo</i>	T1 (G)	
LULICONAZOLE	T3 (NP)	
<i>miconazole 3</i>	T1 (G)	
<i>oxiconazole nitrate</i>	T3 (NP)	
SULCONAZOLE NITRATE EXTERNAL CREAM	T3 (NP)	
<i>terconazole vaginal cream</i>	T1 (G)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<b>BASIC LOTIONS AND LINIMENTS</b>		
<i>ammonium lactate external</i>	T1 (G)	
<b>BASIC OILS AND OTHER SOLVENTS</b>		
<i>lactic acid e</i>	T1 (G)	
<b>BASIC OINTMENTS AND PROTECTANTS</b>		
<i>calcipotriene external cream</i>	T2 (PB)	
<i>calcipotriene external ointment</i>	T2 (PB)	
<i>calcipotriene external solution</i>	T2 (PB)	
<i>calcipotriene-betameth diprop external ointment</i>	T3 (NP)	
<i>hydrocortisone cream 1 % external (rx)</i>	T1 (G)	
<i>lactic acid e</i>	T1 (G)	
<i>nitroglycerin rectal</i>	T1 (G)	
RECTIV ( <i>nitroglycerin</i> )	T3 (NP)	
SANTYL ( <i>collagenase</i> )	T3 (NP)	QL (3 GM per 1 day)
XIAFLEX ( <i>collagenase clostrid histolyt</i> )	T4 (SP)	PA
<b>CELL STIMULANTS AND PROLIFERANTS</b>		
<i>finasteride oral tablet 5 mg</i>	LCG	
<i>minoxidil oral</i>	T1 (G)	
<i>tretinoin external cream 0.025 %, 0.05 %</i>	T2 (PB)	
<i>tretinoin external cream 0.1 %</i>	T3 (NP)	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T3 (NP)	
<i>tretinoin oral</i>	T4 (SP)	
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)</b>		
<i>ala-cort</i>	T1 (G)	
<i>alclometasone dipropionate</i>	T1 (G)	
<i>betamethasone dipropionate aug external cream</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>betamethasone dipropionate aug external lotion</i>	T3 (NP)	
<i>betamethasone dipropionate aug external ointment</i>	T3 (NP)	
<i>betamethasone dipropionate external cream</i>	T1 (G)	
<i>betamethasone dipropionate external lotion</i>	T1 (G)	
<i>betamethasone dipropionate external ointment</i>	T3 (NP)	
<i>betamethasone valerate external cream</i>	T1 (G)	
<i>betamethasone valerate external lotion</i>	T1 (G)	
<i>betamethasone valerate external ointment</i>	T1 (G)	
<i>calcipotriene-betameth diprop external ointment</i>	T3 (NP)	
<i>clobetasol propionate external cream 0.05 %</i>	T3 (NP)	
<i>clobetasol propionate external gel</i>	T3 (NP)	
<i>clobetasol propionate external ointment</i>	T3 (NP)	
<i>clobetasol propionate external solution</i>	T3 (NP)	
<i>clocortolone pivalate</i>	T3 (NP)	
<i>clotrimazole-betamethasone external cream</i>	T1 (G)	
CORTIFOAM ( <i>hydrocortisone acetate</i> )	T3 (NP)	
<i>desonide external cream</i>	T3 (NP)	
<i>desonide external ointment</i>	T3 (NP)	
<i>desoximetasone external cream 0.25 %</i>	T1 (G)	
<i>desoximetasone external liquid</i>	T3 (NP)	
<i>desoximetasone external ointment 0.25 %</i>	T3 (NP)	
<i>diflorasone diacetate external cream</i>	T3 (NP)	
<i>fluocinolone acetonide body</i>	T1 (G)	
<i>fluocinolone acetonide external cream</i>	T3 (NP)	
<i>fluocinolone acetonide external ointment</i>	T3 (NP)	
<i>fluocinolone acetonide external solution</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluocinolone acetonide otic</i>	T1 (G)	
<i>fluocinolone acetonide scalp</i>	T1 (G)	
<i>fluocinonide emulsified base</i>	T3 (NP)	
<i>fluocinonide external</i>	T1 (G)	
<i>fluticasone propionate external cream</i>	T1 (G)	
<i>fluticasone propionate external ointment</i>	T1 (G)	
<i>halcinonide external cream</i>	T3 (NP)	
<i>halobetasol propionate external cream</i>	T3 (NP)	
<i>halobetasol propionate external ointment</i>	T3 (NP)	
<i>hydrocortisone (perianal)</i>	T1 (G)	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T1 (G)	
<i>hydrocortisone butyrate external solution</i>	T1 (G)	
<i>hydrocortisone cream 1 % external (rx)</i>	T1 (G)	
<i>hydrocortisone external cream 2.5 %</i>	LCG	
<i>hydrocortisone external lotion 2.5 %</i>	T1 (G)	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1 (G)	
<i>hydrocortisone oral</i>	LCG	
<i>hydrocortisone rectal</i>	T3 (NP)	
<i>hydrocortisone valerate external cream</i>	T3 (NP)	
<i>hydrocortisone-acetic acid</i>	T3 (NP)	
<i>mometasone furoate external</i>	T1 (G)	
NEO-SYNALAR ( <i>neomycin-fluocinolone</i> )	T3 (NP)	
<i>nystatin-triamcinolone</i>	T1 (G)	
<i>procto-med hc</i>	T1 (G)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG ( <i>hydrocortisone sod succinate</i> )	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>triamcinolone acetonide external cream</i>	LCG	
<i>triamcinolone acetonide external lotion</i>	T1 (G)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	T1 (G)	
<i>triamcinolone acetonide external ointment 0.1 %</i>	LCG	
<i>triamcinolone acetonide mouth/throat</i>	T1 (G)	
<i>triderm</i>	LCG	
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)</b>		
<i>ciclodan</i>	T1 (G)	
<i>ciclopirox external</i>	T1 (G)	
<i>ciclopirox olamine external</i>	T1 (G)	
<b>IMMUNOMODULATORY AGENTS (84:06)</b>		
ADBRY ( <i>tralokinumab-ldrm</i> )	T4 (SP)	PA; SP-ORx; QL (0.15 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
EBGLYSS ( <i>lebrikizumab-lbkz</i> )	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
<i>pimecrolimus</i>	T3 (NP)	QL (2 GM per 1 day)
<i>sirolimus oral</i>	T3 (NP)	
SKYRIZI PEN ( <i>risankizumab-rzaa</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>risankizumab-rzaa</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SPEVIGO SUBCUTANEOUS ( <i>spesolimab-sbzo</i> )	T4 (SP)	PA; QL (0.08 ML per 1 day)
<i>tacrolimus external</i>	T3 (NP)	QL (2 GM per 1 day)
<i>tacrolimus oral</i>	T2 (PB)	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML ( <i>guselkumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA INTRAVENOUS ( <i>guselkumab</i> )	T4 (SP)	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML ( <i>guselkumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML ( <i>guselkumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
<b>JANUS KINASE INHIBITORS (84:06)</b>		
CIBINQO ( <i>abrocitinib</i> )	T4 (SP)	PA; QL (1 EA per 1 day)
JAKAFI ORAL TABLET 10 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG ( <i>ruxolitinib phosphate</i> )	T4 (SP)	PA; SP-QTZ
<i>roflumilast</i>	T1 (G)	PA
<b>KERATOLYTIC AGENTS</b>		
<i>acutane</i>	T3 (NP)	
<i>acitretin</i>	T3 (NP)	

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>adapalene external cream</i>	T3 (NP)	
<i>adapalene external gel 0.3 %</i>	T3 (NP)	
<i>adapalene gel 0.1 % external (rx)</i>	T1 (G)	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1 (G)	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T3 (NP)	
<i>amnestem</i>	T3 (NP)	
<i>claravis</i>	T3 (NP)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T3 (NP)	
<i>podofilox external solution</i>	T1 (G)	
<i>tazarotene external cream 0.1 %</i>	T3 (NP)	PA
<i>zenatane</i>	T3 (NP)	
<b>KERATOPLASTIC AGENTS</b>		
<i>coal tar external</i>	T1 (G)	
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS</b>		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1 (G)	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T3 (NP)	
<i>benzalkonium chloride external solution</i>	T1 (G)	
<i>benzoyl peroxide-erythromycin</i>	T3 (NP)	
<i>chlorhexidine gluconate mouth/throat</i>	LCG	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1 (G)	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	T3 (NP)	
<i>iodine tincture tincture 2 % external (rx)</i>	T1 (G)	
<i>neuac</i>	T1 (G)	
<i>periogard</i>	LCG	
<i>selenium sulfide external lotion</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>silver sulfadiazine external</i>	T1 (G)	
<i>ssd</i>	T1 (G)	
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)</b>		
<i>diclofenac sodium external solution 1.5 %</i>	T1 (G)	PA
<i>diclofenac sodium gel 3 % external</i>	T1 (G)	QL (10 GM per 1 day)
<b>PHOSPHODIESTERASE-4 INHIBITORS (84:06)</b>		
<i>roflumilast</i>	T1 (G)	PA
<b>PIGMENTING AGENTS</b>		
<i>methoxsalen rapid</i>	T3 (NP)	
<b>POLYENES (SKIN AND MUCOUS MEMBRANE)</b>		
<i>klayesta</i>	T1 (G)	
<i>nyamyc</i>	T1 (G)	
<i>nystatin external cream</i>	LCG	
<i>nystatin external ointment</i>	T1 (G)	
<i>nystatin external powder</i>	T1 (G)	
<i>nystatin mouth/throat</i>	T1 (G)	
<i>nystatin-triamcinolone</i>	T1 (G)	
<i>nystop</i>	T1 (G)	
<b>SCABICIDES AND PEDICULICIDES</b>		
<i>CROTAN (crotamiton)</i>	T4 (SP)	
<i>ivermectin external cream</i>	T3 (NP)	
<i>malathion</i>	T3 (NP)	
<i>permethrin external</i>	T1 (G)	
<i>spinosad</i>	T3 (NP)	
<i>sulfurated lime</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC.</b>		
<i>acutane</i>	T3 (NP)	
<i>acitretin</i>	T3 (NP)	
<i>adapalene external cream</i>	T3 (NP)	
<i>adapalene external gel 0.3 %</i>	T3 (NP)	
<i>adapalene gel 0.1 % external (rx)</i>	T1 (G)	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1 (G)	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T3 (NP)	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>tralokinumab-ldrm</i> )	T4 (SP)	PA; SP-ORx; QL (0.15 ML per 1 day)
AMELUZ ( <i>aminolevulinic acid hcl</i> )	T3 (NP)	
<i>amnesteem</i>	T3 (NP)	
AVSOLA ( <i>infliximab-axxq</i> )	T4 (SP)	PA
<i>azelaic acid external</i>	T3 (NP)	
<i>bexarotene external</i>	T4 (SP)	PA; SP-QTZ
<i>calcipotriene external cream</i>	T2 (PB)	
<i>calcipotriene external ointment</i>	T2 (PB)	
<i>calcipotriene external solution</i>	T2 (PB)	
<i>calcipotriene-betameth diprop external ointment</i>	T3 (NP)	
<i>calcitriol external</i>	T3 (NP)	
CIBINQO ( <i>abrocitinib</i> )	T4 (SP)	PA; QL (1 EA per 1 day)
<i>claravis</i>	T3 (NP)	
COSENTYX (300 MG DOSE) ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)

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Effective 1/01/2026

Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX SENSOREADY (300 MG) ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY PEN ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX UNOREADY ( <i>secukinumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
<i>dapsone oral</i>	T3 (NP)	
<i>diclofenac sodium external solution 1.5 %</i>	T1 (G)	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
ENDARI ( <i>glutamine (sickle cell)</i> )	T3 (NP)	
<i>fluorouracil external cream 5 %</i>	T3 (NP)	
<i>fluorouracil external solution</i>	T1 (G)	
<i>imiquimod external cream 5 %</i>	T1 (G)	
INFLECTRA ( <i>infliximab-dyyb</i> )	T4 (SP)	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T3 (NP)	
<i>l-glutamine oral packet</i>	T1 (G)	
<i>nitroglycerin rectal</i>	T1 (G)	
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	T4 (SP)	PA; SP-QTZ; QL (55 EA per 365 days)
<i>pimecrolimus</i>	T3 (NP)	QL (2 GM per 1 day)
<i>podofilox external solution</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
RECTIV ( <i>nitroglycerin</i> )	T3 (NP)	
SANTYL ( <i>collagenase</i> )	T3 (NP)	QL (3 GM per 1 day)
SKYRIZI PEN ( <i>risankizumab-rzaa</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>risankizumab-rzaa</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
<i>tacrolimus external</i>	T3 (NP)	QL (2 GM per 1 day)
<i>tazarotene external cream 0.1 %</i>	T3 (NP)	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
<i>zenatane</i>	T3 (NP)	
<b>SMOOTH MUSCLE RELAXANTS</b>		
<b>ANTIMUSCARINICS</b>		
<i>darifenacin hydrobromide er</i>	T3 (NP)	
<i>fesoterodine fumarate er</i>	T3 (NP)	
<i>flavoxate hcl</i>	T1 (G)	
<i>oxybutynin chloride er</i>	T1 (G)	
<i>oxybutynin chloride oral solution</i>	T1 (G)	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1 (G)	
<i>solifenacin succinate</i>	T1 (G)	
<i>tolterodine tartrate</i>	T2 (PB)	
<i>tolterodine tartrate er</i>	T2 (PB)	
<i>trospium chloride</i>	T1 (G)	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS</b>		
<i>sildenafil citrate oral suspension reconstituted</i>	T4 (SP)	PA; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	T4 (SP)	PA; QL (3 EA per 1 day)
<i>theophylline er</i>	T3 (NP)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS</b>		
<i>mirabegron er</i>	T2 (PB)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR ( <i>mirabegron</i> )	T2 (PB)	
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
ATABEX ( <i>prenatal w/o a vit-fe cbn-fa</i> )	T3 PV	
<i>b-plex</i>	T1 (G)	
<i>b-plex plus</i>	T1 (G)	
CADEAU DHA	T3 PV	
CENTRUM SPECIALIST PRENATAL ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>classic prenatal</i>	T1 PV	
<i>cvs prenatal</i>	T1 PV	
<i>cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i>	T1 PV	
<i>cvs prenatal multi+dha</i>	T1 PV	
<i>cvs prenatal multivitamin</i>	T1 PV	
ENFAMIL EXPECTA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>eql prenatal formula</i>	T1 PV	
<i>ft prenatal</i>	T1 PV	
<i>gnp prenatal</i>	T1 PV	
<i>gnp prenatal/folic acid</i>	T1 PV	
HEALTHY MAMA BE WELL ROUNDED ( <i>prenatal-fe bisgly-fa-omega 3</i> )	T3 PV	
<i>kp prenatal multivitamins</i>	T1 PV	
MASONATAL	T3 PV	

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Effective 1/01/2026



Drug Name	Drug Tier	Coverage Requirements & Limits
<b>multi prenatal</b>	T1 PV	
<b>multivitamin w/fluoride</b>	T1 (G)	
<b>multi-vitamin/fluoride</b>	T1 (G)	
<b>multivitamin/fluoride oral tablet chewable</b>	T1 (G)	
<b>multi-vitamin/fluoride/iron</b>	T1 (G)	
NEONATAL PRENATAL	T3 PV	
NEONATAL VITAMIN ( <b>prenatal vit-fe fumarate-fa</b> )	T3 PV	
ONE VITE WOMENS	T3 PV	
ONE-A-DAY WOMENS PRENATAL 1 ( <b>prenat-fe carbonyl-fa-omega 3</b> )	T3 PV	
<b>pnv-dha</b>	T1 (G)	
<b>pnv-dha+docusate</b>	T1 (G)	
<b>pnv-omega</b>	T1 (G)	
<b>pnv-select</b>	T1 (G)	
<b>prenatal (w/iron &amp; fa)</b>	T1 PV	
<b>prenatal 19 oral tablet 29-1 mg</b>	T1 (G)	
<b>prenatal 19 oral tablet chewable 29-1 mg</b>	T1 (G)	
<b>prenatal complete oral tablet</b>	T1 PV	
<b>prenatal formula</b>	T1 PV	
<b>prenatal forte</b>	T1 PV	
<b>prenatal gummies/dha &amp; fa</b>	T1 PV	
<b>prenatal multi +dha</b>	T1 PV	
PRENATAL MULTIVITAMIN + DHA ( <b>prenatal mv-min-fe fum-fa-dha</b> )	T3 PV	
<b>prenatal multivitamin plus dha</b>	T1 PV	
<b>prenatal one daily</b>	T1 PV	
<b>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</b>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal oral tablet 27-1 mg</i>	LCG	
<i>prenatal plus</i>	LCG	
<i>prenatal plus vitamin/mineral</i>	LCG	
<i>prenatal vitamin and mineral</i>	T1 PV	
<i>prenatal vitamins</i>	T1 PV	
<i>prenatal/folic acid+dha</i>	T1 PV	
<i>prenatal/iron</i>	T1 PV	
<i>qc prenatal</i>	T1 PV	
<i>ra prenatal</i>	T1 PV	
<i>ra prenatal formula</i>	T1 PV	
SIMILAC PRENATAL EARLY SHIELD ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
STUART ONE ( <i>prenatal mv-min-fe cbn-fa-dha</i> )	T3 PV	
<i>triphrocaps</i>	T1 (G)	
<i>tri-vite/fluoride</i>	T1 (G)	
<i>v-c forte</i>	T1 (G)	
<i>wescaps</i>	T1 (G)	
<b>VITAMIN A</b>		
<i>pnv-select</i>	T1 (G)	
<i>tri-vite/fluoride</i>	T1 (G)	
<b>VITAMIN B COMPLEX</b>		
ATABEX ( <i>prenatal w/o a vit-fe cbn-fa</i> )	T3 PV	
<i>b-plex</i>	T1 (G)	
CADEAU DHA	T3 PV	
CENTRUM SPECIALIST PRENATAL ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>classic prenatal</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>corvita 150</i>	T1 (G)	
<i>cvs folic acid</i>	T1 PV	
<i>cvs prenatal</i>	T1 PV	
<i>cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i>	T1 PV	
<i>cvs prenatal multi+dha</i>	T1 PV	
<i>cvs prenatal multivitamin</i>	T1 PV	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1 (G)	
<i>cyanocobalamin nasal</i>	T1 (G)	
<i>drospiren-eth estrad-levomefol</i>	T1 PV	
ENFAMIL EXPECTA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>eql prenatal formula</i>	T1 PV	
<i>fa-8</i>	T1 PV	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	T1 (G)	
<i>ferotinsic</i>	T1 (G)	
<i>folate</i>	T1 PV	
<i>folic acid oral capsule 0.8 mg</i>	T1 PV	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1 PV	
<i>folic acid tablet 1 mg oral (rx)</i>	T1 (G)	
<i>foltrin</i>	T1 (G)	
<i>ft folic acid</i>	T1 PV	
<i>ft prenatal</i>	T1 PV	
<i>gnp folic acid</i>	T1 PV	
<i>gnp prenatal</i>	T1 PV	
<i>gnp prenatal/folic acid</i>	T1 PV	
HEALTHY MAMA BE WELL ROUNDED ( <i>prenatal-fe bisgly-fa-omega 3</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydroxocobalamin acetate</i>	T1 (G)	
<i>kp folic acid oral tablet 800 mcg</i>	T1 PV	
<i>kp prenatal multivitamins</i>	T1 PV	
<i>k-tan plus</i>	T1 (G)	
<i>leucovorin calcium injection solution reconstituted</i>	T1 (G)	
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	T1 (G)	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	T3 (NP)	
MASONATAL	T3 PV	
<i>multi prenatal</i>	T1 PV	
<i>multivitamin/fluoride oral tablet chewable</i>	T1 (G)	
NASCOBAL ( <i>cyanocobalamin</i> )	T3 (NP)	
NEONATAL PRENATAL	T3 PV	
NEONATAL VITAMIN ( <i>prenatal vit-fe fumarate-fa</i> )	T3 PV	
<i>niacin er (antihyperlipidemic)</i>	T3 (NP)	
ONE VITE WOMENS	T3 PV	
ONE-A-DAY WOMENS PRENATAL 1 ( <i>prenat-fe carbonyl-fa-omega 3</i> )	T3 PV	
<i>pnv-dha</i>	T1 (G)	
<i>pnv-dha+docusate</i>	T1 (G)	
<i>pnv-omega</i>	T1 (G)	
<i>pnv-select</i>	T1 (G)	
<i>polysaccharide iron forte</i>	T1 (G)	
<i>prenatal (wliron &amp; fa)</i>	T1 PV	
<i>prenatal 19 oral tablet 29-1 mg</i>	T1 (G)	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1 (G)	
<i>prenatal complete oral tablet</i>	T1 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal formula</i>	T1 PV	
<i>prenatal forte</i>	T1 PV	
<i>prenatal gummies/dha &amp; fa</i>	T1 PV	
<i>prenatal multi +dha</i>	T1 PV	
PRENATAL MULTIVITAMIN + DHA ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
<i>prenatal multivitamin plus dha</i>	T1 PV	
<i>prenatal one daily</i>	T1 PV	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1 PV	
<i>prenatal oral tablet 27-1 mg</i>	LCG	
<i>prenatal plus</i>	LCG	
<i>prenatal plus vitamin/mineral</i>	LCG	
<i>prenatal vitamin and mineral</i>	T1 PV	
<i>prenatal vitamins</i>	T1 PV	
<i>prenatal/folic acid+dha</i>	T1 PV	
<i>prenatal/iron</i>	T1 PV	
<i>purevit dualfe plus</i>	T1 (G)	
<i>pyridoxine hcl injection</i>	T1 (G)	
<i>qc folic acid</i>	T1 PV	
<i>qc prenatal</i>	T1 PV	
<i>ra folic acid</i>	T1 PV	
<i>ra prenatal</i>	T1 PV	
<i>ra prenatal formula</i>	T1 PV	
<i>se-tan plus</i>	T1 (G)	
SIMILAC PRENATAL EARLY SHIELD ( <i>prenatal mv-min-fe fum-fa-dha</i> )	T3 PV	
STUART ONE ( <i>prenatal mv-min-fe cbn-fa-dha</i> )	T3 PV	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>thiamine hcl injection</i>	T1 (G)	
<i>trigels-f forte</i>	T1 (G)	
<i>triphrocaps</i>	T1 (G)	
TRUE FOLIC ACID ORAL TABLET 400 MCG	T3 PV	
<i>tydemy</i>	T1 PV	
<i>wescaps</i>	T1 (G)	
<i>yl folic acid</i>	T1 PV	
<b>VITAMIN C</b>		
<i>b-plex</i>	T1 (G)	
<i>corvita 150</i>	T1 (G)	
<i>ferotrinsic</i>	T1 (G)	
<i>foltrin</i>	T1 (G)	
<i>k-tan plus</i>	T1 (G)	
<i>peg-3350/electrolytes/ascorbat</i>	T1 (G)	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1 (G)	
PLENVU ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	T3 (NP)	
<i>pnv-select</i>	T1 (G)	
<i>purevit dualfe plus</i>	T1 (G)	
<i>se-tan plus</i>	T1 (G)	
<i>trigels-f forte</i>	T1 (G)	
<i>triphrocaps</i>	T1 (G)	
<i>tri-vitelfluoride</i>	T1 (G)	
<i>wescaps</i>	T1 (G)	
<b>VITAMIN D</b>		
<i>calcitriol intravenous</i>	T1 (G)	
<i>calcitriol oral</i>	T1 (G)	

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Drug Name	Drug Tier	Coverage Requirements & Limits
<i>doxercalciferol intravenous</i>	T1 (G)	
<i>ergocalciferol oral capsule</i>	T1 (G)	
<i>paricalcitol</i>	T1 (G)	
<i>pnv-select</i>	T1 (G)	
<i>tri-vitelfluoride</i>	T1 (G)	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1 (G)	
<b>VITAMIN E</b>		
<i>pnv-select</i>	T1 (G)	
<b>VITAMIN K ACTIVITY</b>		
<i>phytonadione injection solution 1 mg/0.5ml</i>	T1 (G)	
<i>phytonadione injection solution 10 mg/ml</i>	T3 (NP)	
<i>phytonadione oral</i>	T3 (NP)	
<i>vitamin k1 injection solution 1 mg/0.5ml</i>	T1 (G)	
<i>vitamin k1 injection solution 10 mg/ml</i>	T3 (NP)	

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