# 2027 Small Group ACA Drug Formulary Minnesota/Wisconsin

**QuartzBenefits.com**

This document includes a list of drugs covered by your prescription drug benefit with Quartz (the formulary). This listing is updated quarterly and is subject to change. All previous versions are no longer in effect. This formulary applies to small group (less than 50 employees) commercial plans sold in the states of Minnesota and Wisconsin including Quartz HMO, Quartz POS, and Quartz PPO plan offerings. The formulary can be viewed on the Quartz public website at https://quartzbenefits.com/formulary. To view your benefit plan documents please visit Quartz MyChart at https://QuartzBenefits.com/mychart or search for them at https://apps.QuartzBenefits.com/sbc.

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# January 1, 2027

# 2027 Quartz Small Group ACA Drug Formulary –Minnesota and Wisconsin Information

This Formulary serves members with a Quartz Small Group Commercial (50 employees or less) employer-sponsored health plan based in the states of Minnesota and Wisconsin.

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

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

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

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

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

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

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

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

Your Quartz plan also covers drugs administered by a health care provider in a clinic, infusion center, by home health services, or other medical sites of care, referred to as “medical benefit” coverage. Medical

benefit drugs are not covered under your Quartz prescription drug benefits and generally cannot be filled at the pharmacy. For information about drug coverage on the medical benefit including a list of restricted medical benefit drugs and the prior authorization criteria for coverage, please go to the Medication Prior Authorization – clinically administered prior authorization list page on **QuartzBenefits.com**.

## Using the Formulary Document

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

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

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

**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 prescriber and the member or member's designee will be notified of the coverage decision. If a request is denied, the notifications will include documentation on how to appeal the denial with the health plan. If you would like to discuss the specifics of an exception request decision with a pharmacist, or have general questions about the coverage decision, please call Member Services at (800) 496-7509.

**Oral Oncology Drug cost share:** For drugs taken at home to treat cancer, the state of Wisconsin has regulations that set the maximum cost share that can be applied to these medications at $100 per 30-day fill after any benefit deductible has been met. The cost share may be less than $100 depending on your benefit structure. The state of Minnesota has a law that affects oncology drug cost share as well. The maximum cost share that will be applied to these medications is $0 per 30-day fill after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed on the formulary document

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

## Formulary Notes - Coverage Indicators

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

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

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

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

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

Specialty drugs listed with an SP-QTZ in the formulary **Notes** column are required to be obtained from a specific specialty pharmacy participating in the Quartz Specialty Pharmaceuticals network for coverage.

The UW Health specialty pharmacies, Emplify Health pharmacies, and Advocate Health specialty pharmacy are currently participating in the Quartz Specialty Pharmaceuticals network for drugs marked as SP-QTZ. For information about these pharmacies, see the Specialty Pharmaceuticals Program section on the Quartz website.

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

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

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

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

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

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

# Preventive care medications for Individual/Family and Small Group Formularies

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

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

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

**Please keep in mind:**

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

## USPSTF A & B recommended drugs and supplements

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

OTC = available over-the-counter

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

## Tobacco cessation drugs

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

| Drug name |
| --- |
| • Nicotine gum (OTC)<br>• Nicotine lozenges (OTC)<br>• Nicotine patches (OTC)<br>• Bupropion 150 mg sustained release tab<br>• Nicotine nasal spray<br>• Varenicline |

## Human Immunodeficiency Virus (HIV) preventive drugs

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

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

OTC = available over-the-counter

## Breast cancer prevention drugs

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

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

## Statin preventive drugs

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

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

## Birth control products

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

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

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

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

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

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

| Contraception type | Covered generic drug name | Equivalent brand drug name* |
|---|---|---|
| Progestin only birth control pills | Camila, Debiltane, Errin, Emzahh, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, norethindrone, Norlyroc, Orquidea, Sharobel | Micronor, Nor-QD |
| | | Opill (OTC) |

*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, SheWise, Take Action (OTC) | Plan B |
| Contraceptive films | | VCF vaginal (OTC) |
| Contraceptive gels | | Gynol II, VCF vaginal (OTC) |
| Contraceptive suppository | | Encare (OTC) |
| Condoms | | Aimsco, Color Condoms, Durex, Fantasy, Kameleon, Kimono, MAXX, Reality, Trojan, Trustex, FC2 Female (OTC) |
| Sponges | | Today (OTC) |
| Intrauterine devices (IUDs) and implants | | Kyleena |
| | | Liletta |
| | | Mirena |
| | | Nexplannon |
| | | Paragard |
| | | Skyla |

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

## Vaccinations

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

| Disease (vaccine name) | Coverage limits (if applicable) |
|---|---|
| COVID-19 (Comirnaty, mNEXSPIKE, Nuvaxovid, Spikevax) | |
| Dengue Fever (Dengvaxia) | For persons aged 9-16 years |
| Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone) | • FluMist is covered for persons aged 2-49 years<br>• Fluad and Fluzone HD are covered for persons aged 65 years and older |
| Haemophilus influenzae B (ActHIB, HIberix, Pedvax HIB) | Covered for persons age 6 years and younger |
| Hepatitis A (Havrix, Vaqta) | |
| Hepatitis B (Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB) | Heplisav-B and Prehevbrio are covered for persons aged 18 years and older |
| Hepatitis A/B (Twinrix) | |
| Human Papiloma Virus/HPV (Gardasil-9) | Covered for persons aged 9-45 years |
| Measles, Mumps, Rubella (M-M-R II, PRIORIX) | |
| Measles, Mumps, Rubella, Varicella (ProQuad) | |
| Meingococcal (Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy,Trumenba) | |
| Pneumococcal (Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance) | |
| Polioviris (Ipol) | Covered for persons age 17 years and younger |
| Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus, Enflonsia, mRESVIA) | • Abrysvo is covered for persons aged 50 years and older or when the pharmacy enters a submission clarification code confirming pregnancy<br>• Arexvy and mRESVIA are covered for persons aged 50 years and older<br>• Beyfortus 100 mg/ml is covered for persons aged 24 months and younger |
| Rotavirus (Rotarix, Rotateq) | Covered for persons aged 8 months and younger |

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OTC = available over-the-counter

| Disease (vaccine name) | Coverage limits (if applicable) |
|---|---|
| Smallpox Mpox (Jynneos) | Covered for persons aged 18 years and older |
| Tetanus, diptheria/Td (TDVAX, Tenivac) | |
| Tetanus, diptheria, pertussis/Tdap (Adacel, Boostrix, Daptacel) | |
| Tetanus, diptheria, pertussis, polio (Kinrix, Quadracel) | |
| Tetanus, diptheria, pertussis, hepatitis B, polio (Pediarix) | |
| Tetanus, diptheria, pertussis, polio, haemophilus infuenzae B (Pentacel) | |
| Tetanus, diptheria, pertussis, hepatitis B, polio, haemophilus infuenzae B (Infanrix, Vaxelis) | |
| Varicella/Chickenpox (Varivax) | |
| Zoster/Shingles (Shingrix) | Covered for persons aged 19 years and older |

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

## Frequently asked questions – Preventive care drug coverage

**What happens if a generic drug becomes available?**

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

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

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

**Is my plan required to cover contraceptives?**

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

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

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

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

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

**Will this drug list change?**

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

## 2027 Quartz Individual and Family and Small Group ACA Formulary

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| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Analgesics - Drugs for Pain** | | |
| *acetaminophen-codeine oral solution* | T1 (G) | QL (166.5 ML per 1 day) |
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg* | T1 (G) | QL (13 EA per 1 day) |
| *acetaminophen-codeine oral tablet 300-60 mg* | T1 (G) | QL (10 EA per 1 day) |
| *apap-caff-dihydrocodeine* | T3 (NP) | PA; QL (10 EA per 1 day) |
| *ascomp-codeine* | T2 (PB) | |
| *bac (butalbital-acetamin-caff)* | T1 (G) | |
| *buprenorphine* | T3 (NP) | PA; QL (0.15 EA per 1 day) |
| *butalbital-acetaminophen oral tablet 50-325 mg* | T1 (G) | |
| *butalbital-apap-caff-cod oral capsule 50-300-40-30 mg* | T2 (PB) | |
| *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg* | T3 (NP) | |
| *butalbital-apap-caffeine oral capsule 50-300-40 mg* | T1 (G) | |
| *butalbital-apap-caffeine oral tablet* | T1 (G) | |
| *butalbital-asa-caff-codeine* | T2 (PB) | |
| *butalbital-aspirin-caffeine* | T1 (G) | |
| *butorphanol tartrate injection* | T1 (G) | |
| *butorphanol tartrate nasal* | T2 (PB) | QL (2.5 ML per 1 fill) |
| *codeine sulfate oral tablet 15 mg* | T1 (G) | QL (40 EA per 1 day) |
| *codeine sulfate oral tablet 30 mg* | T1 (G) | QL (20 EA per 1 day) |
| *codeine sulfate oral tablet 60 mg* | T1 (G) | QL (10 EA per 1 day) |
| *endocet oral tablet 10-325 mg* | T1 (G) | QL (6 EA per 1 day) |
| *endocet oral tablet 2.5-325 mg, 5-325 mg* | T1 (G) | QL (12 EA per 1 day) |
| *endocet oral tablet 7.5-325 mg* | T1 (G) | QL (8 EA per 1 day) |
| *fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr* | T3 (NP) | PA; QL (1 EA per 1 day) |
| *fentanyl transdermal patch 72 hour 12 mcg/hr* | T3 (NP) | PA; QL (0.5 EA per 1 day) |
| *fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr* | T1 (G) | PA; QL (0.5 EA per 1 day) |
| *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent* | T3 (NP) | PA; QL (1 EA per 1 day) |
| *hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml* | T1 (G) | QL (180 ML per 1 day) |
| *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg* | T1 (G) | QL (9 EA per 1 day) |
| *hydrocodone-acetaminophen oral tablet 5-300 mg* | T1 (G) | QL (13 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg* | T1 (G) | QL (12 EA per 1 day) |
| *hydrocodone-ibuprofen oral tablet 10-200 mg* | T3 (NP) | QL (9 EA per 1 day) |
| *hydrocodone-ibuprofen oral tablet 5-200 mg* | T1 (G) | QL (16 EA per 1 day) |
| *hydrocodone-ibuprofen oral tablet 7.5-200 mg* | T1 (G) | QL (12 EA per 1 day) |
| *hydromorphone hcl er* | T3 (NP) | PA; QL (2 EA per 1 day) |
| *hydromorphone hcl injection solution 4 mg/ml* | T3 (NP) | |
| *hydromorphone hcl oral liquid 1 mg/ml* | T3 (NP) | QL (10 ML per 1 day) |
| *hydromorphone hcl oral tablet 2 mg* | T1 (G) | QL (5 EA per 1 day) |
| *hydromorphone hcl oral tablet 4 mg, 8 mg* | T1 (G) | QL (2 EA per 1 day) |
| *hydromorphone hcl pf* | T3 (NP) | |
| *hydromorphone hcl solution 1 mg/ml injection* | T3 (NP) | |
| *hydromorphone hcl solution 2 mg/ml injection* | T3 (NP) | |
| JOURNAVX | T3 (NP) | QL (2.5 EA per 1 day) |
| *meperidine hcl oral tablet* | T3 (NP) | QL (18 EA per 1 day) |
| *methadone hcl intensol* | T1 (G) | |
| *methadone hcl oral concentrate* | T1 (G) | |
| *methadone hcl oral solution* | T1 (G) | |
| *methadone hcl oral tablet* | T1 (G) | PA |
| *mitigo* | T3 (NP) | |
| *morphine sulfate (concentrate) oral solution 100 mg/5ml* | T1 (G) | QL (4.5 ML per 1 day) |
| *morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml* | T3 (NP) | |
| *morphine sulfate (pf) injection solution 10 mg/ml* | T1 (G) | |
| *morphine sulfate er oral tablet extended release 100 mg, 200 mg* | T3 (NP) | PA; QL (3 EA per 1 day) |
| *morphine sulfate er oral tablet extended release 15 mg, 30 mg* | T1 (G) | PA; QL (3 EA per 1 day) |
| *morphine sulfate er oral tablet extended release 60 mg* | T2 (PB) | PA; QL (3 EA per 1 day) |
| *morphine sulfate injection solution 2 mg/ml, 4 mg/ml* | T3 (NP) | |
| *morphine sulfate intravenous solution 4 mg/ml* | T3 (NP) | |
| *morphine sulfate oral solution 10 mg/5ml* | T1 (G) | QL (45 ML per 1 day) |
| *morphine sulfate oral solution 20 mg/5ml* | T1 (G) | QL (22.5 ML per 1 day) |
| *morphine sulfate oral tablet 15 mg* | T1 (G) | QL (6 EA per 1 day) |
| *morphine sulfate oral tablet 30 mg* | T1 (G) | QL (3 EA per 1 day) |
| *nalbuphine hcl injection solution 10 mg/ml* | T3 (NP) | |
| NUCYNTA ORAL TABLET 100 MG, 75 MG | T3 (NP) | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NUCYNTA ORAL TABLET 50 MG | T3 (NP) | QL (2 EA per 1 day) |
| *oxycodone hcl oral capsule* | T1 (G) | QL (12 EA per 1 day) |
| *oxycodone hcl oral solution* | T1 (G) | QL (60 ML per 1 day) |
| *oxycodone hcl oral tablet 10 mg* | T1 (G) | QL (6 EA per 1 day) |
| *oxycodone hcl oral tablet 15 mg* | T1 (G) | QL (4 EA per 1 day) |
| *oxycodone hcl oral tablet 20 mg* | T1 (G) | QL (3 EA per 1 day) |
| *oxycodone hcl oral tablet 30 mg* | T1 (G) | QL (2 EA per 1 day) |
| *oxycodone hcl oral tablet 5 mg* | T1 (G) | QL (12 EA per 1 day) |
| *oxycodone-acetaminophen oral tablet 10-325 mg* | T1 (G) | QL (6 EA per 1 day) |
| *oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg* | T1 (G) | QL (12 EA per 1 day) |
| *oxycodone-acetaminophen oral tablet 7.5-325 mg* | T1 (G) | QL (8 EA per 1 day) |
| OXYCONTIN | T2 (PB) | PA; QL (4 EA per 1 day) |
| *oxymorphone hcl er* | T3 (NP) | PA; QL (4 EA per 1 day) |
| *oxymorphone hcl oral tablet 10 mg* | T1 (G) | QL (1 EA per 1 day) |
| *oxymorphone hcl oral tablet 5 mg* | T1 (G) | QL (3 EA per 1 day) |
| *pentazocine-naloxone hcl* | T3 (NP) | QL (10 EA per 1 day) |
| *tapentadol hcl oral tablet 100 mg, 75 mg* | T1 (G) | QL (1 EA per 1 day) |
| *tapentadol hcl oral tablet 50 mg* | T1 (G) | QL (2 EA per 1 day) |
| *tramadol hcl (er biphasic) oral tablet extended release 24 hour* | T3 (NP) | PA; QL (1 EA per 1 day) |
| *tramadol hcl er* | T2 (PB) | PA; QL (1 EA per 1 day) |
| *tramadol hcl oral tablet 50 mg* | T1 (G) | QL (5 EA per 1 day) |
| *tramadol-acetaminophen* | T1 (G) | QL (6 EA per 1 day) |
| XTAMPZA ER | T2 (PB) | PA; QL (4 EA per 1 day) |
| **Analgesics - Drugs for Pain and Inflammation** | | |
| *aspirin 81* | T1 PV | $0 for age less than 55 years |
| *aspirin adult low dose* | T1 PV | $0 for age less than 55 years |
| *aspirin adult low strength* | T1 PV | $0 for age less than 55 years |
| *aspirin childrens* | T1 PV | $0 for age less than 55 years |
| *aspirin ec adult low dose* | T1 PV | $0 for age less than 55 years |
| *aspirin ec adult low strength oral tablet delayed release 81 mg* | T1 PV | $0 for age less than 55 years |
| *aspirin ec low dose* | T1 PV | $0 for age less than 55 years |
| *aspirin ec low strength* | T1 PV | $0 for age less than 55 years |
| *aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *aspirin oral tablet chewable* | T1 PV | $0 for age less than 55 years |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *aspirin oral tablet delayed release 81 mg* | T1 PV | $0 for age less than 55 years |
| *aspirin regimen* | T1 PV | $0 for age less than 55 years |
| BAYER ASPIRIN EC LOW DOSE | T3 PV | $0 for age less than 55 years |
| BAYER LOW DOSE | T3 PV | $0 for age less than 55 years |
| *celecoxib oral* | T1 (G) | QL (2 EA per 1 day) |
| *childrens aspirin* | T1 PV | $0 for age less than 55 years |
| *cvs aspirin adult low dose* | T1 PV | $0 for age less than 55 years |
| *cvs aspirin adult low strength* | T1 PV | $0 for age less than 55 years |
| *cvs aspirin ec* | T1 PV | $0 for age less than 55 years |
| *cvs aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *cvs aspirin low strength* | T1 PV | $0 for age less than 55 years |
| *diclofenac potassium oral tablet 50 mg* | T1 (G) | |
| *diclofenac sodium er* | T2 (PB) | |
| *diclofenac sodium external solution 1.5 %* | T1 (G) | PA |
| *diclofenac sodium oral* | T1 (G) | |
| *diflunisal oral* | T3 (NP) | |
| ECOTRIN LOW STRENGTH | T3 PV | $0 for age less than 55 years |
| *eq adult aspirin low strength oral tablet delayed release 81 mg* | T1 PV | $0 for age less than 55 years |
| *eq aspirin adult low dose* | T1 PV | $0 for age less than 55 years |
| *eq aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *eq aspirin low dose oral tablet 81 mg* | T1 PV | $0 for age less than 55 years |
| *eql aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *eql childrens aspirin oral tablet chewable 81 mg* | T1 PV | $0 for age less than 55 years |
| *etodolac* | T1 (G) | |
| *etodolac er* | T1 (G) | |
| *flurbiprofen oral* | T1 (G) | |
| *ft aspirin adult low dose* | T1 PV | $0 for age less than 55 years |
| *ft aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *ft aspirin oral tablet chewable* | T1 PV | $0 for age less than 55 years |
| *gnp adult aspirin low strength* | T1 PV | $0 for age less than 55 years |
| *gnp aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *gnp aspirin oral tablet delayed release 81 mg* | T1 PV | $0 for age less than 55 years |
| *goodsense aspirin adult low st oral tablet chewable 81 mg* | T1 PV | $0 for age less than 55 years |
| *goodsense aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *goodsense aspirin oral tablet chewable* | T1 PV | $0 for age less than 55 years |
| *h-e-b aspirin* | T1 PV | $0 for age less than 55 years |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml* | T1 (G) | |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | LCG | |
| *indomethacin er* | T1 (G) | |
| *indomethacin oral capsule 25 mg* | LCG | |
| *indomethacin oral capsule 50 mg* | T1 (G) | |
| *ketorolac tromethamine +rfid* | T1 (G) | |
| *ketorolac tromethamine injection* | T1 (G) | |
| *ketorolac tromethamine intramuscular solution 60 mg/2ml* | T1 (G) | |
| *ketorolac tromethamine oral* | T1 (G) | QL (20 EA per 5 days) |
| *kls aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *kp aspirin* | T1 PV | $0 for age less than 55 years |
| *meclofenamate sodium oral* | T3 (NP) | |
| *mefenamic acid oral* | T2 (PB) | |
| *meloxicam oral tablet* | LCG | |
| *mm aspirin* | T1 PV | $0 for age less than 55 years |
| *nabumetone oral* | T1 (G) | |
| *naproxen oral tablet 250 mg* | T1 (G) | |
| *naproxen oral tablet 375 mg, 500 mg* | LCG | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | T1 (G) | |
| *oxaprozin oral tablet* | T1 (G) | |
| *piroxicam oral* | T1 (G) | |
| *qc aspirin low dose* | T1 PV | $0 for age less than 55 years |
| *sb childrens aspirin* | T1 PV | $0 for age less than 55 years |
| *sb low dose asa ec* | T1 PV | $0 for age less than 55 years |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG | T3 PV | $0 for age less than 55 years |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG | T3 PV | $0 for age less than 55 years |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG | T3 PV | $0 for age less than 55 years |
| *sulindac oral* | T1 (G) | |
| *tolmetin sodium oral tablet* | T1 (G) | |
| **Anesthetics** | | |
| *glydo* | T1 (G) | |
| *lidocaine external patch 5 %* | T1 (G) | |
| *lidocaine hcl urethral/mucosal external prefilled syringe* | T1 (G) | |
| *lidocaine ointment 5 % external* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *lidocaine-prilocaine external cream* | T1 (G) | |
| **Anti-Addiction / Substance Abuse Treatment Agents** | | |
| *acamprosate calcium* | T3 (NP) | |
| *buprenorphine hcl sublingual* | T1 (G) | |
| *buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg, 8-2 mg* | T3 (NP) | |
| *buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg* | T2 (PB) | |
| *buprenorphine hcl-naloxone hcl sublingual tablet sublingual* | T1 (G) | |
| *bupropion hcl er (smoking det)* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG | T3 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *cvs nicotine* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *cvs nicotine polacrilex* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *disulfiram oral* | T3 (NP) | |
| *eq nicotine* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *eq nicotine mouth/throat gum 2 mg, 4 mg* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *eq nicotine polacrilex* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *eq nicotine step 3* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *folding paddle walker* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *ft naloxone hcl* | T1 (G) | |
| *ft nicotine* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *ft nicotine mini* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *gnp naloxone hcl* | T1 (G) | |
| *gnp nicotine* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *gnp nicotine mini* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *gnp nicotine polacrilex* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *goodsense nicotine* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *goodsense nicotine policrilex* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *habitrol* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| KLOXXADO | T2 (PB) | |
| *kls quit2* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *kls quit4* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *naloxone hcl injection solution* | T1 (G) | |
| *naloxone hcl injection solution cartridge* | T1 (G) | |
| *naloxone hcl injection solution prefilled syringe 2 mg/2ml* | T1 (G) | |
| *naloxone hcl nasal* | T1 (G) | |
| *naltrexone hcl oral* | T1 (G) | |
| NICODERM CQ | T3 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| NICORETTE | T3 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| NICORETTE MINI | T3 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| NICORETTE STARTER KIT | T3 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *nicotine* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *nicotine mini* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *nicotine polacrilex mini* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *nicotine polacrilex mouth/throat* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *nicotine step 1* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *nicotine step 2* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *nicotine step 3* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| NICOTROL NS | T3 PV | ST; $0 for 180 days/year; QL (180 ML per 365 days) |
| *qc nicotine transdermal system* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| THRIVE | T3 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *varenicline tartrate* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *varenicline tartrate (starter)* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| *varenicline tartrate(continue)* | T1 PV | $0 for 180 days/year; QL (180 EA per 365 days) |
| VIVITROL | T4 (SP) | |
| **Antibacterials** | | |
| *amoxicillin* | LCG | |
| *amoxicillin trihydrate oral* | LCG | |
| *amoxicillin-potassium clavulanate er* | T1 (G) | |
| *amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml* | T1 (G) | |
| *amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml* | T2 (PB) | |
| *amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | T1 (G) | |
| *amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg* | T1 (G) | |
| *ampicillin* | T1 (G) | |
| AUGMENTIN | T3 (NP) | |
| *azithromycin intravenous* | T1 (G) | |
| *azithromycin oral* | LCG | |
| *aztreonam injection solution reconstituted 1 gm* | T1 (G) | |
| *aztreonam injection solution reconstituted 2 gm* | T3 (NP) | |
| *benzalkonium chloride external solution* | T1 (G) | |
| *cefaclor* | T1 (G) | |
| *cefadroxil oral capsule* | T1 (G) | |
| *cefadroxil oral suspension reconstituted* | T2 (PB) | |
| *cefdinir* | T1 (G) | |
| *cefpodoxime proxetil oral suspension reconstituted* | T3 (NP) | |
| *cefpodoxime proxetil oral tablet* | T2 (PB) | |
| *cefprozil* | T1 (G) | |
| *cefuroxime axetil* | T1 (G) | |
| *cephalexin oral capsule 250 mg, 500 mg* | LCG | |
| *cephalexin oral suspension reconstituted* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| CIPRO ORAL SUSPENSION RECONSTITUTED | T3 (NP) | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg* | LCG | |
| *ciprofloxacin hcl oral tablet 750 mg* | T1 (G) | |
| *clarithromycin oral suspension reconstituted 125 mg/5ml* | T2 (PB) | |
| *clarithromycin oral suspension reconstituted 250 mg/5ml* | T3 (NP) | |
| *clarithromycin oral tablet* | T1 (G) | |
| *clindamycin hcl oral* | T1 (G) | |
| *clindamycin palmitate hcl* | T1 (G) | |
| *clindamycin phosphate injection* | T1 (G) | |
| *clindamycin phosphate vaginal* | T1 (G) | |
| *demeclocycline hcl* | T3 (NP) | |
| *dicloxacillin sodium* | LCG | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | T3 (NP) | |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | T1 (G) | |
| *doxycycline hyclate oral tablet 100 mg, 20 mg* | T1 (G) | |
| *doxycycline monohydrate oral capsule 100 mg, 50 mg* | T1 (G) | |
| *doxycycline monohydrate oral suspension reconstituted* | T2 (PB) | |
| *doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg* | T1 (G) | |
| *ertapenem sodium* | T3 (NP) | |
| *erythromycin base oral capsule delayed release particles* | T3 (NP) | |
| *erythromycin base oral tablet* | T3 (NP) | |
| *erythromycin base oral tablet delayed release 250 mg, 500 mg* | T2 (PB) | |
| *erythromycin base oral tablet delayed release 333 mg* | T3 (NP) | |
| *erythromycin ethylsuccinate oral suspension reconstituted* | T3 (NP) | |
| *erythromycin oral tablet delayed release 250 mg, 500 mg* | T2 (PB) | |
| *erythromycin oral tablet delayed release 333 mg* | T3 (NP) | |
| *gentamicin sulfate external* | T1 (G) | |
| HUMATIN | T2 (PB) | |
| *imipenem-cilastatin* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *iodine tincture tincture 2 % external (rx)* | T1 (G) | |
| *levofloxacin oral solution* | T3 (NP) | |
| *levofloxacin oral tablet* | T1 (G) | |
| *linezolid in sodium chloride* | T1 (G) | |
| *linezolid intravenous* | T1 (G) | |
| *linezolid oral suspension reconstituted* | T3 (NP) | QL (65 ML per 1 day) |
| *linezolid oral tablet* | T2 (PB) | QL (2 EA per 1 day) |
| *methenamine hippurate* | T2 (PB) | |
| *metronidazole oral tablet 250 mg, 500 mg* | LCG | |
| *metronidazole vaginal* | T1 (G) | |
| *minocycline hcl oral capsule* | T1 (G) | |
| *moxifloxacin hcl oral* | T1 (G) | |
| *mupirocin ointment* | T1 (G) | |
| *neomycin sulfate oral* | LCG | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg* | T1 (G) | |
| *nitrofurantoin monohydrate macrocrystals* | T1 (G) | |
| *ofloxacin oral* | T3 (NP) | |
| *penicillin g potassium injection solution reconstituted 20000000 unit* | T1 (G) | |
| *penicillin v potassium* | LCG | |
| *polymyxin b sulfate injection* | T1 (G) | |
| *silver sulfadiazine external* | T1 (G) | |
| *ssd* | T1 (G) | |
| *streptomycin sulfate intramuscular* | T3 (NP) | |
| *sulfadiazine oral* | T3 (NP) | |
| *sulfamethoxazole-trimethoprim oral* | LCG | |
| *sulfatrim pediatric* | LCG | |
| *tetracycline hcl oral capsule* | T2 (PB) | |
| *tinidazole oral* | T1 (G) | |
| *trimethoprim oral* | LCG | |
| *vancomycin hcl oral capsule 125 mg* | T2 (PB) | |
| *vancomycin hcl oral capsule 250 mg* | T3 (NP) | |
| *vancomycin hcl oral solution reconstituted* | T3 (NP) | |
| XEPI | T3 (NP) | |
| XIFAXAN ORAL TABLET 550 MG | T3 (NP) | PA |
| **Anticoagulants** | | |
| *dabigatran etexilate mesylate* | T2 (PB) | QL (2 EA per 1 day) |
| ELIQUIS (1.5 MG PACK) | T2 (PB) | QL (12 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ELIQUIS (2 MG PACK) | T2 (PB) | QL (16 EA per 1 day) |
| ELIQUIS DVT/PE STARTER PACK | T2 (PB) | QL (148 EA per 365 days) |
| ELIQUIS ORAL CAPSULE SPRINKLE | T2 (PB) | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET | T2 (PB) | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET SOLUBLE | T2 (PB) | QL (4 EA per 1 day) |
| *enoxaparin sodium injection solution* | T3 (NP) | |
| *enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml* | T3 (NP) | QL (2 ML per 1 day) |
| *enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml* | T3 (NP) | QL (1.6 ML per 1 day) |
| *enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml* | T2 (PB) | QL (0.6 ML per 1 day) |
| *enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml* | T2 (PB) | QL (0.8 ML per 1 day) |
| *enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml* | T3 (NP) | QL (1.2 ML per 1 day) |
| *fondaparinux sodium* | T3 (NP) | |
| FRAGMIN | T3 (NP) | |
| *heparin sodium (porcine) injection solution prefilled syringe* | T1 (G) | |
| *heparin sodium (porcine) pf injection solution 5000 unit/ml* | T3 (NP) | |
| *rivaroxaban oral suspension reconstituted* | T2 (PB) | QL (20 ML per 1 day) |
| *rivaroxaban oral tablet* | T2 (PB) | QL (2 EA per 1 day) |
| *warfarin sodium oral* | LCG | |
| XARELTO ORAL TABLET 10 MG, 20 MG | T2 (PB) | QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG | T2 (PB) | QL (2 EA per 1 day) |
| XARELTO STARTER PACK | T2 (PB) | QL (102 EA per 365 days) |
| **Anticonvulsants - Drugs for Seizures** | | |
| *brivaracetam* | T3 (NP) | |
| *carbamazepine er oral capsule extended release 12 hour 100 mg* | T2 (PB) | |
| *carbamazepine er oral capsule extended release 12 hour 200 mg, 300 mg* | T3 (NP) | |
| *carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg* | T2 (PB) | |
| *carbamazepine er oral tablet extended release 12 hour 400 mg* | T3 (NP) | |
| *carbamazepine oral suspension* | T1 (G) | |
| *carbamazepine oral tablet* | LCG | |
| *carbamazepine oral tablet chewable 100 mg* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *clobazam oral tablet* | T2 (PB) | PA |
| DIACOMIT | T4 (SP) | PA |
| *diazepam rectal* | T3 (NP) | QL (2 EA per 1 fill) |
| DILANTIN ORAL CAPSULE 30 MG | T3 (NP) | |
| *divalproex sodium er* | T1 (G) | |
| *divalproex sodium oral capsule delayed release sprinkle* | T3 (NP) | |
| *divalproex sodium oral tablet delayed release* | T1 (G) | |
| EPIDIOLEX | T4 (SP) | PA |
| *ethosuximide oral capsule* | T1 (G) | |
| *ethosuximide oral solution* | T2 (PB) | |
| *fosphenytoin sodium injection solution 500 mg pe/10ml* | T1 (G) | |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | T1 (G) | |
| *gabapentin oral solution* | T1 (G) | |
| *gabapentin oral tablet 600 mg, 800 mg* | T1 (G) | |
| *lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml* | T1 (G) | |
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg* | T2 (PB) | |
| *lacosamide oral tablet 50 mg* | T1 (G) | |
| *lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 250 mg, 300 mg, 50 mg* | T3 (NP) | |
| *lamotrigine er oral tablet extended release 24 hour 25 mg* | T2 (PB) | |
| *lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 50 mg* | T3 (NP) | |
| *lamotrigine odt oral tablet dispersible 25 mg* | T2 (PB) | |
| *lamotrigine oral tablet* | T1 (G) | |
| *lamotrigine oral tablet chewable* | T1 (G) | |
| *lamotrigine oral tablet dispersible 100 mg, 200 mg, 50 mg* | T3 (NP) | |
| *lamotrigine oral tablet dispersible 25 mg* | T2 (PB) | |
| *levetiracetam er* | T2 (PB) | |
| *levetiracetam oral solution* | T1 (G) | |
| *levetiracetam oral tablet* | T1 (G) | |
| *methsuximide* | T2 (PB) | |
| NAYZILAM | T3 (NP) | |
| *oxcarbazepine oral suspension* | T3 (NP) | |
| *oxcarbazepine oral tablet* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *pentobarbital sodium injection* | T1 (G) | |
| *perampanel* | T3 (NP) | |
| *phenobarbital oral elixir* | T1 (G) | |
| *phenobarbital oral tablet* | T1 (G) | |
| *phenobarbital sodium injection* | T1 (G) | |
| *phenytek* | T3 (NP) | |
| *phenytoin infatabs* | T1 (G) | |
| *phenytoin oral suspension 125 mg/5ml* | T1 (G) | |
| *phenytoin oral tablet chewable* | T1 (G) | |
| *phenytoin sodium extended oral capsule 100 mg* | T1 (G) | |
| *phenytoin sodium extended oral capsule 200 mg, 300 mg* | T3 (NP) | |
| *phenytoin sodium injection* | T1 (G) | |
| *primidone oral tablet 250 mg, 50 mg* | LCG | |
| *roweepra* | T1 (G) | |
| *rufinamide* | T3 (NP) | PA |
| *subvenite oral tablet* | T1 (G) | |
| *tiagabine hcl* | T3 (NP) | |
| *topiramate oral capsule sprinkle 15 mg* | T1 (G) | |
| *topiramate oral capsule sprinkle 25 mg* | T3 (NP) | |
| *topiramate oral tablet* | T1 (G) | |
| *valproic acid oral* | LCG | |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | T3 (NP) | |
| XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG | T3 (NP) | |
| *zonisamide oral* | T1 (G) | |
| **Antidementia Agents - Drugs for Alzheimer's Disease and Dementia** | | |
| *donepezil hcl* | T1 (G) | |
| *galantamine hydrobromide* | T1 (G) | |
| *galantamine hydrobromide er* | T1 (G) | |
| *memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg* | T2 (PB) | QL (1 EA per 1 day) |
| *memantine hcl er oral capsule extended release 24 hour 7 mg* | T3 (NP) | QL (1 EA per 1 day) |
| *memantine hcl oral solution* | T3 (NP) | |
| *memantine hcl oral tablet* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *rivastigmine tartrate* | T1 (G) | |
| **Antidepressants** | | |
| *amitriptyline hcl oral* | LCG | |
| *amoxapine* | T3 (NP) | |
| *bupropion hcl er (sr)* | T1 (G) | QL (2 EA per 1 day) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg* | T1 (G) | QL (3 EA per 1 day) |
| *bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg* | T1 (G) | QL (1 EA per 1 day) |
| *bupropion hcl oral* | T1 (G) | |
| *chlordiazepoxide-amitriptyline* | T1 (G) | |
| *citalopram hydrobromide oral tablet* | LCG | |
| *clomipramine hcl oral* | T2 (PB) | |
| *desipramine hcl oral tablet 10 mg, 25 mg, 75 mg* | T2 (PB) | |
| *desipramine hcl oral tablet 100 mg, 150 mg* | T3 (NP) | |
| *desipramine hcl oral tablet 50 mg* | T1 (G) | |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg* | T3 (NP) | QL (1 EA per 1 day) |
| *desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg* | T2 (PB) | QL (1 EA per 1 day) |
| *doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | LCG | |
| *doxepin hcl oral capsule 100 mg, 150 mg* | T2 (PB) | |
| *doxepin hcl oral concentrate* | T2 (PB) | |
| *duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg* | T1 (G) | QL (2 EA per 1 day) |
| *duloxetine hcl oral capsule delayed release particles 30 mg* | T1 (G) | QL (3 EA per 1 day) |
| *escitalopram oxalate oral tablet* | T1 (G) | |
| FETZIMA | T3 (NP) | PA; ST; QL (1 EA per 1 day) |
| FETZIMA TITRATION | T3 (NP) | PA; ST; QL (56 EA per 365 days) |
| *fluoxetine hcl oral capsule* | LCG | |
| *fluvoxamine maleate er* | T3 (NP) | QL (2 EA per 1 day) |
| *fluvoxamine maleate oral tablet 100 mg, 50 mg* | T2 (PB) | |
| *fluvoxamine maleate oral tablet 25 mg* | T1 (G) | |
| *imipramine hcl oral* | T1 (G) | |
| MARPLAN | T3 (NP) | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg* | LCG | |
| *nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *nefazodone hcl oral tablet 50 mg* | T2 (PB) | |
| *nortriptyline hcl oral capsule* | LCG | |
| *nortriptyline hcl oral solution* | T2 (PB) | |
| *paroxetine hcl oral tablet* | LCG | |
| *perphenazine-amitriptyline* | T3 (NP) | |
| *phenelzine sulfate oral* | T2 (PB) | |
| *protriptyline hcl* | T3 (NP) | |
| *sertraline hcl oral concentrate* | T1 (G) | |
| *sertraline hcl oral tablet* | T1 (G) | |
| *tranylcypromine sulfate* | T3 (NP) | |
| *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg* | LCG | |
| *trimipramine maleate oral* | T3 (NP) | |
| TRINTELLIX | T3 (NP) | PA; ST; QL (1 EA per 1 day) |
| *venlafaxine hcl* | T1 (G) | |
| *venlafaxine hcl er oral capsule extended release 24 hour 150 mg* | T1 (G) | QL (2 EA per 1 day) |
| *venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg* | T1 (G) | QL (1 EA per 1 day) |
| *venlafaxine hcl er oral capsule extended release 24 hour 75 mg* | T1 (G) | QL (3 EA per 1 day) |
| *vilazodone hcl* | T3 (NP) | QL (1 EA per 1 day) |
| **Antiemetics - Drugs for Nausea and Vomiting** | | |
| *aprepitant oral capsule 125 mg* | T3 (NP) | QL (6 EA per 30 days) |
| *aprepitant oral capsule 40 mg* | T2 (PB) | QL (1 EA per 30 days) |
| *aprepitant oral capsule 80 mg* | T2 (PB) | QL (4 EA per 30 days) |
| *dimenhydrinate injection* | T1 (G) | |
| *dronabinol oral capsule* | T3 (NP) | PA; QL (2 EA per 1 day) |
| *droperidol injection* | T1 (G) | |
| *fosaprepitant dimeglumine* | T1 (G) | |
| *granisetron hcl oral* | T1 (G) | QL (4 EA per 30 days) |
| *meclizine hcl oral tablet 50 mg* | T2 (PB) | |
| *meclizine hcl oral tablet chewable* | T1 (G) | |
| *meclizine hcl tablet 12.5 mg oral (rx)* | LCG | |
| *meclizine hcl tablet 25 mg oral (rx)* | LCG | |
| *metoclopramide hcl +rfid* | T1 (G) | |
| *metoclopramide hcl injection* | T1 (G) | |
| *metoclopramide hcl oral* | LCG | |
| *ondansetron hcl +rfid* | T1 (G) | |
| *ondansetron hcl injection* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *ondansetron hcl oral solution 4 mg/5ml* | T1 (G) | QL (4 ML per 1 day) |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | T1 (G) | |
| *ondansetron odt oral tablet dispersible 4 mg, 8 mg* | T1 (G) | |
| *perphenazine oral tablet 16 mg, 4 mg, 8 mg* | T2 (PB) | |
| *perphenazine oral tablet 2 mg* | T1 (G) | |
| *prochlorperazine* | T2 (PB) | |
| *prochlorperazine maleate oral tablet 10 mg* | LCG | |
| *prochlorperazine maleate oral tablet 5 mg* | T1 (G) | |
| *promethazine hcl oral solution* | LCG | |
| *promethazine hcl oral tablet 12.5 mg, 50 mg* | T1 (G) | |
| *promethazine hcl oral tablet 25 mg* | LCG | |
| *promethazine hcl rectal* | T2 (PB) | |
| *scopolamine* | T2 (PB) | |
| **Antifungals** | | |
| *amphotericin b liposome* | T3 (NP) | |
| *ciclodan* | T1 (G) | |
| *ciclopirox external* | T1 (G) | |
| *ciclopirox olamine external* | T1 (G) | |
| *clotrimazole external* | LCG | |
| *clotrimazole mouth/throat* | T1 (G) | |
| *clotrimazole-betamethasone external cream* | T1 (G) | |
| *econazole nitrate external cream* | T1 (G) | |
| *fluconazole oral* | LCG | |
| *flucytosine oral* | T3 (NP) | |
| *griseofulvin microsize oral* | T3 (NP) | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | T3 (NP) | |
| GYNAZOLE-1 | T3 (NP) | |
| *itraconazole oral capsule* | T3 (NP) | PA |
| *ketoconazole external cream* | T1 (G) | |
| *ketoconazole external shampoo* | T1 (G) | |
| *ketoconazole oral* | LCG | |
| *klayesta* | T1 (G) | |
| LULICONAZOLE | T3 (NP) | |
| *miconazole 3 vaginal suppository* | T1 (G) | |
| *naftifine hcl external cream 1 %* | T2 (PB) | |
| *nystatin external cream* | LCG | |
| *nystatin external ointment* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *nystatin external powder* | T1 (G) | |
| *nystatin mouth/throat* | T1 (G) | |
| *nystatin oral* | T2 (PB) | |
| *nystatin-triamcinolone* | T1 (G) | |
| *nystop* | T1 (G) | |
| *oxiconazole nitrate* | T3 (NP) | |
| SULCONAZOLE NITRATE EXTERNAL CREAM | T3 (NP) | |
| *terbinafine hcl oral* | LCG | QL (84 day supply per 180 days) |
| *terconazole vaginal cream* | T1 (G) | |
| *voriconazole oral tablet* | T3 (NP) | PA |
| **Antigout Agents** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | LCG | |
| *colchicine oral tablet* | T1 (G) | |
| *colchicine-probenecid* | T2 (PB) | |
| *febuxostat* | T2 (PB) | PA; ST |
| *probenecid* | T2 (PB) | |
| **Antimigraine Agents** | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | T2 (PB) | PA; QL (0.04 ML per 1 day) |
| AIMOVIG | T2 (PB) | PA; QL (0.07 ML per 1 day) |
| *dihydroergotamine mesylate injection* | T3 (NP) | PA; QL (0.86 ML per 1 day) |
| *eletriptan hydrobromide* | T2 (PB) | QL (0.4 EA per 1 day) |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | T2 (PB) | PA; QL (0.04 ML per 1 day) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T2 (PB) | PA; QL (0.11 ML per 1 day) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML | T2 (PB) | PA; QL (0.04 ML per 1 day) |
| ERGOMAR | T3 (NP) | |
| *ergotamine-caffeine* | T3 (NP) | PA; QL (0.86 EA per 1 day) |
| *frovatriptan succinate* | T2 (PB) | QL (0.4 EA per 1 day) |
| *naratriptan hcl* | T1 (G) | QL (0.3 EA per 1 day) |
| NURTEC | T2 (PB) | PA; QL (0.54 EA per 1 day) |
| *rizatriptan benzoate oral tablet 10 mg* | T1 (G) | QL (0.4 EA per 1 day) |
| *rizatriptan benzoate oral tablet 5 mg* | T1 (G) | QL (0.6 EA per 1 day) |
| *rizatriptan benzoate oral tablet dispersible 10 mg* | T1 (G) | QL (0.4 EA per 1 day) |
| *rizatriptan benzoate oral tablet dispersible 5 mg* | T1 (G) | QL (0.6 EA per 1 day) |
| *sumatriptan nasal* | T2 (PB) | QL (0.4 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *sumatriptan succinate oral* | T1 (G) | QL (0.3 EA per 1 day) |
| *sumatriptan succinate subcutaneous* | T2 (PB) | QL (0.17 ML per 1 day) |
| UBRELVY | T2 (PB) | PA; QL (0.54 EA per 1 day) |
| *zolmitriptan oral tablet* | T1 (G) | QL (0.4 EA per 1 day) |
| *zolmitriptan oral tablet dispersible* | T2 (PB) | QL (0.4 EA per 1 day) |
| **Antimyasthenic Agents** | | |
| *pyridostigmine bromide oral tablet* | T1 (G) | |
| **Antimycobacterials** | | |
| *cycloserine oral* | T1 (G) | |
| *dapsone oral* | T2 (PB) | |
| *ethambutol hcl oral tablet 100 mg* | T3 (NP) | |
| *ethambutol hcl oral tablet 400 mg* | T2 (PB) | |
| *isoniazid injection* | T1 (G) | |
| *isoniazid oral syrup* | T3 (NP) | |
| *isoniazid oral tablet 100 mg* | T1 (G) | |
| *isoniazid oral tablet 300 mg* | LCG | |
| PRETOMANID | T2 (PB) | |
| PRIFTIN | T3 (NP) | |
| *pyrazinamide oral* | T1 (G) | |
| *rifabutin* | T3 (NP) | |
| *rifampin oral* | T2 (PB) | |
| *rifapentine* | T1 (G) | |
| SIRTURO | T3 (NP) | |
| **Antineoplastics - Drugs for Cancer** | | |
| *abiraterone acetate* | T4 (SP) | PA; SP-QTZ |
| *abirtega* | T4 (SP) | PA; SP-QTZ |
| ALECENSA | T4 (SP) | PA; SP-QTZ |
| *anastrozole oral* | T1 (G) | $0 for breast cancer PX |
| *bexarotene* | T4 (SP) | PA; SP-QTZ |
| *bicalutamide* | T1 (G) | |
| BOSULIF ORAL TABLET | T4 (SP) | PA; SP-QTZ |
| *bosutinib* | T4 (SP) | PA; SP-QTZ |
| CABOMETYX ORAL TABLET 20 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| CABOMETYX ORAL TABLET 40 MG, 60 MG | T4 (SP) | PA; SP-QTZ |
| *capecitabine* | T4 (SP) | SP-QTZ |
| CAPRELSA ORAL TABLET 100 MG | T4 (SP) | PA; QL (2 EA per 1 day) |
| CAPRELSA ORAL TABLET 300 MG | T4 (SP) | PA |
| COMETRIQ | T4 (SP) | PA |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| COTELLIC | T4 (SP) | PA; SP-QTZ |
| *cyclophosphamide injection* | T4 (SP) | |
| *cyclophosphamide oral capsule* | T3 (NP) | |
| CYCLOPHOSPHAMIDE ORAL TABLET | T2 (PB) | |
| *dasatinib* | T4 (SP) | PA; SP-QTZ |
| DROXIA | T3 (NP) | |
| ERIVEDGE | T4 (SP) | PA; SP-QTZ |
| *erlotinib hcl oral tablet 100 mg, 150 mg* | T4 (SP) | PA; SP-QTZ |
| *erlotinib hcl oral tablet 25 mg* | T4 (SP) | PA; SP-QTZ; QL (3 EA per 1 day) |
| ETHYOL | T4 (SP) | |
| *etoposide oral* | T4 (SP) | |
| *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| *everolimus oral tablet soluble* | T4 (SP) | PA; SP-QTZ |
| *exemestane* | T1 (G) | $0 for breast cancer PX |
| GILOTRIF | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| GLEOSTINE | T4 (SP) | |
| HYCAMTIN ORAL | T4 (SP) | SP-QTZ |
| *hydroxyurea oral* | T1 (G) | |
| IBRANCE ORAL TABLET | T4 (SP) | PA; SP-QTZ |
| ICLUSIG ORAL TABLET 10 MG, 15 MG | T4 (SP) | PA; QL (1 EA per 1 day) |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | T4 (SP) | PA |
| *imatinib mesylate oral* | T4 (SP) | PA; SP-QTZ |
| IMBRUVICA ORAL CAPSULE 140 MG | T4 (SP) | PA; SP-QTZ; QL (3 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| IMBRUVICA ORAL SUSPENSION | T4 (SP) | PA; SP-QTZ |
| IMBRUVICA ORAL TABLET 420 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| INLYTA | T4 (SP) | PA; SP-QTZ |
| JAKAFI ORAL TABLET 10 MG, 5 MG | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG | T4 (SP) | PA; SP-QTZ |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG | T4 (SP) | PA; SP-QTZ |
| KISQALI (200 MG DOSE) | T4 (SP) | PA; SP-QTZ |
| KISQALI (400 MG DOSE) | T4 (SP) | PA; SP-QTZ |
| KISQALI (600 MG DOSE) | T4 (SP) | PA; SP-QTZ |
| KOSELUGO | T4 (SP) | PA; SP-QTZ |
| *lapatinib ditosylate* | T4 (SP) | PA; SP-QTZ |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *lederle leucovorin* | T1 (G) | |
| *lenalidomide* | T4 (SP) | PA; SP-QTZ |
| LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG | T4 (SP) | PA |
| *letrozole oral* | T1 (G) | $0 for breast cancer PX |
| *leucovorin calcium oral tablet 10 mg, 5 mg* | T1 (G) | |
| *leucovorin calcium oral tablet 15 mg, 25 mg* | T3 (NP) | |
| LEUKERAN | T4 (SP) | |
| *lomustine* | T4 (SP) | |
| LYNPARZA | T4 (SP) | PA; SP-QTZ |
| LYSODREN | T4 (SP) | |
| MATULANE | T4 (SP) | |
| MEKINIST | T4 (SP) | PA; SP-QTZ |
| *mercaptopurine oral tablet* | T1 (G) | |
| *mesna oral* | T4 (SP) | |
| MESNEX ORAL | T4 (SP) | |
| MYLERAN | T4 (SP) | |
| *nilotinib hcl* | T4 (SP) | PA; SP-QTZ |
| *nilutamide* | T4 (SP) | SP-QTZ |
| OGSIVEO | T4 (SP) | PA |
| ONUREG | T4 (SP) | PA; SP-QTZ |
| ORGOVYX | T4 (SP) | PA |
| ORSERDU | T4 (SP) | PA |
| *pazopanib hcl* | T4 (SP) | PA; SP-QTZ |
| PIQRAY | T4 (SP) | PA; SP-QTZ |
| *pomalidomide oral capsule 1 mg, 2 mg* | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| *pomalidomide oral capsule 3 mg, 4 mg* | T4 (SP) | PA; SP-QTZ |
| QINLOCK | T4 (SP) | PA |
| ROMVIMZA | T4 (SP) | PA |
| ROZLYTREK ORAL CAPSULE | T4 (SP) | PA; SP-QTZ |
| RYDAPT | T4 (SP) | PA |
| SCEMBLIX ORAL TABLET 100 MG | T4 (SP) | PA |
| SCEMBLIX ORAL TABLET 20 MG | T4 (SP) | PA; QL (2 EA per 1 day) |
| SCEMBLIX ORAL TABLET 40 MG | T4 (SP) | PA; QL (8 EA per 1 day) |
| *sorafenib tosylate* | T4 (SP) | PA; SP-QTZ |
| STIVARGA | T4 (SP) | PA; SP-QTZ |
| *sunitinib malate* | T4 (SP) | PA; SP-QTZ |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| TABLOID | T4 (SP) | |
| TABRECTA | T4 (SP) | PA; SP-QTZ |
| TAFINLAR | T4 (SP) | PA; SP-QTZ |
| TAGRISSO ORAL TABLET 40 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| TAGRISSO ORAL TABLET 80 MG | T4 (SP) | PA; SP-QTZ |
| *tamoxifen citrate oral* | T1 (G) | $0 for breast cancer PX |
| *temozolomide* | T4 (SP) | PA |
| THALOMID | T4 (SP) | PA; SP-QTZ |
| *toremifene citrate* | T3 (NP) | |
| *torpenz* | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| *tretinoin oral* | T4 (SP) | |
| TUKYSA | T4 (SP) | PA; SP-QTZ |
| TURALIO | T4 (SP) | PA |
| VENCLEXTA | T4 (SP) | PA; SP-QTZ |
| VENCLEXTA STARTING PACK | T4 (SP) | PA; SP-QTZ |
| VERZENIO | T4 (SP) | PA; SP-QTZ |
| VORANIGO ORAL TABLET 10 MG | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| VORANIGO ORAL TABLET 40 MG | T4 (SP) | PA; SP-QTZ |
| XALKORI ORAL CAPSULE | T4 (SP) | PA; SP-QTZ |
| XTANDI | T4 (SP) | PA; SP-QTZ |
| *yulithira* | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| ZELBORAF | T4 (SP) | PA; SP-QTZ |
| ZOLINZA | T4 (SP) | PA; SP-QTZ |
| ZYDELIG | T4 (SP) | PA; SP-QTZ |
| ZYKADIA | T4 (SP) | PA; SP-QTZ |
| **Antiparasitics** | | |
| *albendazole oral* | T2 (PB) | PA; QL (120 EA per 180 days) |
| *atovaquone* | T3 (NP) | |
| *atovaquone-proguanil hcl oral tablet 250-100 mg* | T2 (PB) | |
| *atovaquone-proguanil hcl oral tablet 62.5-25 mg* | T1 (G) | |
| BENZNIDAZOLE | T3 (NP) | |
| *chloroquine phosphate oral* | T3 (NP) | |
| COARTEM | T3 (NP) | |
| CROTAN | T4 (SP) | |
| EURAX | T2 (PB) | |
| *hydroxychloroquine sulfate oral tablet 100 mg, 300 mg* | T1 (G) | |
| *hydroxychloroquine sulfate oral tablet 200 mg* | LCG | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *hydroxychloroquine sulfate oral tablet 400 mg* | T2 (PB) | |
| IMPAVIDO | T3 (NP) | |
| *ivermectin oral tablet 3 mg* | T2 (PB) | QL (18 EA per 180 days) |
| *malathion* | T3 (NP) | |
| *mefloquine hcl* | T1 (G) | |
| *nitazoxanide oral* | T3 (NP) | QL (6 EA per 30 days) |
| *permethrin external* | T1 (G) | |
| *praziquantel oral* | T3 (NP) | QL (105 EA per 180 days) |
| *primaquine phosphate* | T1 (G) | |
| *pyrimethamine oral* | T4 (SP) | PA |
| *quinine sulfate* | T2 (PB) | |
| *spinosad* | T3 (NP) | |
| *sulfurated lime* | T1 (G) | |
| **Antiparkinson Agents** | | |
| *amantadine hcl oral capsule* | T1 (G) | |
| *amantadine hcl oral solution* | T1 (G) | |
| *apomorphine hcl subcutaneous* | T4 (SP) | PA; QL (3 ML per 1 day) |
| *benztropine mesylate injection* | T1 (G) | |
| *benztropine mesylate oral* | LCG | |
| *bromocriptine mesylate oral capsule* | T3 (NP) | |
| *bromocriptine mesylate oral tablet* | T2 (PB) | |
| *carbidopa oral* | T2 (PB) | |
| *carbidopa-levodopa* | T1 (G) | |
| *carbidopa-levodopa er oral tablet extended release* | T1 (G) | |
| *carbidopa-levodopa-entacapone* | T3 (NP) | |
| *entacapone* | T3 (NP) | |
| NEUPRO | T3 (NP) | |
| *pramipexole dihydrochloride* | T1 (G) | |
| *rasagiline mesylate oral* | T3 (NP) | |
| *ropinirole hcl* | T1 (G) | |
| *ropinirole hcl er oral tablet extended release 24 hour 12 mg, 4 mg, 6 mg, 8 mg* | T3 (NP) | |
| *ropinirole hcl er oral tablet extended release 24 hour 2 mg* | T2 (PB) | |
| *selegiline hcl oral* | T1 (G) | |
| *tolcapone* | T3 (NP) | |
| *trihexyphenidyl hcl oral solution* | T1 (G) | |
| *trihexyphenidyl hcl oral tablet 2 mg* | LCG | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *trihexyphenidyl hcl oral tablet 5 mg* | T1 (G) | |
| **Antiplatelets** | | |
| *aspirin-dipyridamole er* | T3 (NP) | |
| CABLIVI | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| *cilostazol* | T1 (G) | |
| *clopidogrel bisulfate oral* | T1 (G) | |
| *dipyridamole oral* | T2 (PB) | |
| *prasugrel hcl* | T2 (PB) | |
| *ticagrelor* | T2 (PB) | |
| ZONTIVITY | T3 (NP) | |
| **Antipsychotics - Drugs for Mood Disorders** | | |
| ABILIFY MAINTENA | T3 (NP) | |
| *aripiprazole oral tablet* | T1 (G) | QL (1 EA per 1 day) |
| *asenapine maleate* | T3 (NP) | QL (2 EA per 1 day) |
| *chlorpromazine hcl oral tablet 10 mg* | T1 (G) | |
| *chlorpromazine hcl oral tablet 100 mg, 25 mg* | T2 (PB) | |
| *chlorpromazine hcl oral tablet 200 mg, 50 mg* | T3 (NP) | |
| *clozapine oral tablet 100 mg, 25 mg* | T2 (PB) | QL (9 EA per 1 day) |
| *clozapine oral tablet 200 mg* | T2 (PB) | QL (4 EA per 1 day) |
| *clozapine oral tablet 50 mg* | T1 (G) | QL (6 EA per 1 day) |
| FANAPT | T3 (NP) | PA; ST; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK A | T3 (NP) | PA; ST; QL (16 EA per 365 days) |
| FANAPT TITRATION PACK B | T3 (NP) | PA; ST; QL (24 EA per 365 days) |
| FANAPT TITRATION PACK C | T3 (NP) | PA; ST; QL (16 EA per 365 days) |
| *fluphenazine hcl oral tablet 1 mg, 2.5 mg, 5 mg* | T3 (NP) | |
| *fluphenazine hcl oral tablet 10 mg* | T2 (PB) | |
| *haloperidol decanoate intramuscular* | T1 (G) | |
| *haloperidol lactate injection* | T1 (G) | |
| *haloperidol lactate oral concentrate 2 mg/ml* | T1 (G) | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg* | LCG | |
| *haloperidol oral tablet 10 mg, 20 mg* | T1 (G) | |
| INVEGA HAFYERA | T3 (NP) | PA; ST |
| INVEGA SUSTENNA | T3 (NP) | |
| INVEGA TRINZA | T3 (NP) | |
| *loxapine succinate oral capsule 10 mg, 5 mg* | T1 (G) | |
| *loxapine succinate oral capsule 25 mg, 50 mg* | T3 (NP) | |
| *lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg* | T1 (G) | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *lurasidone hcl oral tablet 80 mg* | T1 (G) | QL (2 EA per 1 day) |
| *olanzapine intramuscular* | T3 (NP) | |
| *olanzapine oral tablet* | T1 (G) | QL (1 EA per 1 day) |
| *paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg* | T3 (NP) | QL (1 EA per 1 day) |
| *paliperidone er oral tablet extended release 24 hour 6 mg* | T3 (NP) | QL (2 EA per 1 day) |
| *pimozide* | T3 (NP) | |
| *quetiapine fumarate er* | T1 (G) | QL (2 EA per 1 day) |
| *quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | T1 (G) | QL (3 EA per 1 day) |
| *quetiapine fumarate oral tablet 300 mg, 400 mg* | T1 (G) | QL (2 EA per 1 day) |
| REXULTI | T3 (NP) | QL (1 EA per 1 day) |
| *risperidone oral tablet* | T1 (G) | QL (2 EA per 1 day) |
| *thiothixene* | T3 (NP) | |
| *trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg* | T2 (PB) | |
| *trifluoperazine hcl oral tablet 5 mg* | T3 (NP) | |
| *ziprasidone hcl* | T2 (PB) | QL (2 EA per 1 day) |
| **Antivirals** | | |
| *abacavir sulfate oral solution* | T3 (NP) | SP-QTZ |
| *abacavir sulfate oral tablet* | T1 (G) | SP-QTZ |
| *abacavir sulfate-lamivudine* | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| *acyclovir external ointment* | T1 (G) | QL (1 GM per 1 day) |
| *acyclovir oral capsule* | LCG | |
| *acyclovir oral suspension 200 mg/5ml, 800 mg/20ml* | T2 (PB) | |
| *acyclovir oral tablet* | LCG | |
| *adefovir dipivoxil* | T3 (NP) | |
| APRETUDE | T3 (NP) | $0 copay for HIV PX |
| APTIVUS | T4 (SP) | SP-QTZ |
| *atazanavir sulfate* | T3 (NP) | SP-QTZ |
| BARACLUDE ORAL SOLUTION | T3 (NP) | QL (21 ML per 1 day) |
| BIKTARVY | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| CIMDUO | T2 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| *darunavir oral tablet 600 mg* | T1 (G) | SP-QTZ |
| *darunavir oral tablet 800 mg* | T1 (G) | SP-QTZ; $0 copay for HIV PX for MN plans |
| DESCOVY ORAL TABLET 200-25 MG | T3 (NP) | PA; SP-QTZ; $0 copay for HIV PX |
| DOVATO | T2 (PB) | SP-QTZ; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| EDURANT | T3 (NP) | SP-QTZ |
| EDURANT PED | T3 (NP) | SP-QTZ |
| *efavirenz* | T3 (NP) | SP-QTZ |
| *efavirenz-emtricitab-tenofo df* | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| *efavirenz-lamivudine-tenofovir* | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| *emtricitabine* | T3 (NP) | SP-QTZ |
| *emtricitabine-tenofovir df oral tablet 100-150 mg* | T3 (NP) | SP-QTZ; $0 copay for HIV PX for MN plans; QL (1 EA per 1 day) |
| *emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg* | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| *emtricitabine-tenofovir df oral tablet 200-300 mg* | T2 (PB) | SP-QTZ; $0 copay for HIV PX; QL (1 EA per 1 day) |
| *emtricitab-rilpivir-tenofov df* | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION | T2 (PB) | SP-QTZ |
| *entecavir* | T1 (G) | QL (1 EA per 1 day) |
| EPCLUSA ORAL PACKET 150-37.5 MG | T2 (PB) | PA; SP-QTZ; QL (1 EA per 1 day) |
| EPCLUSA ORAL PACKET 200-50 MG | T2 (PB) | PA; SP-QTZ; QL (2 EA per 1 day) |
| EPCLUSA ORAL TABLET 200-50 MG | T2 (PB) | PA; SP-QTZ; QL (1 EA per 1 day) |
| EPCLUSA ORAL TABLET 400-100 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| *etravirine* | T3 (NP) | SP-QTZ |
| EVOTAZ | T2 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| *famciclovir oral* | T1 (G) | |
| *fosamprenavir calcium* | T3 (NP) | SP-QTZ |
| HARVONI ORAL PACKET 33.75-150 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| HARVONI ORAL PACKET 45-200 MG | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 45-200 MG | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 90-400 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| INTELENCE ORAL TABLET 25 MG | T3 (NP) | SP-QTZ |
| ISENTRESS | T2 (PB) | SP-QTZ; $0 copay for HIV PX for MN plans |
| ISENTRESS HD | T2 (PB) | SP-QTZ |
| JULUCA | T2 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| LAGEVRIO | T3 (NP) | QL (8 EA per 1 day) |
| *lamivudine oral solution* | T3 (NP) | SP-QTZ |
| *lamivudine oral tablet 100 mg* | T1 (G) | |
| *lamivudine oral tablet 150 mg, 300 mg* | T1 (G) | SP-QTZ |
| *lamivudine-zidovudine* | T2 (PB) | SP-QTZ |
| *lopinavir-ritonavir oral tablet 100-25 mg* | T1 (G) | SP-QTZ |
| *lopinavir-ritonavir oral tablet 200-50 mg* | T3 (NP) | SP-QTZ |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *maraviroc* | T1 (G) | PA; SP-QTZ |
| MAVYRET ORAL PACKET | T3 (NP) | PA; SP-QTZ; QL (5 EA per 1 day) |
| MAVYRET ORAL TABLET | T3 (NP) | PA; SP-QTZ; QL (3 EA per 1 day) |
| *nevirapine er* | T3 (NP) | SP-QTZ |
| *nevirapine oral suspension* | T3 (NP) | SP-QTZ |
| *nevirapine oral tablet* | T1 (G) | SP-QTZ |
| NORVIR ORAL PACKET | T2 (PB) | SP-QTZ |
| ODEFSEY | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| *oseltamivir phosphate oral capsule 30 mg* | T2 (PB) | QL (40 EA per 365 days) |
| *oseltamivir phosphate oral capsule 45 mg, 75 mg* | T2 (PB) | QL (20 EA per 365 days) |
| *oseltamivir phosphate oral suspension reconstituted* | T2 (PB) | QL (360 ML per 365 days) |
| PAXLOVID (150/100) | T3 (NP) | QL (4 EA per 1 day) |
| PAXLOVID (300/100 & 150/100) | T3 (NP) | QL (11 EA per 56 days) |
| PAXLOVID (300/100) | T3 (NP) | QL (6 EA per 1 day) |
| PEGASYS | T4 (SP) | PA; SP-QTZ |
| PIFELTRO | T3 (NP) | SP-QTZ |
| PREZCOBIX ORAL TABLET 675-150 MG | T2 (PB) | SP-QTZ |
| PREZCOBIX ORAL TABLET 800-150 MG | T2 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| PREZISTA ORAL SUSPENSION | T2 (PB) | SP-QTZ |
| PREZISTA ORAL TABLET 150 MG, 75 MG | T2 (PB) | SP-QTZ |
| RELENZA DISKHALER | T3 (NP) | QL (40 EA per 365 days) |
| REYATAZ ORAL PACKET | T2 (PB) | SP-QTZ |
| *ribavirin oral* | T4 (SP) | |
| *rilpivirine hcl* | T1 (G) | SP-QTZ |
| *rimantadine hcl* | T1 (G) | |
| *ritonavir* | T3 (NP) | SP-QTZ; $0 copay for HIV PX for MN plans |
| RUKOBIA | T2 (PB) | SP-QTZ |
| SOVALDI ORAL TABLET 400 MG | T4 (SP) | PA; SP-QTZ |
| SYMTUZA | T3 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| *tenofovir disoproxil fumarate* | T1 (G) | SP-QTZ; $0 copay for HIV PX |
| TIVICAY | T2 (PB) | SP-QTZ |
| TIVICAY PD | T2 (PB) | SP-QTZ; $0 copay for HIV PX for MN plans |
| TRIUMEQ | T2 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| *valacyclovir hcl oral* | T1 (G) | QL (4 EA per 1 day) |
| *valganciclovir hcl* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| VIRACEPT | T4 (SP) | SP-QTZ |
| VIREAD ORAL POWDER | T2 (PB) | SP-QTZ |
| VIREAD ORAL TABLET 150 MG | T3 (NP) | SP-QTZ |
| VIREAD ORAL TABLET 200 MG, 250 MG | T2 (PB) | SP-QTZ |
| *zidovudine oral capsule* | T3 (NP) | SP-QTZ |
| *zidovudine oral syrup* | T1 (G) | SP-QTZ |
| *zidovudine oral tablet* | T3 (NP) | SP-QTZ |
| **Anxiolytics - Drugs for Anxiety** | | |
| *alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg* | T1 (G) | QL (1 EA per 1 day) |
| *alprazolam er oral tablet extended release 24 hour 2 mg* | T1 (G) | QL (5 EA per 1 day) |
| *alprazolam er oral tablet extended release 24 hour 3 mg* | T2 (PB) | QL (3 EA per 1 day) |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg* | T1 (G) | QL (4 EA per 1 day) |
| *alprazolam oral tablet 2 mg* | T1 (G) | QL (5 EA per 1 day) |
| *alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg* | T1 (G) | QL (1 EA per 1 day) |
| *alprazolam xr oral tablet extended release 24 hour 2 mg* | T1 (G) | QL (5 EA per 1 day) |
| *alprazolam xr oral tablet extended release 24 hour 3 mg* | T2 (PB) | QL (3 EA per 1 day) |
| *buspirone hcl oral tablet 10 mg, 5 mg* | LCG | |
| *buspirone hcl oral tablet 15 mg, 30 mg* | T1 (G) | |
| *chlordiazepoxide hcl oral capsule 10 mg* | T1 (G) | QL (30 EA per 1 day) |
| *chlordiazepoxide hcl oral capsule 25 mg* | T1 (G) | QL (12 EA per 1 day) |
| *chlordiazepoxide hcl oral capsule 5 mg* | T1 (G) | QL (4 EA per 1 day) |
| *clonazepam oral tablet 0.5 mg, 1 mg* | T1 (G) | QL (3 EA per 1 day) |
| *clonazepam oral tablet 2 mg* | T1 (G) | QL (10 EA per 1 day) |
| *clorazepate dipotassium oral tablet 15 mg* | T3 (NP) | QL (6 EA per 1 day) |
| *clorazepate dipotassium oral tablet 3.75 mg* | T2 (PB) | QL (24 EA per 1 day) |
| *clorazepate dipotassium oral tablet 7.5 mg* | T2 (PB) | QL (12 EA per 1 day) |
| *diazepam intensol* | T2 (PB) | |
| *diazepam oral concentrate* | T2 (PB) | |
| *diazepam oral solution* | T1 (G) | |
| *diazepam oral tablet* | T1 (G) | |
| *estazolam* | T1 (G) | QL (1 EA per 1 day) |
| *hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml* | LCG | |
| *hydroxyzine hcl oral tablet* | LCG | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *hydroxyzine pamoate oral capsule 100 mg* | T2 (PB) | |
| *hydroxyzine pamoate oral capsule 25 mg, 50 mg* | LCG | |
| *lorazepam injection solution* | T1 (G) | |
| *lorazepam intensol* | T2 (PB) | QL (5 ML per 1 day) |
| *lorazepam oral concentrate 2 mg/ml* | T2 (PB) | QL (5 ML per 1 day) |
| *lorazepam oral tablet 0.5 mg, 1 mg* | T1 (G) | QL (3 EA per 1 day) |
| *lorazepam oral tablet 2 mg* | T1 (G) | QL (5 EA per 1 day) |
| *meprobamate* | T3 (NP) | |
| *midazolam hcl solution 2 mg/2ml injection* | T3 (NP) | |
| *oxazepam* | T3 (NP) | QL (4 EA per 1 day) |
| *quazepam* | T3 (NP) | QL (1 EA per 1 day) |
| *triazolam* | T1 (G) | QL (2 EA per 1 day) |
| **Bipolar Agents - Drugs for Mood Disorders** | | |
| *lithium* | T1 (G) | |
| *lithium carbonate er* | LCG | |
| *lithium carbonate oral* | LCG | |
| **Blood Products and Modifiers - Drugs for Blood Disorders** | | |
| *aminocaproic acid oral tablet* | T3 (NP) | |
| *anagrelide hcl* | T3 (NP) | |
| ARANESP (ALBUMIN FREE) | T4 (SP) | PA |
| DOPTELET | T4 (SP) | |
| *eltrombopag olamine oral tablet* | T4 (SP) | PA; SP-QTZ |
| HEMLIBRA | T4 (SP) | PA; SP-QTZ |
| LEUKINE | T4 (SP) | |
| NEULASTA ONPRO | T4 (SP) | PA |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 (SP) | PA |
| NIVESTYM | T4 (SP) | PA |
| PYRUKYND | T4 (SP) | PA; QL (2 EA per 1 day) |
| PYRUKYND TAPER PACK | T4 (SP) | PA; QL (1 EA per 1 day) |
| RETACRIT | T4 (SP) | PA |
| *tranexamic acid oral* | T2 (PB) | |
| XOLREMDI | T4 (SP) | PA; QL (4 EA per 1 day) |
| **Cardiovascular Agents - Drugs for Heart and Circulation Conditions** | | |
| *acebutolol hcl oral* | T2 (PB) | |
| *aliskiren fumarate* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *amiloride hcl oral* | T1 (G) | |
| *amiloride-hydrochlorothiazide* | LCG | |
| *amiodarone hcl oral tablet 200 mg* | T1 (G) | |
| *amlodipine besylate oral* | LCG | |
| *amlodipine besylate-benazepril hcl* | T1 (G) | |
| *amlodipine besylate-valsartan* | T2 (PB) | |
| *amlodipine-olmesartan* | T2 (PB) | |
| *atenolol oral* | LCG | $0 HDHP |
| *atenolol-chlorthalidone* | LCG | $0 HDHP |
| *atorvastatin calcium oral tablet 10 mg, 20 mg* | LCG PV | $0 HDHP; $0 if age 40-75 |
| *atorvastatin calcium oral tablet 40 mg, 80 mg* | LCG | $0 HDHP |
| *benazepril hcl oral* | LCG | $0 HDHP |
| *betaxolol hcl oral* | T1 (G) | $0 HDHP |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | LCG | |
| *bisoprolol-hydrochlorothiazide* | LCG | $0 HDHP |
| *bumetanide oral* | T1 (G) | |
| *cartia xt* | T1 (G) | |
| *carvedilol* | LCG | $0 HDHP |
| *chlorthalidone* | LCG | |
| *cholestyramine light* | T2 (PB) | |
| *cholestyramine oral packet* | T3 (NP) | |
| *cholestyramine oral powder* | T2 (PB) | |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg* | LCG | |
| *clonidine hcl oral tablet 0.3 mg* | T1 (G) | |
| *colesevelam hcl oral tablet* | T3 (NP) | |
| *colestipol hcl oral granules* | T3 (NP) | |
| *colestipol hcl oral packet* | T3 (NP) | |
| *colestipol hcl oral tablet* | T2 (PB) | |
| CORLANOR ORAL SOLUTION | T3 (NP) | QL (15 ML per 1 day) |
| *digoxin oral solution* | T3 (NP) | |
| *digoxin oral tablet 125 mcg, 250 mcg* | LCG | |
| *diltiazem hcl er beads* | T1 (G) | |
| *diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg* | T1 (G) | |
| *diltiazem hcl er oral capsule extended release 24 hour* | T1 (G) | |
| *diltiazem hcl oral* | T1 (G) | |
| *dilt-xr* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *disopyramide phosphate* | T3 (NP) | |
| *dofetilide* | T2 (PB) | |
| *doxazosin mesylate oral* | LCG | |
| *enalapril maleate oral tablet* | LCG | $0 HDHP |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg* | T1 (G) | $0 HDHP |
| *enalapril-hydrochlorothiazide oral tablet 5-12.5 mg* | LCG | $0 HDHP |
| ENTRESTO ORAL CAPSULE SPRINKLE | T2 (PB) | QL (8 EA per 1 day) |
| *epinephrine pf* | T1 (G) | |
| *eplerenone* | T2 (PB) | |
| *ethacrynic acid* | T3 (NP) | |
| *ezetimibe oral* | T1 (G) | |
| *ezetimibe-simvastatin oral tablet 10-10 mg* | T3 (NP) | |
| *ezetimibe-simvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg* | T2 (PB) | |
| *felodipine er* | T1 (G) | |
| *fenofibrate micronized oral capsule 134 mg, 67 mg* | T1 (G) | |
| *fenofibrate micronized oral capsule 200 mg* | T2 (PB) | |
| *fenofibrate micronized oral capsule 43 mg* | T3 (NP) | |
| *fenofibrate oral capsule 134 mg, 67 mg* | T1 (G) | |
| *fenofibrate oral capsule 200 mg* | T2 (PB) | |
| *fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg* | T1 (G) | |
| *fenofibric acid oral capsule delayed release 135 mg* | T2 (PB) | |
| *fenofibric acid oral capsule delayed release 45 mg* | T1 (G) | |
| *flecainide acetate* | T1 (G) | |
| *fluvastatin sodium* | T3 (NP) | $0 if age 40-75 |
| *fosinopril sodium* | LCG | $0 HDHP |
| *furosemide injection* | T1 (G) | |
| *furosemide oral solution 10 mg/ml* | LCG | |
| *furosemide oral solution 8 mg/ml* | T1 (G) | |
| *furosemide oral tablet* | LCG | |
| *gemfibrozil oral* | LCG | |
| *guanfacine hcl* | LCG | |
| *hydralazine hcl oral* | LCG | |
| *hydrochlorothiazide oral* | LCG | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *indapamide* | LCG | |
| *irbesartan* | T1 (G) | |
| *irbesartan-hydrochlorothiazide* | T1 (G) | |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg* | T1 (G) | |
| *isosorbide mononitrate* | T1 (G) | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 120 mg* | T1 (G) | |
| *isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg* | LCG | |
| *ivabradine hcl* | T1 (G) | QL (2 EA per 1 day) |
| *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg* | T1 (G) | $0 HDHP |
| *lisinopril oral* | LCG | $0 HDHP |
| *lisinopril-hydrochlorothiazide* | LCG | $0 HDHP |
| *losartan potassium oral* | LCG | |
| *losartan potassium-hctz* | LCG | |
| *lovastatin oral* | T1 PV | $0 HDHP; $0 if age 40-75 |
| *mannitol intravenous solution 20 %* | T1 (G) | |
| *methyldopa* | LCG | |
| *metolazone oral tablet 10 mg, 2.5 mg* | T1 (G) | |
| *metolazone oral tablet 5 mg* | T2 (PB) | |
| *metoprolol succinate er* | T1 (G) | $0 HDHP |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg* | LCG | $0 HDHP |
| *metyrosine* | T1 (G) | PA; QL (16 EA per 1 day) |
| *mexiletine hcl oral capsule 150 mg, 250 mg* | T3 (NP) | |
| *mexiletine hcl oral capsule 200 mg* | T2 (PB) | |
| *midodrine hcl* | T1 (G) | |
| *minoxidil oral* | T1 (G) | |
| *nadolol oral tablet 40 mg* | T1 (G) | $0 HDHP |
| *nebivolol hcl* | T2 (PB) | |
| *niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg* | T2 (PB) | |
| *niacin er (antihyperlipidemic) oral tablet extended release 750 mg* | T3 (NP) | |
| *nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg* | T1 (G) | |
| *nifedipine er oral tablet extended release 24 hour 90 mg* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg* | T1 (G) | |
| *nifedipine er osmotic release oral tablet extended release 24 hour 90 mg* | T3 (NP) | |
| *nimodipine oral capsule* | T3 (NP) | |
| *nitroglycerin rectal* | T3 (NP) | |
| *nitroglycerin sublingual* | T1 (G) | |
| *nitroglycerin transdermal patch 24 hour* | T1 (G) | |
| *olmesartan medoxomil oral* | T1 (G) | |
| *olmesartan medoxomil-hctz* | T1 (G) | |
| *omega-3-acid ethyl esters* | T2 (PB) | |
| *pentoxifylline er* | T1 (G) | |
| *phenoxybenzamine hcl oral* | T3 (NP) | PA |
| *pindolol oral tablet 10 mg* | T3 (NP) | |
| *pindolol oral tablet 5 mg* | T2 (PB) | |
| *pravastatin sodium* | T1 PV | $0 HDHP; $0 if age 40-75 |
| *prazosin hcl oral* | LCG | |
| *prevalite* | T2 (PB) | |
| *procainamide hcl injection solution 100 mg/ml* | T3 (NP) | |
| *propafenone hcl* | T1 (G) | |
| *propranolol hcl er* | T2 (PB) | |
| *propranolol hcl oral solution* | T1 (G) | $0 HDHP |
| *propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | LCG | $0 HDHP |
| *propranolol hcl oral tablet 60 mg* | T1 (G) | $0 HDHP |
| *quinapril hcl* | LCG | |
| *quinidine sulfate* | T1 (G) | |
| *ramipril* | LCG | $0 HDHP |
| *ranolazine er* | T2 (PB) | |
| REPATHA SURECLICK | T2 (PB) | SP-QTZ; QL (0.11 ML per 1 day) |
| *rosuvastatin calcium oral* | T1 PV | $0 HDHP; $0 if age 40-75 |
| *sacubitril-valsartan* | T2 (PB) | QL (2 EA per 1 day) |
| *simvastatin oral* | LCG PV | $0 HDHP; $0 if age 40-75 |
| *sotalol hcl (af)* | T1 (G) | |
| *sotalol hcl oral tablet 120 mg, 160 mg, 240 mg* | T1 (G) | |
| *sotalol hcl oral tablet 80 mg* | LCG | |
| *spironolactone oral tablet* | LCG | |
| *spironolactone-hctz* | LCG | |
| *telmisartan* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | T1 (G) | |
| *timolol maleate oral* | T1 (G) | |
| *torsemide* | LCG | |
| *trandolapril* | LCG | $0 HDHP |
| *triamterene-hctz* | LCG | |
| TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML | T4 (SP) | PA; QL (0.03 ML per 1 day) |
| *valsartan oral tablet* | T1 (G) | |
| *valsartan-hydrochlorothiazide* | T1 (G) | |
| *verapamil hcl er oral tablet extended release* | T1 (G) | |
| *verapamil hcl oral tablet 120 mg, 80 mg* | LCG | |
| *verapamil hcl oral tablet 40 mg* | T1 (G) | |
| VYNDAMAX | T4 (SP) | PA; QL (1 EA per 1 day) |
| **Central Nervous System Agents** | | |
| SKYCLARYS | T4 (SP) | PA; QL (3 EA per 1 day) |
| **Central Nervous System Agents - Drugs for Attention Deficit Disorder** | | |
| *amphetamine sulfate oral tablet 10 mg* | T2 (PB) | QL (6 EA per 1 day) |
| *amphetamine sulfate oral tablet 5 mg* | T3 (NP) | QL (6 EA per 1 day) |
| *amphetamine-dextroamphetamine er* | T1 (G) | QL (2 EA per 1 day) |
| *amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg* | T1 (G) | QL (3 EA per 1 day) |
| *amphetamine-dextroamphetamine oral tablet 30 mg* | T1 (G) | QL (2 EA per 1 day) |
| *atomoxetine hcl oral capsule* | T2 (PB) | QL (1 EA per 1 day) |
| *clonidine hcl er* | T1 (G) | |
| *dexmethylphenidate hcl* | T1 (G) | QL (2 EA per 1 day) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 5 mg* | T2 (PB) | QL (1 EA per 1 day) |
| *dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg, 30 mg, 35 mg, 40 mg* | T3 (NP) | QL (1 EA per 1 day) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg* | T2 (PB) | QL (6 EA per 1 day) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg* | T2 (PB) | QL (4 EA per 1 day) |
| *dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg* | T2 (PB) | QL (3 EA per 1 day) |
| *dextroamphetamine sulfate oral solution* | T3 (NP) | QL (60 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *dextroamphetamine sulfate oral tablet 10 mg* | T1 (G) | QL (6 EA per 1 day) |
| *dextroamphetamine sulfate oral tablet 5 mg* | T1 (G) | QL (3 EA per 1 day) |
| *guanfacine hcl er* | T1 (G) | |
| *lisdexamfetamine dimesylate* | T2 (PB) | QL (1 EA per 1 day) |
| *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg* | T2 (PB) | QL (1 EA per 1 day) |
| *methylphenidate hcl er (osm) oral tablet extended release 36 mg* | T2 (PB) | QL (2 EA per 1 day) |
| *methylphenidate hcl er oral tablet extended release 10 mg* | T2 (PB) | QL (2 EA per 1 day) |
| *methylphenidate hcl er oral tablet extended release 20 mg* | T2 (PB) | QL (3 EA per 1 day) |
| *methylphenidate hcl oral tablet* | T1 (G) | QL (3 EA per 1 day) |
| **Central Nervous System Agents - Drugs for Multiple Sclerosis** | | |
| AVONEX PEN | T4 (SP) | PA; SP-QTZ; QL (0.04 EA per 1 day) |
| AVONEX PREFILLED | T4 (SP) | PA; SP-QTZ; QL (0.04 EA per 1 day) |
| BETASERON | T4 (SP) | PA; SP-QTZ; QL (0.5 EA per 1 day) |
| *dalfampridine er* | T4 (SP) | PA; QL (2 EA per 1 day) |
| *dimethyl fumarate oral* | T2 (PB) | PA; SP-QTZ; QL (2 EA per 1 day) |
| *dimethyl fumarate starter pack* | T2 (PB) | PA; SP-QTZ; QL (120 EA per 365 days) |
| *fingolimod hcl* | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| GILENYA ORAL CAPSULE 0.25 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| *glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml* | T4 (SP) | PA; SP-QTZ; QL (1 ML per 1 day) |
| *glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml* | T4 (SP) | PA; SP-QTZ; QL (0.43 ML per 1 day) |
| *glatopa subcutaneous solution prefilled syringe 20 mg/ml* | T4 (SP) | PA; SP-QTZ; QL (1 ML per 1 day) |
| *glatopa subcutaneous solution prefilled syringe 40 mg/ml* | T4 (SP) | PA; SP-QTZ; QL (0.43 ML per 1 day) |
| KESIMPTA | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| MAYZENT ORAL TABLET 0.25 MG | T4 (SP) | PA; SP-QTZ; QL (4 EA per 1 day) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | T4 (SP) | PA; SP-QTZ; QL (24 EA per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | T4 (SP) | PA; SP-QTZ; QL (14 EA per 365 days) |
| *teriflunomide* | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| **Central Nervous System Agents - Miscellaneous** | | |
| AUSTEDO | T4 (SP) | |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG | T4 (SP) | |
| *milnacipran hcl oral* | T3 (NP) | PA; ST; QL (110 EA per 365 days) |
| *milnacipran hcl oral tablet* | T1 (G) | PA; ST; QL (2 EA per 1 day) |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg* | T1 (G) | QL (3 EA per 1 day) |
| *pregabalin oral capsule 300 mg* | T1 (G) | QL (2 EA per 1 day) |
| *pregabalin oral solution* | T3 (NP) | QL (30 ML per 1 day) |
| *riluzole* | T2 (PB) | |
| *tetrabenazine* | T4 (SP) | PA |
| **Dental and Oral Agents - Drugs for Mouth and Throat Conditions** | | |
| *cevimeline hcl* | T3 (NP) | |
| *chlorhexidine gluconate mouth/throat* | LCG | |
| *lidocaine viscous hcl* | LCG | |
| *periogard* | LCG | |
| *pilocarpine hcl oral tablet 5 mg* | T2 (PB) | |
| *pilocarpine hcl oral tablet 7.5 mg* | T3 (NP) | |
| PREVIDENT MOUTH/THROAT | T3 (NP) | |
| *sodium fluoride 5000 plus* | T1 (G) | |
| *sodium fluoride 5000 ppm dental gel* | T1 (G) | |
| *sodium fluoride dental* | T1 (G) | |
| *sodium fluoride mouth/throat* | T1 (G) | |
| *triamcinolone acetonide mouth/throat* | T1 (G) | |
| **Dermatological Agents - Drugs for Skin Conditions** | | |
| *accutane* | T3 (NP) | |
| *acitretin* | T3 (NP) | |
| *adapalene external cream* | T3 (NP) | |
| *adapalene external gel 0.3 %* | T2 (PB) | |
| *adapalene gel 0.1 % external (rx)* | T1 (G) | |
| *adapalene-benzoyl peroxide external gel 0.1-2.5 %* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *adapalene-benzoyl peroxide external gel 0.3-2.5 %* | T2 (PB) | |
| ADBRY | T4 (SP) | PA; QL (0.15 ML per 1 day) |
| *ala-cort* | T1 (G) | |
| *alclometasone dipropionate* | T1 (G) | |
| *amnesteem* | T3 (NP) | |
| *azelaic acid external* | T2 (PB) | |
| *benzoyl peroxide-erythromycin* | T2 (PB) | |
| *betamethasone dipropionate aug external cream* | T1 (G) | |
| *betamethasone dipropionate aug external lotion* | T2 (PB) | |
| *betamethasone dipropionate aug external ointment* | T2 (PB) | |
| *betamethasone dipropionate external cream* | T1 (G) | |
| *betamethasone dipropionate external lotion* | T1 (G) | |
| *betamethasone dipropionate external ointment* | T2 (PB) | |
| *betamethasone valerate external cream* | T1 (G) | |
| *betamethasone valerate external lotion* | T1 (G) | |
| *betamethasone valerate external ointment* | T1 (G) | |
| *calcipotriene external cream* | T2 (PB) | |
| *calcipotriene external ointment* | T2 (PB) | |
| *calcipotriene external solution* | T2 (PB) | |
| *calcitriol external* | T3 (NP) | |
| CIBINQO | T4 (SP) | PA; QL (1 EA per 1 day) |
| *claravis* | T3 (NP) | |
| *clindacin etz* | T1 (G) | |
| *clindacin-p* | T1 (G) | |
| *clindamycin phos (twice-daily)* | T1 (G) | |
| *clindamycin phos-benzoyl perox external gel 1.2-5 %* | T1 (G) | |
| *clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %* | T2 (PB) | |
| *clindamycin phosphate external solution* | T1 (G) | |
| *clindamycin phosphate external swab* | T1 (G) | |
| *clobetasol propionate external cream 0.05 %* | T1 (G) | |
| *clobetasol propionate external gel* | T1 (G) | |
| *clobetasol propionate external ointment* | T1 (G) | |
| *clobetasol propionate external solution* | T1 (G) | |
| *clocortolone pivalate* | T3 (NP) | |
| *coal tar external* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *desonide external cream* | T2 (PB) | |
| *desonide external ointment* | T2 (PB) | |
| *desoximetasone external cream 0.25 %* | T1 (G) | |
| *desoximetasone external liquid* | T3 (NP) | |
| *desoximetasone external ointment 0.25 %* | T2 (PB) | |
| *diclofenac sodium external gel 3 %* | T3 (NP) | QL (10 GM per 1 day) |
| *diflorasone diacetate external cream* | T3 (NP) | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | T4 (SP) | PA; SP-QTZ; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | T4 (SP) | PA; SP-QTZ; QL (0.29 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | T4 (SP) | PA; SP-QTZ; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | T4 (SP) | PA; SP-QTZ; QL (0.29 ML per 1 day) |
| EBGLYSS | T4 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| *erythromycin external* | T1 (G) | |
| *fluocinolone acetonide body* | T1 (G) | |
| *fluocinolone acetonide external cream* | T2 (PB) | |
| *fluocinolone acetonide external ointment* | T2 (PB) | |
| *fluocinolone acetonide external solution* | T1 (G) | |
| *fluocinolone acetonide scalp* | T1 (G) | |
| *fluocinonide emulsified base* | T2 (PB) | |
| *fluocinonide external* | T1 (G) | |
| *fluorouracil external cream 5 %* | T2 (PB) | |
| *fluorouracil external solution* | T1 (G) | |
| *fluticasone propionate external cream* | T1 (G) | |
| *fluticasone propionate external ointment* | T1 (G) | |
| *halobetasol propionate external cream* | T2 (PB) | |
| *halobetasol propionate external ointment* | T2 (PB) | |
| *hydrocortisone butyrate external solution* | T1 (G) | |
| *hydrocortisone cream 1 % external (rx)* | T1 (G) | |
| *hydrocortisone external cream 2.5 %* | LCG | |
| *hydrocortisone external lotion 2.5 %* | T1 (G) | |
| *hydrocortisone external ointment 1 %, 2.5 %* | T1 (G) | |
| *hydrocortisone valerate external cream* | T1 (G) | |
| *imiquimod external cream 5 %* | T1 (G) | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *ivermectin external cream* | T3 (NP) | QL (1.5 GM per 1 day) |
| *lactic acid e* | T1 (G) | |
| *methoxsalen rapid* | T3 (NP) | |
| *metronidazole external cream* | T1 (G) | |
| *metronidazole external gel 0.75 %* | T1 (G) | |
| *mometasone furoate external* | T1 (G) | |
| *neuac* | T1 (G) | |
| *pimecrolimus* | T3 (NP) | PA; ST; QL (2 GM per 1 day) |
| *podofilox external solution* | T1 (G) | |
| SANTYL | T3 (NP) | QL (3 GM per 1 day) |
| *selenium sulfide external lotion* | T1 (G) | |
| *sulfacetamide sodium (acne)* | T3 (NP) | |
| *tacrolimus external* | T2 (PB) | QL (2 GM per 1 day) |
| *tazarotene external cream 0.1 %* | T3 (NP) | PA |
| *tretinoin external cream* | T2 (PB) | |
| *tretinoin external gel 0.01 %, 0.025 %* | T2 (PB) | |
| *triamcinolone acetonide external cream* | LCG | |
| *triamcinolone acetonide external lotion* | T1 (G) | |
| *triamcinolone acetonide external ointment 0.025 %, 0.5 %* | T1 (G) | |
| *triamcinolone acetonide external ointment 0.1 %* | LCG | |
| *triderm* | LCG | |
| *zenatane* | T3 (NP) | |
| **Diabetes - Antidiabetic Agents** | | |
| *acarbose oral tablet 100 mg* | T3 (NP) | |
| *acarbose oral tablet 25 mg, 50 mg* | T1 (G) | |
| *dapaglifloz base-metformin er* | T2 (PB) | |
| *dapagliflozin* | T2 (PB) | |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | LCG | $0 HDHP |
| *glipizide er* | LCG | $0 HDHP |
| *glipizide oral tablet 10 mg, 5 mg* | LCG | $0 HDHP |
| *glipizide-metformin hcl* | T3 (NP) | |
| *glyburide* | LCG | $0 HDHP |
| *glyburide-metformin* | T1 (G) | $0 HDHP |
| GLYXAMBI | T2 (PB) | |
| JANUMET | T2 (PB) | |
| JANUMET XR | T2 (PB) | |
| JANUVIA | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| JARDIANCE | T2 (PB) | |
| JENTADUETO | T2 (PB) | |
| JENTADUETO XR | T2 (PB) | |
| *liraglutide* | T2 (PB) | PA; QL (0.3 ML per 1 day) |
| *metformin hcl er oral tablet extended release 24 hour 500 mg* | LCG | $0 HDHP; $0 if age 35-70 and prediabetes DX |
| *metformin hcl er oral tablet extended release 24 hour 750 mg* | T1 (G) | $0 HDHP; $0 if age 35-70 and prediabetes DX |
| *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg* | LCG | $0 HDHP; $0 if age 35-70 and prediabetes DX |
| MOUNJARO | T2 (PB) | PA; QL (0.08 ML per 1 day) |
| *nateglinide oral tablet 120 mg* | T3 (NP) | |
| *nateglinide oral tablet 60 mg* | T1 (G) | |
| *pioglitazone hcl* | T1 (G) | $0 HDHP |
| *repaglinide* | T1 (G) | |
| *sitaglip phos-metformin hcl er* | T2 (PB) | |
| *sitagliptin phos-metformin hcl* | T2 (PB) | |
| *sitagliptin phosphate* | T2 (PB) | |
| SOLIQUA | T2 (PB) | |
| SYNJARDY | T2 (PB) | |
| SYNJARDY XR | T2 (PB) | |
| TRADJENTA | T2 (PB) | |
| TRULICITY | T2 (PB) | PA; QL (0.08 ML per 1 day) |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | T2 (PB) | |
| XULTOPHY | T2 (PB) | |
| **Diabetes - Glucose Monitoring** | | |
| ACCU-CHEK AVIVA DEVICE | T2 (PB) | |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE | $0 | |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | T2 (PB) | QL (3.4 EA per 1 day) |
| ACCU-CHEK FASTCLIX LANCET KIT | T2 (PB) | |
| ACCU-CHEK GUIDE | $0 | |
| ACCU-CHEK GUIDE CONTROL | T2 (PB) | |
| ACCU-CHEK GUIDE KIT W/DEVICE | $0 | |
| ACCU-CHEK GUIDE TEST STRIPS | T2 (PB) | QL (3.4 EA per 1 day) |
| ACCU-CHEK SMARTVIEW CONTROL | T2 (PB) | |
| ACCU-CHEK SMARTVIEW TEST STRIPS | T2 (PB) | QL (3.4 EA per 1 day) |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | T2 (PB) | |
| ADVANTAGE SAFETY LANCETS 28G | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ADVOCATE SAFETY LANCETS 21G | T2 (PB) | |
| ADVOCATE SAFETY LANCETS 23G | T2 (PB) | |
| ADVOCATE SAFETY LANCETS 28G | T2 (PB) | |
| CARESENS LANCETS 30G | T2 (PB) | |
| CHEMSTRIP 10 MD | T3 (NP) | |
| CHEMSTRIP 10/SG | T3 (NP) | |
| CHEMSTRIP 2 GP | T3 (NP) | |
| CHEMSTRIP 5 OB | T3 (NP) | |
| CHEMSTRIP 7 | T3 (NP) | |
| CHEMSTRIP 9 | T3 (NP) | |
| CHEMSTRIP K | T3 (NP) | |
| CHEMSTRIP UGK | T3 (NP) | |
| CHOSEN LANCETS 30G | T2 (PB) | |
| CHOSEN SAFETY LANCETS 28G | T2 (PB) | |
| CLEVER CHOICE COMFORT EZ | T2 (PB) | |
| COMFORT TOUCH TWIST LANCET 30G | T2 (PB) | |
| DEXCOM G6 RECEIVER | T2 (PB) | PA |
| DEXCOM G6 SENSOR | T2 (PB) | PA |
| DEXCOM G6 TRANSMITTER | T2 (PB) | PA |
| DEXCOM G7 15 DAY SENSOR | T2 (PB) | PA |
| DEXCOM G7 RECEIVER | T2 (PB) | PA |
| DEXCOM G7 SENSOR | T2 (PB) | PA |
| DROPSAFE ACTI-LANCE 23G | T2 (PB) | |
| DROPSAFE MEDLANCE LANCET 30G | T2 (PB) | |
| FONDCIRCLE SINGLE USE LANCETS | T2 (PB) | |
| GOJJI STERILE LANCETS | T2 (PB) | |
| GUARDIAN 4 GLUCOSE SENSOR | T3 (NP) | PA |
| GUARDIAN 4 TRANSMITTER | T3 (NP) | PA |
| GUARDIAN REAL-TIME CHARGER | T3 (NP) | |
| GUARDIAN REAL-TIME TEST PLUG | T3 (NP) | |
| GUARDIAN SENSOR 3 | T3 (NP) | PA |
| KETO-DIASTIX | T3 (NP) | |
| KETONE CARE | T3 (NP) | |
| KETONE TEST | T3 (NP) | |
| KETOSTIX | T3 (NP) | |
| LANCETS | T2 (PB) | |
| LANCETS 28G THIN | T2 (PB) | |
| LANCETS SUPER THIN | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| MICROLET NEXT LANCETS | T2 (PB) | |
| MOBI CONNECT TWIST LANCETS | T2 (PB) | |
| MOBILE LANCETS 30G | T2 (PB) | |
| MULTISTIX 10 SG | T3 (NP) | |
| ONETOUCH DELICA PLUS LANCING | T3 (NP) | |
| ONETOUCH DELICA SAFETY LANCING | T2 (PB) | |
| PERFECT POINT SAFETY LANCETS | T2 (PB) | |
| PURE COMFORT SAFETY LANCET 30G | T2 (PB) | |
| RELION KETONE TEST | T3 (NP) | |
| SENSILANCE SAFETY LANCETS 21G | T2 (PB) | |
| SENSILANCE SAFETY LANCETS 26G | T2 (PB) | |
| SENSILANCE SAFETY LANCETS 28G | T2 (PB) | |
| TECHLITE LANCETS 26G | T2 (PB) | |
| ULTRA-CARE SAFETY LANCETS 30G | T2 (PB) | |
| UNISTIK NORMAL | T2 (PB) | |
| VERIFINE SAFE LANCET MINI 21G | T2 (PB) | |
| VERIFINE SAFE LANCET MINI 23G | T2 (PB) | |
| VERIFINE SAFE LANCET MINI 28G | T2 (PB) | |
| VERIFINE SAFE LANCET MINI 30G | T2 (PB) | |
| VIVAGUARD LANCETS 30G | T2 (PB) | |
| VIVAGUARD SAFETY LANCETS 28G | T2 (PB) | |
| **Diabetes - Glycemic Agents** | | |
| BAQSIMI ONE PACK | T2 (PB) | |
| BAQSIMI TWO PACK | T2 (PB) | |
| *diazoxide oral* | T3 (NP) | |
| *glucagon emergency kit injection solution reconstituted 1 mg* | T1 (G) | |
| GLUCAGON EMERGENCY KIT | T2 (PB) | |
| **Diabetes - Insulins** | | |
| ADVOCATE INSULIN PEN NEEDLE | T2 (PB) | |
| AQ INSULIN SYRINGE | T2 (PB) | |
| AQINJECT PEN NEEDLE | T2 (PB) | |
| ASSURE ID DUO PRO PEN NEEDLES | T2 (PB) | |
| ASSURE ID PRO PEN NEEDLES | T2 (PB) | |
| AUM INSULIN SAFETY PEN NEEDLE | T2 (PB) | |
| AUM MINI INSULIN PEN NEEDLE | T2 (PB) | |
| AUM PEN NEEDLE | T2 (PB) | |
| AUM READYGARD DUO PEN NEEDLE | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| AUM SAFETY PEN NEEDLE | T2 (PB) | |
| AUTOKEEPER SAFETY PEN NEEDLE | T2 (PB) | |
| BD AUTOSHIELD DUO PEN NEEDLES | T2 (PB) | |
| BD PEN NEEDLE MICRO ULTRAFINE | T2 (PB) | |
| BD PEN NEEDLE MINI ULTRAFINE | T2 (PB) | |
| BD PEN NEEDLE NANO ULTRAFINE | T2 (PB) | |
| BD PEN NEEDLE ORIG ULTRAFINE | T2 (PB) | |
| BD PEN NEEDLE SHORT ULTRAFINE | T2 (PB) | |
| BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML | T2 (PB) | |
| BD ULTRA-FINE PEN NEEDLES | T2 (PB) | |
| BD VEO INSULIN SYR ULTRAFINE | T2 (PB) | |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | T2 (PB) | |
| COMFORT EZ PRO PEN NEEDLES | T2 (PB) | |
| DROPLET MICRON | T2 (PB) | |
| DROPSAFE AUTOPROTECT DUO | T2 (PB) | |
| DROPSAFE SAFETY SYRINGE/NEEDLE | T2 (PB) | |
| EASY TOUCH INSULIN BARRELS | T2 (PB) | |
| EMBECTA AUTOSHIELD DUO | T2 (PB) | |
| EMBECTA INS SYR U/F 1/2 UNIT | T2 (PB) | |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML | T2 (PB) | |
| EMBECTA INSULIN SYRINGE | T2 (PB) | |
| EMBECTA INSULIN SYRINGE U-100 | T2 (PB) | |
| EMBECTA INSULIN SYRINGE U-500 | T2 (PB) | |
| EMBECTA PEN NEEDLE NANO | T2 (PB) | |
| EMBECTA PEN NEEDLE NANO 2 GEN | T2 (PB) | |
| EMBECTA PEN NEEDLE ULTRAFINE | T2 (PB) | |
| EMBRACE PEN NEEDLES | T2 (PB) | |
| GNP PEN NEEDLES | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| GNP ULTIGUARD SAFEPACK NEEDLE | T2 (PB) | |
| HUMALOG MIX 50/50 KWIKPEN | T2 (PB) | |
| HUMULIN R U-500 KWIKPEN | T2 (PB) | $0 HDHP |
| INCONTROL ULTICARE PEN NEEDLES | T2 (PB) | |
| INSULIN GLARGINE-YFGN | T2 (PB) | $0 HDHP |
| INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM , 34G X 3.5 MM | T2 (PB) | |
| INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 1 ML | T2 (PB) | |
| INSUPEN32G EXTR3ME | T2 (PB) | |
| NOVOFINE PEN NEEDLE | T2 (PB) | |
| NOVOFINE PLUS PEN NEEDLE | T2 (PB) | |
| NOVOLIN 70/30 FLEXPEN | T2 (PB) | $0 HDHP |
| NOVOLIN 70/30 FLEXPEN RELION | T2 (PB) | $0 HDHP |
| NOVOLIN 70/30 RELION | T2 (PB) | $0 HDHP |
| NOVOLIN 70/30 VIAL | T2 (PB) | $0 HDHP |
| NOVOLIN N FLEXPEN | T2 (PB) | $0 HDHP |
| NOVOLIN N FLEXPEN RELION | T2 (PB) | $0 HDHP |
| NOVOLIN N RELION | T2 (PB) | $0 HDHP |
| NOVOLIN N VIAL | T2 (PB) | $0 HDHP |
| NOVOLIN R FLEXPEN | T2 (PB) | $0 HDHP |
| NOVOLIN R FLEXPEN RELION | T2 (PB) | $0 HDHP |
| NOVOLIN R RELION | T2 (PB) | $0 HDHP |
| NOVOLIN R VIAL | T2 (PB) | $0 HDHP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NOVOLOG 70/30 FLEXPEN RELION | T2 (PB) | |
| NOVOLOG FLEXPEN | T2 (PB) | |
| NOVOLOG FLEXPEN RELION | T2 (PB) | |
| NOVOLOG MIX 70/30 FLEXPEN | T2 (PB) | |
| NOVOLOG MIX 70/30 RELION | T2 (PB) | |
| NOVOLOG MIX 70/30 VIAL | T2 (PB) | |
| NOVOLOG PENFILL | T2 (PB) | |
| NOVOLOG RELION | T2 (PB) | |
| NOVOLOG U-100 VIAL | T2 (PB) | |
| PEN NEEDLE/5-BEVEL TIP | T2 (PB) | |
| PENTIPS GENERIC PEN NEEDLES | T2 (PB) | |
| PIP PEN NEEDLES 31G X 5MM | T2 (PB) | |
| PIP PEN NEEDLES 32G X 4MM | T2 (PB) | |
| PURE COMFORT SAFETY PEN NEEDLE | T2 (PB) | |
| QUICK TOUCH INSULIN PEN NEEDLE | T2 (PB) | |
| RAYA SURE PEN NEEDLE | T2 (PB) | |
| REZVOGLAR KWIKPEN | T2 (PB) | |
| SAFETY PEN NEEDLES | T2 (PB) | |
| TECHLITE PLUS PEN NEEDLES | T2 (PB) | |
| TOPFINE INSULIN PEN NEEDLE | T2 (PB) | |
| TRUE COMFORT SAFETY PEN NEEDLE | T2 (PB) | |
| ULTICARE INSULIN SYR 1/2 UNIT | T2 (PB) | |
| ULTIGUARD SAFEPACK SYR/NEEDLE | T2 (PB) | |
| UNIFINE OTC PEN NEEDLES | T2 (PB) | |
| UNIFINE PROTECT PEN NEEDLE | T2 (PB) | |
| VERIFINE INSULIN PEN NEEDLE | T2 (PB) | |
| VERIFINE INSULIN SYRINGE | T2 (PB) | |
| VERIFINE PLUS PEN NEEDLE | T2 (PB) | |
| VERISAFE SAFETY INSULIN SYR | T2 (PB) | |
| **Electrolytes / Minerals / Metals / Vitamins** | | |
| ATABEX | T3 PV | |
| *b-plex* | T1 (G) | |
| *b-plex plus* | T1 (G) | |
| CADEAU DHA | T3 PV | |
| *carglumic acid* | T4 (SP) | PA |
| CENTRUM SPECIALIST PRENATAL | T3 PV | |
| CHEMET | T3 (NP) | |
| *classic prenatal* | T1 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| CORVITA 150 | T1 (G) | |
| *cvs folic acid* | T1 PV | |
| *cvs prenatal* | T1 PV | |
| *cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg* | T1 PV | |
| *cvs prenatal multi+dha* | T1 PV | |
| *cvs prenatal multivitamin* | T1 PV | |
| *cyanocobalamin injection solution 1000 mcg/ml* | T1 (G) | |
| *cyanocobalamin nasal* | T1 (G) | |
| *deferasirox oral tablet soluble* | T3 (NP) | PA |
| *deferiprone* | T4 (SP) | PA |
| ENFAMIL EXPECTA | T3 PV | |
| *eql prenatal formula* | T1 PV | |
| *ergocalciferol oral capsule* | T1 (G) | |
| *fa-8* | T1 PV | |
| *ferotrinsic* | T1 (G) | |
| *folate* | T1 PV | |
| *folic acid oral capsule 0.8 mg* | T1 PV | |
| *folic acid oral tablet 400 mcg, 800 mcg* | T1 PV | |
| *folic acid tablet 1 mg oral (rx)* | T1 (G) | |
| *foltrin* | T1 (G) | |
| *ft folic acid* | T1 PV | |
| *ft prenatal* | T1 PV | |
| *gnp folic acid* | T1 PV | |
| *gnp prenatal* | T1 PV | |
| *gnp prenatal/folic acid* | T1 PV | |
| HEALTHY MAMA BE WELL ROUNDED | T3 PV | |
| *hydroxocobalamin acetate* | T1 (G) | |
| *iodine strong* | T1 (G) | |
| *klor-con 10* | T1 (G) | |
| *klor-con m10* | T1 (G) | |
| *klor-con m15* | T1 (G) | |
| *klor-con m20* | T1 (G) | |
| *klor-con oral packet* | T2 (PB) | |
| *klor-con oral tablet extended release* | T1 (G) | |
| *kp folic acid oral tablet 800 mcg* | T1 PV | |
| *kp prenatal multivitamins* | T1 PV | |
| K-PHOS | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| K-TAN PLUS | T1 (G) | |
| *levocarnitine oral solution* | T2 (PB) | |
| *levocarnitine oral tablet* | T2 (PB) | |
| *levocarnitine sf* | T2 (PB) | |
| MASONATAL | T3 PV | |
| *multi prenatal* | T1 PV | |
| *multivitamin w/fluoride* | T1 (G) | |
| *multi-vitamin/fluoride* | T1 (G) | |
| *multivitamin/fluoride oral tablet chewable* | T1 (G) | |
| *multi-vitamin/fluoride/iron* | T1 (G) | |
| *na ferric gluc cplx in sucrose* | T1 (G) | |
| NASCOBAL | T3 (NP) | |
| NEONATAL PRENATAL | T3 PV | |
| NEONATAL VITAMIN | T3 PV | |
| ONE A DAY PRENATAL ORAL CAPSULE | T3 PV | |
| ONE VITE WOMENS | T3 PV | |
| PHOSPHO-TRIN K500 | T3 (NP) | |
| *phytonadione injection solution 1 mg/0.5ml* | T1 (G) | |
| *phytonadione injection solution 10 mg/ml* | T3 (NP) | |
| *phytonadione oral* | T2 (PB) | |
| *pnv-dha* | T1 (G) | |
| *pnv-omega* | T1 (G) | |
| *pnv-select* | T1 (G) | |
| *polysaccharide iron forte* | T1 (G) | |
| *potassium chloride crys er* | T1 (G) | |
| *potassium chloride er* | T1 (G) | |
| *potassium chloride intravenous solution 20 meq/100ml* | T1 (G) | |
| *potassium chloride oral packet 20 meq* | T2 (PB) | |
| *potassium chloride oral solution* | T1 (G) | |
| *potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)* | T2 (PB) | |
| *potassium citrate er oral tablet extended release 15 meq (1620 mg)* | T1 (G) | |
| *prenatal (w/iron & fa)* | T1 PV | |
| *prenatal 19 oral tablet 29-1 mg* | T1 (G) | |
| *prenatal 19 oral tablet chewable 29-1 mg* | T1 (G) | |
| *prenatal complete oral tablet* | T1 PV | |
| *prenatal formula* | T1 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *prenatal forte* | T1 PV | |
| *prenatal gummies/dha & fa* | T1 PV | |
| *prenatal multi +dha* | T1 PV | |
| *prenatal multivit plus folate* | T1 PV | |
| PRENATAL MULTIVITAMIN + DHA | T3 PV | |
| *prenatal multivitamin plus dha* | T1 PV | |
| *prenatal one daily* | T1 PV | |
| *prenatal oral tablet 27-0.8 mg, 28-0.8 mg* | T1 PV | |
| *prenatal vitamin and mineral* | T1 PV | |
| *prenatal vitamins* | T1 PV | |
| *prenatal/folic acid+dha* | T1 PV | |
| *prenatal/iron oral tablet* | T1 PV | |
| *purevit dualfe plus* | T1 (G) | |
| *pyridoxine hcl injection* | T1 (G) | |
| *qc folic acid* | T1 PV | |
| SIMILAC PRENATAL EARLY SHIELD | T3 PV | |
| *sod citrate-citric acid* | T1 (G) | |
| *sodium acetate intravenous solution 2 meq/ml* | T1 (G) | |
| *sodium citrate-citric acid* | T1 (G) | |
| *sodium fluoride oral solution 1.1 (0.5 f) mg/ml* | T1 PV | |
| *sodium fluoride oral tablet* | T1 PV | |
| *sodium fluoride oral tablet chewable* | T1 PV | |
| *sodium polystyrene sulfonate* | T1 (G) | |
| SPS (SODIUM POLYSTYRENE SULF) | T3 (NP) | |
| STUART ONE | T3 PV | |
| *thiamine hcl injection* | T1 (G) | |
| *trientine hcl oral capsule 250 mg* | T4 (SP) | PA |
| *trigels-f forte* | T1 (G) | |
| *triphrocaps* | T1 (G) | |
| *tri-vite/fluoride* | T1 (G) | |
| TRUE FOLIC ACID ORAL TABLET 400 MCG | T3 PV | |
| *v-c forte* | T1 (G) | |
| *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)* | T1 (G) | |
| *vitamin k1 injection solution 1 mg/0.5ml* | T1 (G) | |
| *vitamin k1 injection solution 10 mg/ml* | T3 (NP) | |
| *wescaps* | T1 (G) | |
| *yl folic acid* | T1 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ZYCUBO | T4 (SP) | PA; QL (1 EA per 1 day) |
| **Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer** | | |
| *cimetidine hcl* | T1 (G) | |
| *cimetidine oral* | T1 (G) | |
| *dexlansoprazole oral capsule delayed release 30 mg* | T2 (PB) | |
| *esomeprazole magnesium oral capsule delayed release* | T1 (G) | |
| *famotidine oral suspension reconstituted* | T2 (PB) | |
| *famotidine oral tablet 40 mg* | T1 (G) | |
| *famotidine tablet 20 mg oral (rx)* | LCG | |
| *lansoprazole oral capsule delayed release* | T1 (G) | QL (1 EA per 1 day) |
| *misoprostol oral* | T1 (G) | |
| *nizatidine* | T1 (G) | |
| *omeprazole oral capsule delayed release* | LCG | QL (1 EA per 1 day) |
| *pantoprazole sodium intravenous* | T1 (G) | QL (1 EA per 1 day) |
| *pantoprazole sodium oral tablet delayed release* | LCG | QL (1 EA per 1 day) |
| *rabeprazole sodium oral tablet delayed release* | T1 (G) | QL (1 EA per 1 day) |
| *sucralfate oral tablet* | LCG | |
| **Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions** | | |
| *alosetron hcl* | T3 (NP) | PA |
| *alvimopan* | T1 (G) | |
| *atropine sulfate injection solution prefilled syringe 0.25 mg/5ml* | T1 (G) | |
| *bis subcit-metronid-tetracyc* | T3 (NP) | |
| *bisacodyl ec* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *bismuth/metronidaz/tetracyclin* | T3 (NP) | |
| *clearlax* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *constulose* | LCG | |
| *cromolyn sodium oral* | T3 (NP) | |
| CTEXLI | T4 (SP) | PA |
| *cvs c-lax laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *cvs gentle laxative oral* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *cvs gentle laxative womens* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *cvs magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *cvs purelax oral powder* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *dicyclomine hcl oral capsule* | LCG | |
| *dicyclomine hcl oral solution 10 mg/5ml* | T1 (G) | |
| *dicyclomine hcl oral tablet 20 mg* | LCG | |
| *diphenoxylate-atropine oral tablet* | T1 (G) | |
| *enulose* | T1 (G) | |
| *eq clearlax* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *eq gentle laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *eq magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *eql clearlax* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *eql gentle laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *eql laxative oral tablet delayed release* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *eql magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *ft clearlax* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *ft laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *ft magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *gavilax oral powder* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *gavilyte-c* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| *gavilyte-g* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| *gavilyte-n with flavor pack* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| *generlac* | T1 (G) | |
| *gentle laxative oral tablet delayed release* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *glycolax* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *glycopyrrolate injection solution 0.4 mg/2ml* | T1 (G) | |
| *glycopyrrolate oral solution 1 mg/5ml* | T1 (G) | PA |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | T1 (G) | QL (4 EA per 1 day) |
| *glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml* | T1 (G) | |
| *glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml* | T1 (G) | |
| *gnp clearlax oral powder* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *gnp gentle laxative oral* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *gnp magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *gnp womens gentle laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *gnp womens laxative oral tablet delayed release 5 mg* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *goodsense bisacodyl laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *goodsense clearlax* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *goodsense magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *hyoscyamine sulfate oral* | T1 (G) | |
| *hyoscyamine sulfate sl* | T1 (G) | |
| *hyoscyamine sulfate sublingual* | T1 (G) | |
| *kls laxaclear* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *kp bisacodyl* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *lactulose encephalopathy* | T1 (G) | |
| *lactulose oral solution* | LCG | |
| *laxative osmotic* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| LINZESS | T2 (PB) | PA; ST; QL (1 EA per 1 day) |
| *loperamide hcl oral capsule* | T1 (G) | |
| *lubiprostone* | T3 (NP) | QL (2 EA per 1 day) |
| *magnesium citrate oral solution* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *methscopolamine bromide oral* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *mm clearlax* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| MOTOFEN | T3 (NP) | |
| *na sulfate-k sulfate-mg sulf* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (354 ML per 365 days) |
| *peg 3350 oral powder* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *peg 3350-kcl-na bicarb-nacl* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| *peg-3350/electrolytes* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| *peg-3350/electrolytes/ascorbat* | T1 (G) | |
| *peg-kcl-nacl-nasulf-na asc-c* | T1 (G) | |
| *polyethylene glycol 3350 oral powder* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *polyethylene glycol 3350-grx oral powder* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *prucalopride succinate* | T3 (NP) | PA; ST; QL (1 EA per 1 day) |
| *qc gentle laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *qc gentle laxative womens* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *qc laxative oral tablet delayed release* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *qc magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *qc oral laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| REBYOTA | T4 (SP) | PA |
| *sb bisacodyl laxative ec* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *sb gentle lax-women* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *sb magnesium citrate* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *sb polyethylene glycol 3350* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *smooth lax oral powder* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| SYMPROIC | T2 (PB) | PA; ST; QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *ursodiol oral capsule 300 mg* | T3 (NP) | |
| *ursodiol oral tablet* | T3 (NP) | |
| *womans laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| *womens laxative* | T1 PV | $0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| **Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment** | | |
| *betaine* | T4 (SP) | |
| CERDELGA | T4 (SP) | PA |
| CHOLBAM | T4 (SP) | PA |
| CREON | T2 (PB) | |
| CYSTAGON | T4 (SP) | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | T4 (SP) | PA; QL (8 ML per 1 day) |
| KYGEVVI | T4 (SP) | PA |
| *miglustat* | T4 (SP) | PA |
| MYALEPT | T4 (SP) | PA |
| *nitisinone* | T4 (SP) | PA |
| ORFADIN ORAL SUSPENSION | T4 (SP) | PA |
| *sapropterin dihydrochloride* | T4 (SP) | PA |
| *sod benz-sod phenylacet* | T1 (G) | |
| *sodium phenylbutyrate oral* | T4 (SP) | PA |
| STRENSIQ | T4 (SP) | PA |
| SUCRAID | T4 (SP) | PA |
| *yargesa* | T4 (SP) | PA |
| *zelvysia* | T4 (SP) | PA |
| ZENPEP | T2 (PB) | |
| **Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions** | | |
| *acetic acid irrigation* | T1 (G) | |
| *bethanechol chloride oral* | T1 (G) | |
| *calcium acetate (phos binder)* | T1 (G) | |
| *calcium acetate oral tablet 667 mg* | T1 (G) | |
| *darifenacin hydrobromide er* | T3 (NP) | |
| ELMIRON | T3 (NP) | PA |
| *flavoxate hcl* | T1 (G) | |
| FOSRENOL ORAL PACKET | T3 (NP) | |
| *glycine irrigation* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *glycine urologic* | T1 (G) | |
| *lanthanum carbonate* | T3 (NP) | |
| *mirabegron er oral tablet extended release 24 hour* | T2 (PB) | |
| *oxybutynin chloride er* | T1 (G) | |
| *oxybutynin chloride oral solution* | T1 (G) | |
| *oxybutynin chloride oral tablet 5 mg* | T1 (G) | |
| *penicillamine oral tablet* | T4 (SP) | |
| *phenazopyridine hcl oral tablet 100 mg, 200 mg* | LCG | |
| RENACIDIN | T3 (NP) | |
| *sevelamer carbonate oral tablet* | T3 (NP) | |
| *solifenacin succinate* | T1 (G) | |
| *tadalafil oral tablet 2.5 mg, 5 mg* | T1 (G) | PA; QL (1 EA per 1 day) |
| *tiopronin oral tablet* | T4 (SP) | |
| *tolterodine tartrate* | T2 (PB) | |
| *tolterodine tartrate er* | T2 (PB) | |
| *trospium chloride* | T1 (G) | |
| VELPHORO | T3 (NP) | |
| **Genitourinary Agents - Drugs for Prostate Conditions** | | |
| *alfuzosin hcl er* | T1 (G) | |
| *dutasteride oral* | T1 (G) | |
| *finasteride oral tablet 5 mg* | LCG | |
| *silodosin* | T2 (PB) | |
| *tamsulosin hcl* | LCG | |
| *terazosin hcl* | LCG | |
| **Hormonal Agents - Adrenal** | | |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | T3 (NP) | |
| *dexameth sod phos (pf) +rfid* | T1 (G) | |
| *dexamethasone intensol* | LCG | |
| *dexamethasone oral elixir* | T2 (PB) | |
| *dexamethasone oral solution* | LCG | |
| *dexamethasone oral tablet* | LCG | |
| *dexamethasone sod phos (pf)* | T1 (G) | |
| *dexamethasone sod phos +rfid* | T1 (G) | |
| *dexamethasone sod phosphate pf* | T1 (G) | |
| *dexamethasone sodium phosphate injection* | T1 (G) | |
| *fludrocortisone acetate oral* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *hydrocortisone oral* | LCG | |
| KENALOG-10 | T3 (NP) | |
| *methylprednisolone acetate suspension 40 mg/ml injection* | T1 (G) | |
| *methylprednisolone acetate suspension 80 mg/ml injection* | T1 (G) | |
| *methylprednisolone oral* | LCG | |
| *prednisolone oral solution* | LCG | |
| *prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml* | LCG | QL (16 ML per 1 day) |
| *prednisone oral tablet* | LCG | |
| *prednisone oral tablet therapy pack* | LCG | |
| SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG | T3 (NP) | |
| *triamcinolone acetonide injection suspension 10 mg/ml* | T1 (G) | |
| *triamcinolone acetonide suspension 40 mg/ml injection* | T1 (G) | |
| **Hormonal Agents - Men's Health** | | |
| *danazol oral* | T3 (NP) | |
| *testosterone cypionate intramuscular* | T1 (G) | PA; QL (0.4 ML per 1 day) |
| *testosterone enanthate intramuscular* | T1 (G) | PA; QL (0.2 ML per 1 day) |
| *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)* | T3 (NP) | PA; QL (5 GM per 1 day) |
| *testosterone transdermal gel 12.5 mg/act (1%)* | T3 (NP) | PA; QL (10 GM per 1 day) |
| *testosterone transdermal solution* | T3 (NP) | PA; QL (6 ML per 1 day) |
| **Hormonal Agents - Pituitary** | | |
| *cabergoline* | T1 (G) | |
| *clomid* | T1 (G) | |
| *clomiphene citrate oral* | T1 (G) | |
| *desmopressin ace spray refrig* | T3 (NP) | |
| *desmopressin acetate oral tablet 0.1 mg* | T3 (NP) | |
| *desmopressin acetate oral tablet 0.2 mg* | T2 (PB) | |
| *desmopressin acetate spray* | T3 (NP) | |
| INCRELEX | T4 (SP) | PA |
| *leuprolide acetate injection* | T4 (SP) | PA |
| LUPRON DEPOT (1-MONTH) | T4 (SP) | PA |
| LUPRON DEPOT (3-MONTH) | T4 (SP) | PA |
| LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG | T4 (SP) | PA |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG | T4 (SP) | PA |
| LUPRON DEPOT-PED (1-MONTH) | T4 (SP) | PA; QL (0.04 EA per 1 day) |
| LUPRON DEPOT-PED (3-MONTH) | T4 (SP) | PA; QL (0.02 EA per 1 day) |
| LUPRON DEPOT-PED (6-MONTH) | T4 (SP) | PA; QL (0.01 EA per 1 day) |
| *milophene* | T1 (G) | |
| NORDITROPIN FLEXPRO | T4 (SP) | PA; SP-QTZ |
| *octreotide acetate injection* | T4 (SP) | PA |
| *octreotide acetate subcutaneous* | T4 (SP) | PA |
| OMNITROPE | T4 (SP) | PA |
| *oxytocin +rfid* | T1 (G) | |
| *oxytocin injection* | T1 (G) | |
| SIGNIFOR | T4 (SP) | PA; QL (2 ML per 1 day) |
| SOMAVERT | T4 (SP) | PA |
| SYNAREL | T2 (PB) | |
| **Hormonal Agents - Prostaglandins** | | |
| *mifepristone oral tablet 200 mg* | T1 (G) | |
| **Hormonal Agents - Selective Estrogen Receptor Modifying Agents** | | |
| OSPHENA | T3 (NP) | |
| *raloxifene hcl* | T1 (G) | $0 for breast cancer PX |
| **Hormonal Agents - Sex Hormones and Birth Control** | | |
| *abigale* | T1 (G) | |
| *abigale lo* | T1 (G) | |
| *afirmelle* | T1 PV | |
| *aftera* | T1 PV | |
| *afterpill* | T1 PV | |
| *altavera* | T1 PV | |
| *alyacen 1/35* | T1 PV | |
| *alyacen 7/7/7* | T1 PV | |
| *amethyst* | T1 PV | |
| ANNOVERA | T3 PV | QL (1 EA per 350 days) |
| *apri* | T1 PV | |
| *aranelle* | T1 PV | |
| *ashlyna* | T1 PV | QL (1 EA per 1 day) |
| *aubra eq* | T1 PV | |
| *aurovela 1.5/30* | T1 PV | |
| *aurovela 1/20* | T1 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *aurovela 24 fe* | T1 PV | |
| *aurovela fe 1.5/30* | T1 PV | |
| *aurovela fe 1/20* | T1 PV | |
| *aviane* | T1 PV | |
| *ayuna* | T1 PV | |
| *azurette* | T1 PV | |
| *balziva* | T1 PV | |
| *blisovi 24 fe* | T1 PV | |
| *blisovi fe 1.5/30* | T1 PV | |
| *blisovi fe 1/20* | T1 PV | |
| *briellyn* | T1 PV | |
| *camila* | T1 PV | |
| *camrese* | T1 PV | QL (1 EA per 1 day) |
| *camrese lo* | T1 PV | QL (1 EA per 1 day) |
| *charlotte 24 fe* | T1 PV | |
| *chateal eq* | T1 PV | |
| COMBIPATCH | T3 (NP) | |
| *cryselle* | T1 PV | |
| *cyred eq* | T1 PV | |
| *dasetta 1/35 (28)* | T1 PV | |
| *dasetta 7/7/7* | T1 PV | |
| *daysee* | T1 PV | QL (1 EA per 1 day) |
| *deblitane* | T1 PV | |
| *delyla* | T1 PV | |
| DEPO-SUBQ PROVERA 104 | T3 (NP) | $0 for MN plans; QL (0.02 ML per 1 day) |
| *dolishale* | T1 PV | |
| *dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr* | T3 (NP) | |
| *dotti transdermal patch twice weekly 0.075 mg/24hr* | T2 (PB) | |
| *drospiren-eth estrad-levomefol* | T1 PV | |
| *drospirenone-ethinyl estradiol* | T1 PV | |
| DUAVEE | T3 (NP) | |
| *econtra one-step* | T1 PV | |
| *elinest* | T1 PV | |
| ELLA | T3 PV | |
| *eluryng* | T1 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *emzahh* | T1 PV | |
| *enilloring* | T1 PV | |
| *enskyce* | T1 PV | |
| *errin* | T1 PV | |
| *estarylla* | T1 PV | |
| *estradiol oral* | LCG | |
| *estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr* | T3 (NP) | |
| *estradiol transdermal patch twice weekly 0.075 mg/24hr* | T2 (PB) | |
| *estradiol transdermal patch weekly* | T1 (G) | |
| *estradiol vaginal cream* | T1 (G) | |
| *estradiol vaginal tablet* | T3 (NP) | |
| *estradiol-norethindrone acet* | T1 (G) | |
| *estrogens conjugated* | T1 (G) | |
| *etonogestrel-ethinyl estradiol* | T1 PV | |
| *falmina* | T1 PV | |
| *feirza 1.5/30* | T1 PV | |
| *feirza 1/20* | T1 PV | |
| *finzala* | T1 PV | |
| *fyavolv* | T2 (PB) | |
| *galbriela* | T1 PV | |
| *gallifrey* | T1 (G) | |
| *gemmily* | T1 PV | |
| *hailey 1.5/30* | T1 PV | |
| *hailey 24 fe* | T1 PV | |
| *hailey fe 1.5/30* | T1 PV | |
| *hailey fe 1/20* | T1 PV | |
| *heather* | T1 PV | |
| *her style* | T1 PV | |
| *iclevia* | T1 PV | QL (1 EA per 1 day) |
| *incassia* | T1 PV | |
| *introvale* | T1 PV | QL (1 EA per 1 day) |
| *isibloom* | T1 PV | |
| *jaimiess* | T1 PV | QL (1 EA per 1 day) |
| *jasmiel* | T1 PV | |
| *jencycla* | T1 PV | |
| *jinteli* | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *jolessa* | T1 PV | QL (1 EA per 1 day) |
| *joyeaux* | T1 PV | |
| *juleber* | T1 PV | |
| *junel 1.5/30* | T1 PV | |
| *junel 1/20* | T1 PV | |
| *junel fe 1.5/30* | T1 PV | |
| *junel fe 1/20* | T1 PV | |
| *junel fe 24* | T1 PV | |
| *kaitlib fe* | T1 PV | |
| *kalliga* | T1 PV | |
| *kariva* | T1 PV | |
| *kelnor 1/35* | T1 PV | |
| *kurvelo* | T1 PV | |
| KYLEENA | T3 PV | |
| *larin 1.5/30* | T1 PV | |
| *larin 1/20* | T1 PV | |
| *larin 24 fe* | T1 PV | |
| *larin fe 1.5/30* | T1 PV | |
| *larin fe 1/20* | T1 PV | |
| *lessina* | T1 PV | |
| *levonest* | T1 PV | |
| *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg* | T1 PV | QL (1 EA per 1 day) |
| *levonorgest-eth estradiol-iron* | T1 PV | |
| *levonorgestrel* | T1 PV | |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg* | T1 PV | |
| *levonorg-eth estrad triphasic* | T1 PV | |
| LILETTA (52 MG) | T3 PV | |
| *lojaimiess* | T1 PV | QL (1 EA per 1 day) |
| *loryna* | T1 PV | |
| *low-ogestrel* | T1 PV | |
| *lo-zumandimine* | T1 PV | |
| *luizza 1.5/30* | T1 PV | |
| *luizza 1/20* | T1 PV | |
| *lutera* | T1 PV | |
| *lyleq* | T1 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr* | T3 (NP) | |
| *lyllana transdermal patch twice weekly 0.075 mg/24hr* | T2 (PB) | |
| *lyza* | T1 PV | |
| *marlissa* | T1 PV | |
| *medroxyprogesterone acetate intramuscular* | T1 PV | QL (0.02 ML per 1 day) |
| *medroxyprogesterone acetate oral* | LCG | |
| *megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml* | T1 (G) | |
| *megestrol acetate oral tablet 20 mg* | LCG | |
| *megestrol acetate oral tablet 40 mg* | T1 (G) | |
| *meleya* | T1 PV | |
| *mibelas 24 fe* | T1 PV | |
| *microgestin 1.5/30* | T1 PV | |
| *microgestin 1/20* | T1 PV | |
| *microgestin fe 1.5/30* | T1 PV | |
| *microgestin fe 1/20* | T1 PV | |
| *mili* | T1 PV | |
| *mimvey* | T1 (G) | |
| *minzoya* | T1 PV | |
| MIRENA (52 MG) | T3 PV | |
| MIUDELLA | T3 PV | |
| *mono-linyah* | T1 PV | |
| *my choice* | T1 PV | |
| *my way* | T1 PV | |
| NATAZIA | T2 PV | |
| *necon 0.5/35 (28)* | T1 PV | |
| *new day* | T1 PV | |
| NEXPLANON | T3 PV | |
| *nikki* | T1 PV | |
| *nora-be* | T1 PV | |
| *norelgestromin-eth estradiol* | T1 PV | |
| *norethin ace-eth estrad-fe* | T1 PV | |
| *norethindrone acetate oral* | T1 (G) | |
| *norethindrone acet-ethinyl est* | T1 PV | |
| *norethindrone oral* | T1 PV | |
| *norethindrone-eth estradiol* | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg* | T1 PV | |
| *norgestimate-ethinyl estradiol triphasic* | T1 PV | |
| *norlyroc* | T1 PV | |
| *nortrel 0.5/35 (28)* | T1 PV | |
| *nortrel 1/35 (21)* | T1 PV | |
| *nortrel 1/35 (28)* | T1 PV | |
| *nortrel 7/7/7* | T1 PV | |
| *nylia 1/35* | T1 PV | |
| *nylia 7/7/7* | T1 PV | |
| *opcicon one-step* | T1 PV | |
| OPILL | T3 PV | |
| *option 2* | T1 PV | |
| *orquidea* | T1 PV | |
| PARAGARD INTRAUTERINE COPPER | T3 PV | |
| *philith* | T1 PV | |
| *pimtrea* | T1 PV | |
| *portia-28* | T1 PV | |
| PREMPHASE | T2 (PB) | |
| PREMPRO | T2 (PB) | |
| *progesterone intramuscular* | T1 (G) | |
| *progesterone oral* | T1 (G) | |
| *reclipsen* | T1 PV | |
| *rivelsa* | T1 PV | QL (1 EA per 1 day) |
| *rosyrah* | T1 PV | QL (1 EA per 1 day) |
| *setlakin* | T1 PV | QL (1 EA per 1 day) |
| *sharobel* | T1 PV | |
| *shewise* | T1 PV | |
| *simliya* | T1 PV | |
| *simpesse* | T1 PV | QL (1 EA per 1 day) |
| SKYLA | T3 PV | |
| *sprintec 28* | T1 PV | |
| *syeda* | T1 PV | |
| *take action* | T1 PV | |
| *tarina 24 fe* | T1 PV | |
| *tarina fe 1/20 eq* | T1 PV | |
| *taysofy* | T1 PV | |
| *tilia fe* | T1 PV | |

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

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *liothyronine sodium oral* | T1 (G) | |
| *methimazole oral* | T1 (G) | |
| *np thyroid* | T1 (G) | |
| *propylthiouracil oral* | T2 (PB) | |
| *thyroid oral* | T1 (G) | |
| *unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg* | LCG | |
| *unithroid oral tablet 300 mcg* | T1 (G) | |
| **Immunological Agents - Drugs for Immune System Stimulation or Suppression** | | |
| ACTIMMUNE | T4 (SP) | PA |
| 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) | T4 (SP) | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) | T4 (SP) | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| AVTOZMA INTRAVENOUS | T4 (SP) | PA |
| AVTOZMA SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ; QL (0.13 ML per 1 day) |
| *azathioprine oral tablet 100 mg* | T3 (NP) | |
| *azathioprine oral tablet 50 mg* | T1 (G) | |
| BENLYSTA SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ |
| BERINERT | T4 (SP) | PA; QL (0.34 EA per 1 day) |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML | T2 PV | $0 for age 2 years or younger; QL (2 ML per 300 days) |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | T2 PV | $0 for age 2 years or younger; QL (0.5 ML per 300 days) |
| CIMZIA | T4 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CIMZIA (1 SYRINGE) | T4 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| CIMZIA (2 SYRINGE) | T4 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CIMZIA-STARTER | T4 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CINRYZE | T4 (SP) | PA; QL (1.2 EA per 1 day) |
| COSENTYX (300 MG DOSE) | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| COSENTYX 150 MG/ML SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX SENSOREADY (300 MG) | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| COSENTYX SENSOREADY PEN | T4 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX UNOREADY | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| *cyclosporine modified* | T2 (PB) | |
| *cyclosporine oral capsule 100 mg* | T3 (NP) | |
| *cyclosporine oral capsule 25 mg* | T2 (PB) | |
| ENBREL | T4 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ENBREL MINI | T4 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ENBREL SURECLICK | T4 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | T3 (NP) | |
| *gengraf* | T2 (PB) | |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | T4 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | T4 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | T4 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | T4 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | T4 (SP) | |
| HYPERTET | T3 (NP) | |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML | T4 (SP) | PA; SP-QTZ; QL (0.01 ML per 1 day) |
| HYRIMOZ-CROHNS/UC STARTER | T4 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HYRIMOZ-PED<40KG CROHN STARTER | T4 (SP) | PA; SP-QTZ; QL (1.2 ML per 365 days) |
| HYRIMOZ-PED>/=40KG CROHN START | T4 (SP) | PA; SP-QTZ; QL (2.4 ML per 365 days) |
| HYRIMOZ-PLAQ PSOR/UVEIT START | T4 (SP) | PA; SP-QTZ; QL (1.6 ML per 365 days) |
| *icatibant acetate* | T4 (SP) | PA; QL (0.6 ML per 1 day) |
| KINERET | T4 (SP) | PA |
| *leflunomide oral* | T1 (G) | |
| *methotrexate sodium* | T1 (G) | |
| *methotrexate sodium (pf)* | T1 (G) | |
| *mycophenolate mofetil hcl* | T3 (NP) | |
| *mycophenolate mofetil intravenous* | T3 (NP) | |
| *mycophenolate mofetil oral capsule* | T2 (PB) | |
| *mycophenolate mofetil oral suspension reconstituted* | T3 (NP) | |
| *mycophenolate mofetil oral tablet* | T2 (PB) | |
| *mycophenolate sodium* | T2 (PB) | |
| *mycophenolic acid* | T2 (PB) | |
| ORENCIA CLICKJECT | T4 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML | T4 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML | T4 (SP) | PA; SP-QTZ; QL (0.1 ML per 1 day) |
| OTEZLA ORAL TABLET | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| OTEZLA ORAL TABLET THERAPY PACK | T4 (SP) | PA; SP-QTZ; QL (55 EA per 365 days) |
| OTEZLA XR | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| OTEZLA/OTEZLA XR INITIATION PK | T4 (SP) | PA; SP-QTZ; QL (55 EA per 365 days) |
| OTULFI INTRAVENOUS | T4 (SP) | PA |
| OTULFI SUBCUTANEOUS SOLUTION | T4 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | T4 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| RINVOQ | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| SIMPONI ARIA | T4 (SP) | PA |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| *sirolimus oral solution* | T4 (SP) | |
| *sirolimus oral tablet* | T3 (NP) | |
| SKYRIZI INTRAVENOUS | T4 (SP) | PA |
| SKYRIZI PEN | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | T4 (SP) | PA; SP-QTZ; QL (0.05 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML | T4 (SP) | PA; QL (0.005 ML per 1 day) |
| SPEVIGO SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| STEQEYMA INTRAVENOUS | T4 (SP) | PA |
| STEQEYMA SUBCUTANEOUS SOLUTION | T4 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | T4 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| *tacrolimus oral* | T2 (PB) | |
| *tofacitinib citrate er* | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| *tofacitinib citrate oral solution* | T4 (SP) | PA; SP-QTZ; QL (10 ML per 1 day) |
| *tofacitinib citrate oral tablet* | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| TREMFYA ONE-PRESS | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| TREMFYA SUBCUTANEOUS | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| TREMFYA-CD/UC INDUCTION | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| XELJANZ ORAL SOLUTION | T4 (SP) | PA; SP-QTZ; QL (10 ML per 1 day) |
| XELJANZ | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| XELJANZ XR | T4 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| YESINTEK INTRAVENOUS | T4 (SP) | PA |
| YESINTEK SUBCUTANEOUS SOLUTION | T4 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | T4 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| **Immunological Agents - Drugs for Vaccination** | | |
| ABRYSVO | T3 (NP) | $0 for age 50 years and older or pregnancy; QL (1 EA per 999 days) |
| ACTHIB | T2 PV | $0 for age 6 years or younger |
| ADACEL | T2 PV | |
| AREXVY | T3 (NP) | $0 for age 50 years and older; QL (1 EA per 999 days) |
| BEXSERO | T2 PV | |
| BOOSTRIX | T2 PV | |
| CAPVAXIVE | T2 PV | |
| COMIRNATY | T2 PV | |
| COMIRNATY 5-11 YEARS | T2 PV | |
| DAPTACEL | T2 PV | |
| DENGVAXIA | T2 PV | $0 if age 9-16 years |
| ENGERIX-B | T2 PV | |
| FLUAD | T2 PV | $0 if age 65 years and older |
| FLUARIX | T2 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| FLUBLOK | T2 PV | |
| FLUCELVAX | T2 PV | |
| FLULAVAL | T2 PV | |
| FLUMIST | T2 PV | $0 if age 2-49 years |
| FLUZONE | T2 PV | |
| FLUZONE HIGH-DOSE | T2 PV | $0 if age 65 years and older |
| GARDASIL 9 | T2 PV | $0 for age 9-45 years |
| HAVRIX | T2 PV | |
| HEPLISAV-B | T2 PV | $0 for age 18 years and older |
| HIBERIX | T2 PV | $0 for age 6 years or younger |
| INFANRIX | T2 PV | |
| IPOL | T2 PV | $0 for age 17 years or younger |
| JYNNEOS | T2 PV | $0 for age 18 years and older |
| KINRIX | T2 PV | |
| MENQUADFI | T2 PV | |
| MENVEO | T2 PV | |
| M-M-R II | T2 PV | |
| MNEXSPIKE | T2 PV | |
| MRESVIA | T3 PV | $0 for age 50 years and older; QL (1 ML per 1 lifetime) |
| NUVAXOVID COVID-19 VACCINE | T2 PV | |
| PEDIARIX | T2 PV | |
| PEDVAXHIB | T2 PV | $0 for age 6 years or younger |
| PENBRAYA | T2 PV | |
| PENMENVY | T2 PV | |
| PENTACEL | T2 PV | |
| PNEUMOVAX 23 | T2 PV | |
| PREVNAR 20 | T2 PV | |
| PRIORIX | T2 PV | |
| PROQUAD | T2 PV | |
| QUADRACEL | T2 PV | |
| RECOMBIVAX HB | T2 PV | |
| ROTARIX | T2 PV | $0 for age 8 months or younger |
| ROTATEQ | T2 PV | $0 for age 8 months or younger |
| SHINGRIX | T2 PV | |
| SPIKEVAX | T2 PV | |
| SPIKEVAX 6M-11Y | T2 PV | |
| TENIVAC | T2 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| TRUMENBA | T2 PV | |
| TWINRIX | T2 PV | |
| VAQTA | T2 PV | |
| VARIVAX | T2 PV | |
| VAXELIS | T2 PV | |
| VAXNEUVANCE | T2 PV | |
| **Inflammatory Bowel Disease Agents** | | |
| *balsalazide disodium* | T3 (NP) | |
| *budesonide oral* | T2 (PB) | |
| CORTIFOAM | T3 (NP) | |
| DIPENTUM | T3 (NP) | |
| *hydrocortisone (perianal)* | T1 (G) | |
| *hydrocortisone ace-pramoxine external cream 1-1 %* | T1 (G) | |
| *hydrocortisone rectal* | T3 (NP) | |
| *mesalamine er oral capsule 0.375 gm* | T3 (NP) | |
| *mesalamine oral tablet delayed release 1.2 gm* | T3 (NP) | |
| *mesalamine rectal* | T3 (NP) | |
| *procto-med hc* | T1 (G) | |
| *sulfasalazine oral* | T1 (G) | |
| **Metabolic Bone Disease Agents - Drugs for Osteoporosis** | | |
| *alendronate sodium oral tablet 10 mg* | T1 (G) | $0 HDHP |
| *alendronate sodium oral tablet 35 mg, 70 mg* | LCG | $0 HDHP; QL (0.15 EA per 1 day) |
| *calcitonin (salmon) injection* | T1 (G) | |
| *calcitonin (salmon) nasal* | T1 (G) | QL (0.13 ML per 1 day) |
| *ibandronate sodium oral* | T1 (G) | $0 HDHP; QL (0.04 EA per 1 day) |
| *risedronate sodium oral tablet 150 mg* | T2 (PB) | QL (0.04 EA per 1 day) |
| *risedronate sodium oral tablet 30 mg* | T3 (NP) | |
| *risedronate sodium oral tablet 35 mg* | T1 (G) | QL (0.15 EA per 1 day) |
| *risedronate sodium oral tablet 5 mg* | T1 (G) | |
| *risedronate sodium oral tablet delayed release* | T3 (NP) | QL (0.15 EA per 1 day) |
| **Metabolic Bone Disease Agents - Other** | | |
| *calcitriol oral* | T1 (G) | |
| *cinacalcet hcl oral tablet 30 mg, 60 mg* | T2 (PB) | PA |
| *cinacalcet hcl oral tablet 90 mg* | T3 (NP) | PA |
| *doxercalciferol oral* | T2 (PB) | |
| *paricalcitol* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Miscellaneous Therapeutic Agents** | | |
| AEROCHAMBER HOLDING CHAMBER | T2 (PB) | |
| AEROCHAMBER MINI CHAMBER | T2 (PB) | |
| AEROCHAMBER MV | T2 (PB) | |
| AEROCHAMBER PLS FLOVU MTHPIECE | T2 (PB) | |
| AEROCHAMBER PLUS FLO-VU INTERM | T2 (PB) | |
| AEROCHAMBER PLUS FLO-VU LARGE | T2 (PB) | |
| AEROCHAMBER PLUS FLO-VU MEDIUM | T2 (PB) | |
| AEROCHAMBER PLUS FLO-VU SMALL | T2 (PB) | |
| AEROCHAMBER PLUS FLOW VU | T2 (PB) | |
| AEROCHAMBER Z-STAT PLUS | T2 (PB) | |
| AEROCHAMBER Z-STAT PLUS CHAMBR | T2 (PB) | |
| AEROCHAMBER Z-STAT PLUS/LARGE | T2 (PB) | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | T2 (PB) | |
| AEROCHAMBER Z-STAT PLUS/SMALL | T2 (PB) | |
| AEROCHAMBER2GO ANTI-STATIC | T2 (PB) | |
| AEROVENT PLUS | T2 (PB) | |
| AIMSCO LUBRICATED | T3 PV | |
| ALCOHOL PREP PADS PAD , 70 % | T3 (NP) | |
| AUM ALCOHOL PREP PADS | T3 (NP) | |
| BREATHE COMFORT CHAMBER/ADULT | T2 (PB) | |
| BREATHE COMFORT CHAMBER/CHILD | T2 (PB) | |
| BREATHE EASE LARGE | T2 (PB) | |
| BREATHE EASE MEDIUM | T2 (PB) | |
| BREATHE EASE SMALL | T2 (PB) | |
| BREATHERITE VALVED MDI CHAMBER | T2 (PB) | |
| BYLVAY | T4 (SP) | PA |
| BYLVAY (PELLETS) | T4 (SP) | PA |
| CAYA | T3 PV | |
| CLEVER CHOICE HOLDING CHAMBER | T2 (PB) | |
| COMPACT SPACE CHAMBER | T2 (PB) | |
| COMPACT SPACE CHAMBER/LG MASK | T2 (PB) | |
| COMPACT SPACE CHAMBER/MED MASK | T2 (PB) | |
| COMPACT SPACE CHAMBER/SM MASK | T2 (PB) | |
| CONDOMS | T3 PV | |
| *deferoxamine mesylate* | T1 (G) | |
| DIASCREEN 10 | T3 (NP) | |
| DIASCREEN 1B | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| DIASCREEN 1G | T3 (NP) | |
| DIASCREEN 1K | T3 (NP) | |
| DIASCREEN 2GK | T3 (NP) | |
| DIASCREEN 2GP | T3 (NP) | |
| DIASCREEN 3 | T3 (NP) | |
| DIASCREEN 4NL | T3 (NP) | |
| DIASCREEN 4OBL | T3 (NP) | |
| DIASCREEN 4PH | T3 (NP) | |
| DIASCREEN 5 | T3 (NP) | |
| DIASCREEN 6 | T3 (NP) | |
| DIASCREEN 7 | T3 (NP) | |
| DIASCREEN 8 | T3 (NP) | |
| DIASCREEN 9 | T3 (NP) | |
| DIASCREEN LIQUID URINE CONTROL | T3 (NP) | |
| DROPSAFE ALCOHOL PREP | T3 (NP) | |
| DUREX EXTRA SENSITIVE THIN | T3 PV | |
| DUREX REALFEEL | T3 PV | |
| DUREX TROPICAL | T3 PV | |
| EASIVENT | T2 (PB) | |
| EASIVENT MASK LARGE | T2 (PB) | |
| EASIVENT MASK MEDIUM | T2 (PB) | |
| EASIVENT MASK SMALL | T2 (PB) | |
| ENCARE | T3 PV | |
| ENDARI | T3 (NP) | |
| EQ SPACE CHAMBER ANTI-STATIC | T2 (PB) | |
| EQ SPACE CHAMBER ANTI-STATIC L | T2 (PB) | |
| EQ SPACE CHAMBER ANTI-STATIC M | T2 (PB) | |
| EQ SPACE CHAMBER ANTI-STATIC S | T2 (PB) | |
| FANTASY LUBRICATED | T3 PV | |
| FANTASY LUBRICATED/SPERMICIDE | T3 PV | |
| FC2 FEMALE CONDOM | T3 PV | |
| FEMCAP | T3 PV | |
| FLEXICHAMBER | T2 (PB) | |
| FLEXICHAMBER ADULT MASK/SMALL | T2 (PB) | |
| FLEXICHAMBER CHILD MASK/LARGE | T2 (PB) | |
| FLEXICHAMBER CHILD MASK/SMALL | T2 (PB) | |
| GOODSENSE ALCOHOL SWABS | T3 (NP) | |
| INSPIREASE | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| INSPIREASE RESERVOIR BAGS | T2 (PB) | |
| J-TIP KIT W/VIAL ADAPTERS | T3 (NP) | |
| KAMELEON LUBRICATED | T3 PV | |
| KIMONO | T3 PV | |
| KIMONO COLORS | T3 PV | |
| KIMONO MAXX-LARGE FLARE | T3 PV | |
| KIMONO MICRO THIN | T3 PV | |
| KIMONO MICRO THIN PLUS | T3 PV | |
| KIMONO PLUS | T3 PV | |
| KIMONO PS | T3 PV | |
| KIMONO PS PLUS | T3 PV | |
| KIMONO SENSATION | T3 PV | |
| KIMONO SENSATION PLUS | T3 PV | |
| KIMONO SPECIAL | T3 PV | |
| *l-glutamine oral packet* | T1 (G) | |
| MAXX | T3 PV | |
| MAXX PLUS | T3 PV | |
| *methylergonovine maleate oral* | T3 (NP) | QL (28 EA per 1 fill) |
| MICROCHAMBER | T2 (PB) | |
| MICROSPACER | T2 (PB) | |
| OMNIFLEX DIAPHRAGM | T3 PV | |
| OMNIPOD 5 DEXCOM INTRO KIT | T2 (PB) | |
| OMNIPOD 5 DEXCOM PODS | T2 (PB) | |
| OMNIPOD 5 LIBRE INTRO KIT | T2 (PB) | |
| OMNIPOD 5 LIBRE PODS | T2 (PB) | |
| OMNIPOD DASH INTRO KIT | T2 (PB) | |
| OMNIPOD DASH PDM (GEN 4) | T2 (PB) | |
| OMNIPOD DASH PODS | T2 (PB) | |
| OPTICHAMBER DIAMOND | T2 (PB) | |
| OPTICHAMBER DIAMOND-LG MASK | T2 (PB) | |
| OPTICHAMBER DIAMOND-MD MASK | T2 (PB) | |
| OPTICHAMBER DIAMOND-SM MASK | T2 (PB) | |
| OPTIONS GYNOL II CONTRACEPTIVE | T3 PV | |
| PANDA MASK LARGE | T2 (PB) | |
| PANDA MASK MEDIUM | T2 (PB) | |
| PANDA MASK SMALL | T2 (PB) | |
| PARI VORTEX ADULT MASK | T2 (PB) | |
| PARI VORTEX PEDIATRIC MASK | T2 (PB) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PEDIATRIC PANDA MASK | T2 (PB) | |
| POCKET CHAMBER | T2 (PB) | |
| POCKET SPACER | T2 (PB) | |
| PRO COMFORT SPACER ADULT | T2 (PB) | |
| PRO COMFORT SPACER CHILD | T2 (PB) | |
| PRO COMFORT SPACER INFANT | T2 (PB) | |
| PROCARE SPACER/ADULT MASK | T2 (PB) | |
| PROCARE SPACER/CHILD MASK | T2 (PB) | |
| PROCHAMBER VHC | T2 (PB) | |
| PURE COMFORT SPACER CHAMBER | T2 (PB) | |
| REALITY LATEX CONDOMS | T3 PV | |
| REALITY LATEX/ULTRA TEXTURED | T3 PV | |
| REALITY LATEX/ULTRA THIN | T3 PV | |
| RITEFLO | T2 (PB) | |
| *sorbitol-mannitol* | T1 (G) | |
| TODAY SPONGE | T3 PV | |
| TROJAN BARESKIN | T3 PV | |
| TROJAN ENZ | T3 PV | |
| TROJAN MAGNUM | T3 PV | |
| TROJAN ULTRA RIBBED LUBRICATED | T3 PV | |
| TROJAN ULTRA THIN | T3 PV | |
| TROJAN ULTRA THIN/SPERMICIDAL | T3 PV | |
| TROJAN-ENZ LUBRICATED | T3 PV | |
| TROJAN-ENZ/SPERMICIDAL | T3 PV | |
| TRUE COVER | T3 PV | |
| TRUSTEX COLOR CONDOMS + LUBE | T3 PV | |
| TRUSTEX LUB/RIBBED/STUDDED | T3 PV | |
| TRUSTEX LUB/SPERMICIDE EX ST | T3 PV | |
| TRUSTEX LUB/SPERMICIDE XL | T3 PV | |
| TRUSTEX LUBRICATED | T3 PV | |
| TRUSTEX LUBRICATED EX LARGE | T3 PV | |
| TRUSTEX LUBRICATED EXTRA ST | T3 PV | |
| TRUSTEX LUBRICATED/SPERMICIDE | T3 PV | |
| TRUSTEX NATURAL CONDOMS + LUBE | T3 PV | |
| TRUSTEX NON-LUBRICATED | T3 PV | |
| TRUSTEX RIA LUB/SPERMICIDE | T3 PV | |
| TRUSTEX RIA LUBRICATED | T3 PV | |
| TRUSTEX RIA NON-LUBRICATED | T3 PV | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| TRUSTEX-NONOXYNOL-9/RIB/STUD | T3 PV | |
| VCF VAGINAL CONTRACEPTIVE | T3 PV | |
| VISTOGARD | T3 (NP) | |
| VORTEX VALVE CHAMBER-PEDI MASK | T2 (PB) | |
| VORTEX VALVED HOLDING CHAMBER | T2 (PB) | |
| WIDE-SEAL DIAPHRAGM 60 | T3 PV | |
| WIDE-SEAL DIAPHRAGM 65 | T3 PV | |
| WIDE-SEAL DIAPHRAGM 70 | T3 PV | |
| WIDE-SEAL DIAPHRAGM 75 | T3 PV | |
| WIDE-SEAL DIAPHRAGM 80 | T3 PV | |
| WIDE-SEAL DIAPHRAGM 85 | T3 PV | |
| WIDE-SEAL DIAPHRAGM 90 | T3 PV | |
| WIDE-SEAL DIAPHRAGM 95 | T3 PV | |
| ZOKINVY | T4 (SP) | PA; QL (4 EA per 1 day) |
| **Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation** | | |
| AZASITE | T3 (NP) | |
| *azelastine hcl ophthalmic* | T1 (G) | |
| *bromfenac sodium (once-daily)* | T3 (NP) | QL (6.8 ML per 365 days) |
| *bromfenac sodium ophthalmic solution 0.07 %* | T1 (G) | QL (12 ML per 365 days) |
| *ciprofloxacin hcl ophthalmic* | T1 (G) | |
| *cromolyn sodium ophthalmic* | T1 (G) | |
| *dexamethasone sodium phosphate ophthalmic* | T1 (G) | |
| *diclofenac sodium ophthalmic* | T1 (G) | |
| *difluprednate* | T2 (PB) | |
| *epinastine hcl* | T2 (PB) | |
| *erythromycin ophthalmic* | T1 (G) | |
| FLAREX | T3 (NP) | |
| *fluorometholone* | T1 (G) | |
| *flurbiprofen sodium* | T1 (G) | |
| *gatifloxacin ophthalmic* | T1 (G) | |
| *gentamicin sulfate ophthalmic* | T1 (G) | |
| *ketorolac tromethamine ophthalmic* | T1 (G) | |
| *levofloxacin ophthalmic solution 0.5 %* | T3 (NP) | |
| *moxifloxacin hcl (2x day)* | T3 (NP) | |
| *moxifloxacin hcl ophthalmic* | T1 (G) | |
| NATACYN | T2 (PB) | |
| *neomycin-polymyxin-dexameth* | LCG | |

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

| Drug Name | Drug Tier | Notes |
|---|---|---|
| CYSTADROPS | T4 (SP) | QL (0.72 ML per 1 day) |
| CYSTARAN | T4 (SP) | QL (2.15 ML per 1 day) |
| *loteprednol-tobramycin* | T3 (NP) | |
| *neomycin-bacitracin zn-polymyx* | T1 (G) | |
| *neomycin-polymyxin-gramicidin* | T1 (G) | |
| *phenylephrine hcl ophthalmic* | T1 (G) | |
| *polymyxin b-trimethoprim* | LCG | |
| *sulfacetamide-prednisolone* | T1 (G) | |
| **Otic Agents - Drugs for Ear Conditions** | | |
| *acetic acid otic* | T1 (G) | |
| *ciprofloxacin hcl otic* | T2 (PB) | |
| *ciprofloxacin-dexamethasone* | T2 (PB) | |
| *ciprofloxacin-hydrocortisone* | T1 (G) | |
| CORTISPORIN-TC | T3 (NP) | |
| *fluocinolone acetonide otic* | T1 (G) | |
| *hydrocortisone-acetic acid* | T3 (NP) | |
| *neomycin-polymyxin-hc otic* | T2 (PB) | |
| *ofloxacin otic* | T1 (G) | |
| **Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold** | | |
| *azelastine hcl nasal* | T1 (G) | QL (2 ML per 1 day) |
| *azelastine-fluticasone* | T3 (NP) | QL (0.77 GM per 1 day) |
| *benzonatate oral capsule 100 mg, 200 mg* | LCG | |
| *benzonatate oral capsule 150 mg* | T1 (G) | |
| *carbinoxamine maleate oral solution* | T1 (G) | |
| *carbinoxamine maleate oral tablet 4 mg* | T1 (G) | |
| *cetirizine hcl oral solution 5 mg/5ml* | T1 (G) | |
| *cetirizine hcl solution 1 mg/ml oral (rx)* | T1 (G) | |
| *clemastine fumarate oral tablet* | T1 (G) | |
| *cyproheptadine hcl oral syrup 2 mg/5ml* | T1 (G) | |
| *cyproheptadine hcl oral tablet* | T1 (G) | |
| *desloratadine oral tablet* | T1 (G) | |
| *diphenhydramine hcl injection* | T1 (G) | |
| *flunisolide nasal* | T2 (PB) | QL (0.84 ML per 1 day) |
| *fluticasone propionate nasal* | T1 (G) | |
| *hydrocodone bit-homatrop mbr oral solution* | T1 (G) | QL (240 ML per 1 fill) |
| *hydrocodone bit-homatrop mbr oral tablet* | T1 (G) | QL (6 EA per 1 day) |
| *ipratropium bromide nasal* | LCG | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *levocetirizine dihydrochloride oral tablet* | T1 (G) | |
| *mometasone furoate nasal* | T3 (NP) | QL (1.14 GM per 1 day) |
| *olopatadine hcl nasal* | T2 (PB) | QL (1.02 GM per 1 day) |
| *sodium chloride inhalation* | T1 (G) | |
| **Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions** | | |
| *acetylcysteine inhalation solution 10 %* | T2 (PB) | |
| *acetylcysteine inhalation solution 20 %* | T3 (NP) | |
| ADVAIR HFA | T2 (PB) | QL (0.4 GM per 1 day) |
| *albuterol sulfate hfa* | T1 (G) | QL (1.2 GM per 1 day) |
| *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%* | LCG | QL (18 ML per 1 day) |
| *albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml* | T1 (G) | QL (12.5 ML per 1 day) |
| *albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml* | LCG | QL (5 EA per 1 day) |
| *albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation* | LCG | QL (5 EA per 1 day) |
| ANORO ELLIPTA | T2 (PB) | QL (2 EA per 1 day) |
| *arformoterol tartrate* | T3 (NP) | QL (4 ML per 1 day) |
| ARNUITY ELLIPTA | T2 (PB) | QL (1 EA per 1 day) |
| ASMANEX (120 METERED DOSES) | T2 (PB) | PA; ST; QL (0.04 EA per 1 day) |
| ASMANEX (14 METERED DOSES) | T2 (PB) | PA; ST; QL (0.04 EA per 1 day) |
| ASMANEX (30 METERED DOSES) | T2 (PB) | PA; ST; QL (0.04 EA per 1 day) |
| ASMANEX (60 METERED DOSES) | T2 (PB) | PA; ST; QL (0.04 EA per 1 day) |
| ASMANEX HFA | T2 (PB) | PA; ST; QL (0.44 GM per 1 day) |
| ATROVENT HFA | T3 (NP) | QL (0.86 GM per 1 day) |
| BREO ELLIPTA | T2 (PB) | QL (2 EA per 1 day) |
| *breyna* | T2 (PB) | $0 HDHP; QL (0.35 GM per 1 day) |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT | T2 (PB) | QL (0.36 GM per 1 day) |
| *budesonide inhalation* | T3 (NP) | $0 HDHP; QL (4 ML per 1 day) |
| *budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation* | T2 (PB) | QL (0.35 GM per 1 day) |
| *budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation* | T2 (PB) | $0 HDHP; QL (0.35 GM per 1 day) |
| *budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation* | T2 (PB) | QL (0.35 GM per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation* | T2 (PB) | $0 HDHP; QL (0.35 GM per 1 day) |
| COMBIVENT RESPIMAT | T2 (PB) | QL (0.27 GM per 1 day) |
| *epinephrine injection solution auto-injector* | T1 (G) | |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT | T2 (PB) | QL (2 EA per 1 day) |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT | T2 (PB) | QL (8 EA per 1 day) |
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | T2 (PB) | $0 HDHP; QL (0.8 GM per 1 day) |
| *fluticasone propionate hfa inhalation aerosol 44 mcg/act* | T2 (PB) | $0 HDHP; QL (0.71 GM per 1 day) |
| *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act* | T2 (PB) | $0 HDHP; QL (2 EA per 1 day) |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | T3 (NP) | QL (0.04 EA per 1 day) |
| *formoterol fumarate inhalation* | T3 (NP) | QL (4 ML per 1 day) |
| *ipratropium bromide hfa* | T1 (G) | QL (0.86 GM per 1 day) |
| *ipratropium bromide inhalation* | LCG | QL (10.42 ML per 1 day) |
| *ipratropium-albuterol* | T1 (G) | QL (18 ML per 1 day) |
| *levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml* | T2 (PB) | QL (18 ML per 1 day) |
| *levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml* | T3 (NP) | QL (3 EA per 1 day) |
| *levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml* | T2 (PB) | QL (9 ML per 1 day) |
| *montelukast sodium oral tablet* | LCG | |
| *montelukast sodium oral tablet chewable* | LCG | |
| *nintedanib esylate* | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 (SP) | PA; SP-QTZ; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | T4 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | T4 (SP) | PA; QL (0.11 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| OFEV | T4 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| *pirfenidone oral capsule* | T4 (SP) | PA; SP-QTZ; QL (9 EA per 1 day) |
| *pirfenidone oral tablet 267 mg* | T4 (SP) | PA; SP-QTZ; QL (9 EA per 1 day) |
| *pirfenidone oral tablet 534 mg* | T4 (SP) | PA; SP-QTZ |
| *pirfenidone oral tablet 801 mg* | T4 (SP) | PA; SP-QTZ; QL (3 EA per 1 day) |
| QVAR REDIHALER | T2 (PB) | QL (0.71 GM per 1 day) |
| *roflumilast* | T1 (G) | PA |
| SEREVENT DISKUS | T2 (PB) | QL (2 EA per 1 day) |
| SPIRIVA RESPIMAT | T2 (PB) | QL (0.14 GM per 1 day) |
| STIOLTO RESPIMAT | T2 (PB) | QL (0.14 GM per 1 day) |
| STRIVERDI RESPIMAT | T2 (PB) | QL (0.14 GM per 1 day) |
| *theophylline er oral tablet extended release 12 hour 100 mg, 200 mg* | T1 (G) | |
| *theophylline er oral tablet extended release 12 hour 300 mg* | T2 (PB) | |
| *theophylline er oral tablet extended release 12 hour 450 mg* | T3 (NP) | |
| *theophylline er oral tablet extended release 24 hour* | T3 (NP) | |
| *tiotropium bromide* | T2 (PB) | QL (1 EA per 1 day) |
| TRELEGY ELLIPTA | T2 (PB) | QL (2 EA per 1 day) |
| *wixela inhub* | T2 (PB) | $0 HDHP; QL (2 EA per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | T4 (SP) | PA; SP-QTZ; QL (0.3 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML | T4 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | T4 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | T4 (SP) | PA; SP-QTZ; QL (0.3 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | T4 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | T4 (SP) | PA |
| *zafirlukast oral tablet 10 mg* | T3 (NP) | |
| *zafirlukast oral tablet 20 mg* | T2 (PB) | |
| *zileuton er* | T3 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis** | | |
| KALYDECO ORAL TABLET | T4 (SP) | PA |
| ORKAMBI ORAL PACKET 75-94 MG | T4 (SP) | PA; QL (2 EA per 1 day) |
| ORKAMBI ORAL TABLET | T4 (SP) | PA; QL (112 EA per 28 days) |
| PULMOZYME | T4 (SP) | PA |
| *tobramycin nebulization solution 300 mg/5ml inhalation* | T4 (SP) | QL (10 ML per 1 day) |
| **Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension** | | |
| ADEMPAS | T4 (SP) | PA; QL (3 EA per 1 day) |
| *alyq* | T4 (SP) | PA; QL (2 EA per 1 day) |
| *ambrisentan* | T4 (SP) | PA; QL (1 EA per 1 day) |
| *bosentan oral tablet* | T4 (SP) | PA; QL (2 EA per 1 day) |
| *bosentan oral tablet soluble* | T4 (SP) | PA; QL (4 EA per 1 day) |
| *macitentan* | T4 (SP) | PA; QL (1 EA per 1 day) |
| OPSUMIT | T4 (SP) | PA; QL (1 EA per 1 day) |
| *sildenafil citrate oral suspension reconstituted* | T4 (SP) | PA; QL (7.5 ML per 1 day) |
| *sildenafil citrate oral tablet 20 mg* | T4 (SP) | PA; QL (3 EA per 1 day) |
| *tadalafil (pah)* | T4 (SP) | PA; QL (2 EA per 1 day) |
| *treprostinil* | T4 (SP) | PA |
| TYVASO | T4 (SP) | PA; QL (2.9 ML per 1 day) |
| TYVASO DPI INSTITUTIONAL KIT | T4 (SP) | PA; QL (4 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG | T4 (SP) | PA; QL (8 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG | T4 (SP) | PA; QL (4 EA per 1 day) |
| TYVASO DPI TITRATION KIT | T4 (SP) | PA; QL (2 EA per 365 days) |
| TYVASO REFILL KIT | T4 (SP) | PA; QL (2.9 ML per 1 day) |
| TYVASO STARTER KIT | T4 (SP) | PA; QL (2.9 ML per 1 day) |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | T4 (SP) | PA |
| UPTRAVI TITRATION | T4 (SP) | PA |
| **Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm** | | |
| *baclofen oral tablet 10 mg* | LCG | |
| *baclofen oral tablet 20 mg* | T1 (G) | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| *carisoprodol oral tablet 350 mg* | T1 (G) | |
| *chlorzoxazone oral tablet 500 mg* | T1 (G) | |
| *cyclobenzaprine hcl oral tablet 10 mg, 5 mg* | LCG | |
| *dantrolene sodium oral* | T1 (G) | |
| *metaxalone oral tablet 800 mg* | T2 (PB) | |
| *methocarbamol injection* | T1 (G) | |
| *methocarbamol oral tablet 500 mg* | LCG | |
| *methocarbamol tablet 750 mg oral* | LCG | |
| *orphenadrine citrate er* | T1 (G) | QL (2 EA per 1 day) |
| *orphenadrine-aspirin-caffeine* | T3 (NP) | QL (4 EA per 1 day) |
| *tizanidine hcl oral capsule 2 mg, 4 mg* | T1 (G) | |
| *tizanidine hcl oral tablet* | T1 (G) | |
| **Sleep Disorder Agents** | | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg* | T2 (PB) | PA; QL (1 EA per 1 day) |
| *armodafinil oral tablet 50 mg* | T1 (G) | PA; QL (2 EA per 1 day) |
| BELSOMRA | T3 (NP) | QL (1 EA per 1 day) |
| *doxepin hcl oral tablet* | T3 (NP) | QL (1 EA per 1 day) |
| *eszopiclone* | T1 (G) | QL (1 EA per 1 day) |
| *flurazepam hcl oral capsule 15 mg* | T3 (NP) | PA; QL (1 EA per 1 day) |
| *modafinil oral* | T1 (G) | PA; QL (1 EA per 1 day) |
| *ramelteon* | T2 (PB) | QL (1 EA per 1 day) |
| SUNOSI | T3 (NP) | PA; QL (1 EA per 1 day) |
| *temazepam oral capsule 15 mg, 30 mg* | T1 (G) | QL (1 EA per 1 day) |
| *zaleplon oral capsule 10 mg* | T1 (G) | QL (2 EA per 1 day) |
| *zaleplon oral capsule 5 mg* | T1 (G) | QL (1 EA per 1 day) |
| *zolpidem tartrate er* | T1 (G) | QL (1 EA per 1 day) |
| *zolpidem tartrate oral tablet* | T1 (G) | QL (1 EA per 1 day) |

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