



Kaiser Permanente Insurance Company (KPIC)

PPO and Out-of-Area Indemnity (OOA) Drug Formulary

This Drug Formulary was updated: September 1, 2025

NOTE: This drug formulary is updated often and is subject to change. Upon revision, all previous versions of the drug formulary are no longer in effect.

This document contains information regarding the drugs that are covered when you participate in the California Grandfathered PPO and Out-of-Area Indemnity (OOA) Health Insurance Plans for Large Groups offered by Kaiser Permanente Insurance Company(KPIC) and fill your prescription at a MedImpact network pharmacy. Please note that this Formulary does not have a specialty drug tier. If you are covered by a KPIC PPO plan with a specialty drug tier, please see the KPIC PPO and Out-of-Area Indemnity (OOA) Formulary with Specialty Drug Tier.

Access to the most current version of the Formulary can be obtained by visiting: **kp.org/kpic-ca-rx-ppo-gf**.

For help understanding your KPIC insurance plan benefits, including cost sharing for drugs under the prescription drug benefit and under the medical benefit, please call **1-800-788-0710 or 711 (TTY)** Monday through Friday, 7 a.m. to 7 p.m.

For help with this Formulary, including the processes for submitting an exception request and requesting prior authorization and step therapy exceptions, please call MedImpact 24 hours a day, 7 days a week, at **1-800-788-2949 or 711 (TTY)**.

For information about your cost share for the outpatient prescription drug benefits in your specific plan, please visit: **kp.org/kpic-ca-rx-ppo-gf**.

For help in your preferred language, please see the "Kaiser Permanente Insurance Company Notice of Language Assistance" in this document.

FORMULARY INFORMATION

Notice: The Formulary is updated with changes on a monthly basis. Updates will be effective on the first day of the month. During the policy year, the following types of changes may be made:

- Removal of a drug or dosage form of a drug from the Formulary;
- A change in tier placement of a drug that results in an increase or decrease in cost sharing; and
- Adding or changing utilization management procedures applicable to a drug.

How to Use This Document

This Formulary provides a list of the approved prescription medications covered under your KPIC Grandfathered PPO or OOA health insurance plan. This document applies only to prescribed outpatient prescription drugs obtained through a retail pharmacy within the MedImpact network. This document does not apply to medications administered in the doctor's office or in the hospital which are covered under your medical benefit. For information on drugs covered under your medical benefit, please see the General Benefits section of your *Certificate of Insurance*.

The Formulary may be accessed using either the categorical list of drugs or the alphabetical index. The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB), a widely-accepted independent drug classification system.

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index. A drug is listed alphabetically by the brand and generic name in the therapeutic category and class to which it belongs. The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters. If a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

EXAMPLE of how drugs are listed on the Formulary:

Brand name drug. The brand name antibiotic drug "Moxatag" would be listed as follows:

Under the Prescription Drug Name Column, therapeutic category "ANTI-INFECTIVE AGENTS", drug class "AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS", the prescription brand name drug is listed in all capital letters, "MOXATAG" followed by the generic equivalent of the drug shown in parenthesis, all lower case italicized "(*amoxicillin*)".

ANTI-INFECTIVE AGENTS – DRUGS FOR INFECTIONS	
AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (<i>amoxicillin</i>)	2

Generic drug. The generic antibiotic drug "amoxicillin" would be listed as follows:

Under the therapeutic category "ANTI-INFECTIVE AGENTS", drug class "AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS", the prescription generic drug is listed in lower case italics "*amoxicillin*".

ANTI-INFECTIVE AGENTS – DRUGS FOR INFECTIONS	
AMINOPENICILLIAN ANTIBIOTIC – ANTIBIOTICS	
<i>amoxicillin</i> oral capsule 250 mg, 500 mg	1

Drug Tiers

Tier Benefit Design

The Formulary applies to a tier benefit design, where the insured shares the cost of prescription drug therapy based on the drug's tier and copay or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (lower copay), and branded drugs listed on the Formulary will be covered under a higher tier (higher copay).

If you request a brand-name drug when a generic drug is prescribed, you may be responsible for paying the brand-name copay plus the difference in cost between the generic drug and the brand-name drug. Please see your *Certificate of Insurance* for details.

For all drugs within the Drug Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to table below*).

Tier Definitions:

Symbol	Guideline	Description
T1	Tier 1	Generic Drugs
T2	Tier 2	Brand Name Drugs
T3	Tier 3	Other pharmacy items and certain DME, such as test strips and lancets, available at the pharmacy and through your medical benefit
T4	Tier 4	Self-Administered Injectable Drugs
PV	Preventive (multiple tiers)	Preventive-care benefits required under the Affordable Care Act (ACA). (Preventive Drugs covered at no cost if your group elected to include ACA preventive-care benefits under their grandfathered plan.) Tobacco cessation drugs listed on this formulary are covered at no cost on all plans.

Maintaining and Updating the Formulary

The MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees provide physicians and pharmacists with a method to evaluate the safety, efficacy and competitive prices for commercially available drug products. The MedImpact P&T and Formulary Committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary.

The Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug selection process to ensure continuing patient access to rational drug therapies.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug selection for the Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary drugs of similar use, and to minimize therapeutic duplication where possible
- Lower costs relative to comparable therapies

What medications are covered?

Your prescription drug benefit will generally cover prescribed generic and brand-name drugs listed on the Formulary if the drug is medically necessary, the prescription is filled by a MedImpact network pharmacy provider, and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered, however, certain preventive OTC medications are covered when prescribed by a physician, such as over the counter FDA-approved female contraceptives, and some durable medical equipment, prescribed by a physician to treat diabetes, and inhalation spacers to assist with inhalation devices are also covered.

The Formulary lists the pharmacy benefits covered under your outpatient prescription drug benefit and obtained from a MedImpact network participating retail pharmacy. This Formulary does not apply to drugs and devices that are obtained through the medical benefit portion of your coverage: for example, medications provided or administered in the doctor's office or in the hospital or, unless specifically stated otherwise, devices covered under the Durable Medical Equipment benefit that are obtained at the doctor's office or through a Durable Medical Equipment vendor.

Diabetes medication and equipment. Your outpatient prescription drug coverage includes the following prescription items for the management and treatment of diabetes:

- Insulin
- Needles and syringes for injecting insulin
- Prescriptive medications for the treatment of diabetes
- Glucagon

Other pharmacy items. Some Durable Medical Equipment that is covered through your medical benefit is also available at the pharmacy: disposable blood glucose and ketone urine test strips; blood glucose monitors; lancets and lancet puncture devices; pen delivery systems for the administration of insulin; visual aids excluding eyewear to assist in insulin dosing; and peak flow meters.

Contraceptives. Your outpatient prescription drug coverage includes all prescribed FDA-approved contraceptive drugs, including over the counter FDA-approved female contraceptive methods when prescribed by a licensed health care professional authorized to prescribe drugs. All such medications require a prescription from your doctor.

Elective coverage of preventive drugs at no cost. Additionally, if your plan covers preventive drugs at no cost (because your group elected to include preventive-care benefits required under the Affordable Care Act in their grandfathered plan), then the drugs identified in the table below are covered at no cost share regardless of the drug tier indicated on the Formulary. All medications in the list are covered with no cost if the insured has a prescription from his or her doctor. However, some medications are only covered at no cost for patients who meet the criteria listed in the Formulary.

Note: The presence of a prescription drug on the Formulary does not guarantee that you will be prescribed that prescription drug by your prescribing provider for a particular medical condition.

Note: The cost share for covered prescribed orally administered anti-cancer drugs shall not exceed \$200 for a 30-day supply.

What drugs are not covered?

- Over-the-counter (OTC) medications or their equivalents, except for those OTC medications included in this Formulary.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner. Refer to your *Certificate of Insurance* for additional information.
- Replacement of lost or stolen medication.
- Medications administered by a clinician unless otherwise specified in the Formulary listing.
- Foreign-sourced drugs or drugs not approved by the U.S. Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- Weight loss drugs
- Sexual dysfunction drugs

Non-formulary drugs

Non-formulary drugs are covered when medically necessary.

How do I request an exception to the KPIC Formulary?

You, your designee, or your prescribing provider can request an exception to obtain coverage of a drug that is not on the Formulary by calling MedImpact at **1-800- 788-2949**. Upon receipt of your exception request, MedImpact will notify you within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. (Urgent circumstances exist when an insured is suffering from a health condition that may seriously jeopardize the insured's life, health or ability to regain maximum function or when you are using a drug while undergoing a current course of treatment.) If a standard exception request is granted, coverage of the non-formulary drug will be granted for the duration of the prescription, including refills. If an exception based on urgent circumstances is granted, coverage of the non-formulary drug will be granted for the duration of the urgency. You may appeal the denial of an exception request. Please refer to your *Certificate of Insurance* for more information on appeal rights and procedures.

Are there any restrictions on the drugs covered on the KPIC Formulary?

Yes, for certain drugs within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols (*refer to table below*).

Guideline Symbol Table:

Symbol	Guidelines	Description
AGE	Age Edit	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. <i>See "What is a Prior Authorization?" below for additional information.</i>
QL	Quantity Limit	Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior authorization may be required. <i>See "What is Step Therapy?" below for additional information.</i>

What is a Prior Authorization?

A prior authorization (“PA”) is a technique that is used to encourage safe and competitively priced medication use. Many drugs have multiple indications, so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured.

How does the program work? Drugs marked with a PA mean that your prescriber must first show that you have a medically necessary need for that particular drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive pre-approval of the drug. Prior authorized drugs have specific clinical criteria that you must meet in order to obtain coverage. Prior authorized drugs have specific clinical criteria that you must meet in order to obtain coverage. Refer to Prior Authorization / Limits column in the Formulary for drugs that require a PA.

Upon receipt of your PA request, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If MedImpact fails to respond within 72 hours for non-urgent requests, and within 24 hours if urgent circumstances exist, from receipt of a request form from a licensed doctor; the request shall be deemed to have been approved. If you are not satisfied with the outcome, you can request a waiver by calling MedImpact at **1-800-788-2949**.

What are Quantity Limits?

Coverage for certain drugs may be limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the quantity limit guideline.

What is Step Therapy?

Selected prescription drugs require step therapy. The step therapy program encourages safe and competitively priced medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, lower cost medication before using a more costly treatment.

How does the program work? The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as keeping costs down. A second-line medication is a less-preferred or sometimes more costly treatment option. Refer to Step Therapy Edits in the Index section at the end of the Formulary for a complete list of medications requiring step therapy and their criteria.

Prior authorization may be required. Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If you are not satisfied with the outcome, you can request a waiver by calling MedImpact at **1-800-788-2949**.

Note: If you have transitioned from a prior health insurance coverage to a new KPIC health insurance policy, any prescription drug that is currently being prescribed and considered safe and effective to treat a medical condition may not be subject to step therapy if, under your prior coverage:

- 1) The drug was not previously subject to step therapy; or
- 2) Step therapy was already obtained.

This does not apply if MedImpact’s P&T Committee and/or your provider determines that such drug is no longer safe or effective to treat your medical condition. Prior authorization may be required for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed under your prior coverage, and the prescribing provider is not precluded from prescribing another drug covered by the new policy that is medically appropriate for your condition.

The Pharmacy Network

This drug Formulary only applies to prescribed drugs, medicines and supplies purchased from a MedImpact network retail pharmacy. To fill your covered prescriptions, please visit a MedImpact network pharmacy. When visiting a MedImpact network pharmacy, please give the pharmacist your KPIC ID card with the MedImpact logo. The network of MedImpact pharmacies includes over 60,000 chain and independent pharmacies nationwide. To find a MedImpact network pharmacy near you, call **1-800-788-2949**.

What drugs are eligible to be mailed from the mail-order pharmacy?

Most maintenance drugs can be mailed from our mail-order pharmacy. Drugs eligible for mail order, however, cannot be mailed outside the United States. You can order refills through our mail-order service online at walgreens.com/mailservice or by phone, **1-866-525-1590** or **1-877-924-7889 (TTY)**. There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply.

Please refer to your *Certificate of Insurance* for complete details of your prescription drug benefit or call KPIC Customer Service at **1-800-788-0710**.

Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations you may be subject to. Specific benefit inclusions, exclusions, and out-of-pocket costs are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to you and does not apply to medications used in an inpatient setting. For specific questions regarding your coverage, please call KPIC Customer Service at **1-800-788-0710**.

Definition of Terms

The following terms apply to your prescription drug coverage and the drug Formulary.

“Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this Formulary in all CAPITAL letters.

“Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

“Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

“Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

“Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

“Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

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

“Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this Formulary in italicized lowercase letters.

“Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary. The fact that a Physician may prescribe, authorize, or direct a service does not of itself make it Medically Necessary or covered by the Group Policy.

“Non-formulary drug” means a prescription drug that is not listed on this Formulary.

“Out-of-pocket costs” means your expenses for health care benefits that aren’t reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Over-the-counter (OTC) drugs” are medicines sold directly to a consumer without requiring a prescription from a healthcare professional. For purposes of this Formulary, OTC drugs that are covered under your outpatient prescription drug benefit require a prescription from your doctor.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this Formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

“Self-injectable drug” means a self-administered injectable medication that is covered under the outpatient prescription drug benefit. Self-injectable drugs (except for insulin and other prescriptive self-administered injectable medications for treatment of diabetes) are covered under a specific drug tier, as indicated in the Tier Definition table under the Drug Tier section in this Formulary.

“Step therapy” means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this Formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Kaiser Permanente Insurance Company (KPIC) underwrites the PPO and OOA Plans. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).

Nondiscrimination Notice

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-788-0710** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able to help you.

KPIC Civil Rights Coordinator
P.O. Box 1809
Pleasanton, CA 94566
Phone: 1-800-788-0710

You may also contact the California Department of Insurance regarding your complaint.

By Phone:
California Department of Insurance
1-800-927-HELP
(1-800-927-4357)
TDD: 1-800-482-4
TDD (1-800-482-4833)

By Mail:
California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street
Los Angeles, CA 90013

Electronically:
www.insurance.ca.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

or by mail or phone at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW, Room 509F, HHH Building,
Washington, DC 20201
Phone: 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-788-0710 For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Servicios en otros idiomas sin ningún costo. Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-788-0710. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

免費語言服務。您可使用口譯員。您可請人將文件唸給您聽，並且您可請我們將您的語言版本文件寄給您。如需協助，請致電列於您會員卡上的電話號碼或致電1-800-788-0710與我們聯絡。如需進一步協助，請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-788-0710. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Doo báq hílinjgóó há ata' hane. Ata' halne'i há shónáot'eeh dóó naaltsoos táá hazaad bee bik'i' aschjíigo hach'í' yídóoltah biniiyé hach'í' ánál'íjih tēh. Shíká i'doolwoł nínízingo nihich'í' hodílnih kojí' 1-800-788-0710 éí bee néehózin biniiyé neiyítánígíí bikáá'. Áká e'élýeed jinízingo CA Dept. of Insurance bich'í' hojilnih kwe'é 1-800-927-4357. TTY chojool'íjigo éí íáá bił azhdilchi'. Navajo

Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể được cấp thông dịch viên và được người đọc tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi theo số điện thoại ghi trên thẻ ID của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, xin gọi Bộ Bảo Hiểm CA theo số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

무료 언어 서비스. 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-788-0710번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357번으로 문의하십시오. TTY 사용자 번호 711. Korean

Mga Libreng Serbisyo kaugnay sa Wika. Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-788-0710. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

Անվճար լեզվական ծառայություններ. Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մենք՝ Ձեր ID քարտի վրա նշված կամ 1-800-788-0710 հեռախոսահամարով: Լրացնելով օգնության համար զանգահարեք Կալիֆորնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные переводческие услуги. Вы можете воспользоваться услугами устного переводчика. Вам могут зачитать документы, а некоторые могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке или 1-800-788-0710. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

言語サービス（無料）。通訳に日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、IDカードに記載の番号、または1-800-788-0710にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁（1-800-927-4357）にお電話ください。TTYユーザーの方は、711までお電話にてご連絡ください。Japanese

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ਪੰਜਾਬੀ ਲਾਗਤ ਦੀ ਭਾ+ਾ ਮੇਵਾਵ/। ਤੁਸੀਂ ਇੱਕ ਦੁਆ+ਾ ਲੇ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼/ਨੂੰ ਕਿਸੇ ਤੁਹਾਡੀ ਭਾ+ਾ ਵਿੱਚ ਪੜਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਸਾਨ੍ਹ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਜਾ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਵਰਤੋਂ ਕਾਰ 711 'ਤੇ ਕਾਲ ਕਰਨ। Punjabi

ନେତ୍ରବିକାଳରେ ପାଇଁ ମହାଶୁଦ୍ଧି କରିବାକୁ ପାଇଁ ଏହା କାହାର କାମ ନାହିଁ ।

សមទូរស័ព្ទមកតែយើង តាមគលមហេលិខណ្ឌមាននៅតំបន់ភ្នំពេញ លេខទូរសព្ទ ឬ 1-800-788-0710 សំរាប់ដឹង
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لأخصصة بك أوربعم 10-800-788-0710. لمزيد من المساعدة، اتصل بقسم التأمين بولاية كاليفورنيا على الرقم 4357-927-800-1. مستخدمو TIY [اتصال Arabic](#) 711.

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บริการด้านภาษาโดยไม่มีค่าใช้จ่าย คุณสามารถรับฟังและรับการอ่านเอกสารให้คุณฟังในภาษาของคุณได้ หากต้องการความช่วยเหลือโปรดโทรหาเราตามหมายเลขที่ระบุในบัตรประจำตัวประชาชน หรือ 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติมโปรดติดต่อฝ่ายประกันภัยของ CA ที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โทร 711 ภาษาอังกฤษ Thai

Table of Contents

Informational Section.....	1
Alternative Therapy - Vitamins And Minerals.....	1
Analgesic, Anti-Inflammatory Or Antipyretic.....	11
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever.....	12
Anesthetics - Drugs For Pain And Fever.....	45
Anorectal Preparations - Rectal Preparations.....	46
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning.....	48
Anti-Infective Agents.....	51
Anti-Infective Agents - Drugs For Infections.....	51
Antineoplastics.....	83
Antineoplastics - Drugs For Cancer.....	84
Antiseptics And Disinfectants - Antiseptics And Disinfectants.....	101
Biologicals.....	103
Biologicals - Biological Agents.....	103
Cardiovascular Therapy Agents.....	116
Cardiovascular Therapy Agents - Drugs For The Heart.....	117
Central Nervous System Agents.....	154
Central Nervous System Agents - Drugs For The Nervous System.....	155
Chemical Dependency, Agents To Treat - Drugs For Addiction.....	237
Chemicals-Pharmaceutical Adjuvants.....	240
Cognitive Disorder Therapy.....	243
Cognitive Disorder Therapy - Drugs For The Nervous System.....	244
Contraceptives - Drugs For Women.....	246
Dermatological.....	263
Dermatological - Drugs For The Skin.....	264
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System.....	355
Electrolyte Balance-Nutritional Products.....	355
Electrolyte Balance-Nutritional Products - Drugs For Nutrition.....	355
Endocrine.....	423
Endocrine - Hormones.....	424
Fdb Class Obsolete-Not Used.....	462
Gastrointestinal Therapy Agents.....	463
Gastrointestinal Therapy Agents - Drugs For The Stomach.....	463
Genitourinary Therapy - Drugs For The Urinary System.....	507
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever.....	519
Hematological Agents.....	520
Hematological Agents - Drugs For The Blood.....	521
Hepatobiliary System Treatment Agents.....	540
Hepatobiliary System Treatment Agents - Drugs For The Liver.....	540
Immunosuppressive Agents - Drugs For Organ Transplants.....	541
Locomotor System.....	543
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones.....	544
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment.....	550
Medical Supply, Fdb Superset.....	655
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease.....	757

Metabolic Modifiers	758
Metabolic Modifiers - Drugs That Alter Metabolism	758
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat.....	762
Multiple Sclerosis Agents - Drugs For The Nervous System.....	767
Ophthalmic Agents.....	770
Ophthalmic Agents - Drugs For The Eye	771
Otic (Ear) - Drugs For The Ear	791
Respiratory Therapy Agents.....	792
Respiratory Therapy Agents - Drugs For The Lungs.....	792
Vaginal Products - Drugs For Women.....	815
Weight Loss/Gain Agents	818
Weight Loss/Gain Agents - Drugs For Eating Disorders	818

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins And Minerals		
Alternative Therapy - Androgenic Agents - Vitamins And Minerals		
DHEA ORAL TABLET 25 MG (prasterone (DHEA))	Tier 1	
<i>prasterone (dhea) oral capsule 25 mg</i>	Tier 1	
<i>prasterone (dhea) oral tablet 10 mg</i>	Tier 2	
<i>prasterone (dhea) oral tablet 25 mg</i>	Tier 1	
Alternative Therapy - Antiarthritis - Vitamins And Minerals		
<i>gluc-chon-msm-col-hy-bos-c-min oral tablet 750-551.5-50-30 mg</i>	Tier 1	
<i>glucosam su dip-chondroit-c-mn oral capsule 500-400-66-3 mg</i>	Tier 1	
<i>glucosam-chondr-msm-c-manganes oral capsule 375-300-75-15 mg</i>	Tier 1	
<i>glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg</i>	Tier 1	
<i>glucosamine 2kcl-msm-chondroit oral tablet 500-166.6-400 mg</i>	Tier 2	
<i>glucosamine sulfate oral capsule 500 mg</i>	Tier 1	
<i>glucosamine sulfate oral tablet 1,000 mg</i>	Tier 1	
GLUCOSAMINE-CHONDR-D3 (C-MANG) ORAL CAPSULE 500-400-667 MG-MG-UNIT (glucosamine/chondr-collagen complex/vit D3/vit C/manganese)	Tier 2	
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Tier 1	
<i>glucosamine-chondroitin oral tablet 250-200 mg</i>	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glucosamine-d3-boswellia serr oral tablet 1,500-400-100 mg-unit-mg	Tier 1	
glucosamine-d3-hyaluronic acid oral tablet 1,000 mg- 25 mcg-1.65 mg	Tier 1	
glucosamine-msm-chondr-d3-bosw oral tablet 25 mcg- 937.5 mg	Tier 1	
glucosam-msm-chond-hrb149-hyal oral tablet 500-500-66.7 mg	Tier 1	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG- 100 MG- 25 MCG (glucosamine/chondroitin/msm/D3/hyaluronic acid/cal borate)	Tier 2	
SUPERIOR JOINT SUPPORT ORAL TABLET 300-100- 100-50 MG (glucosam/chondr/msm/collag/Boswell/turmeric/pancr/querc /brom)	Tier 2	
SYNOVX DJD ORAL CAPSULE 150 MG-150 MG- 250 MG- 19 MG (glucosamin/chondroitin/msm/vit C/manganese/hyaluronic/mussel)	Tier 2	
SYNOVX RECOVERY ORAL CAPSULE 375-300-237.5 MG (glucosamine sulfate sodium/chondroitin sulfate sodium/msm)	Tier 2	
Alternative Therapy - Antidepressants - Vitamins And Minerals		
st. john's wort oral capsule 300 mg	Tier 1	
Alternative Therapy - Antioxidant - Vitamins And Minerals		
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,copper,zinc 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 1	
ALAMAX CR ORAL TABLET EXTENDED RELEASE 600 MG- 450 MCG (alpha lipoic acid/biotin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALAMAX PROTECT ORAL CAPSULE 125 MG-95 MCG-250 MG (alpha lipoic acid/biotin/berberine chloride)	Tier 2	
<i>alpha lipoic acid oral capsule 100 mg</i>	Tier 2	
<i>alpha lipoic acid oral capsule 200 mg</i>	Tier 1	
<i>alpha lipoic acid oral tablet 600 mg</i>	Tier 1	
<i>alpha lipoic acid oral tablet extended release 600 mg</i>	Tier 2	
<i>alpha lipoic acid-biotin oral capsule 300 mg- 333 mcg</i>	Tier 1	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 2	
EYE HEALTH AREDS-2 ORAL CAPSULE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 1	
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 1	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)	Tier 1	
<i>glutathione (bulk) powder 100 %</i>	Tier 2	
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 1	
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 2	
I-SIGHT ORAL CAPSULE 15 MG-100 MG-75 MG-50 MG (lutein/a-cysteine/ALA/quercet/zinc/taurine/bilberry/lycopene)	Tier 2	
LIVER PROTECT ORAL CAPSULE 200-200-262.5 MG (acetylcysteine/alpha lipoic/milk thistle/selenomethionine)	Tier 2	
<i>lutein oral capsule 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUTEIN PLUS WITH ZEAXANTHIN ORAL TABLET 1,500 MCG-60 MG -20 MG-15 MG (betacarotene/vit C/vit E/zinc ox/cupric ox/lutein/zeaxanthin)	Tier 1	
<i>lutein-zeaxanthin oral capsule 25-5 mg</i>	Tier 1	
<i>lutein-zeaxanthin oral capsule 40-1,600 mg-mcg</i>	Tier 1	
<i>lutein-zeaxanthin oral tablet,chewable 10-2 mg</i>	Tier 1	
<i>lutein-zeaxanthin-bilberry ext oral capsule 20-1-2.2 mg</i>	Tier 2	
MITOPRIME ORAL CAPSULE 12.5 MG (ergothioneine)	Tier 2	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin)	Tier 2	
PRESERVISION AREDS-2 ORAL CAPSULE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 1	
PRESERVISION AREDS-2 ORAL TABLET,CHEWABLE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 2	
PUREVITA ALPHA LIPOIC ACID ORAL DROPS 1 MG/2 ML (alpha lipoic acid)	Tier 1	
VISION HEALTH ORAL CAPSULE 250-90-40-2-5 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 1	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)	Tier 2	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)	Tier 2	
Alternative Therapy - Cough And Cold Agents - Vitamins And Minerals		
BABY COUGH ORAL SYRUP 4 GRAM-45 MG- 9 MG/3 ML (agave extract/thyme leaf extract/English ivy extract)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BABY COUGH-MUCUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)	Tier 2	
KINDERMED INFANTS COUGH PLUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)	Tier 2	
KINDERMED INFANTS NIGHT COUGH ORAL LIQUID 4 GRAM-21 MG- 4 MG/3 ML (blue agave extract/English ivy extract/chamomile flower ext)	Tier 2	
Alternative Therapy - Pineal Hormone Agents - Vitamins And Minerals		
<i>melatonin oral drops 1 mg/4 ml</i>	Tier 2	
<i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>	Tier 1	
<i>melatonin oral lozenge 5 mg</i>	Tier 2	
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
Alternative Therapy - Sedative/Hypnotics - Vitamins And Minerals		
SLEEP TONITE VALERIAN ORAL TABLET 750-100-25 MG (valerian xt/passion flower/hops/chamomile flower/skullcap)	Tier 2	
SYNOVX CALM ORAL CAPSULE 100-30-15-40 MG (valerian rt/passion flower/hops/cherry/magnesium comb/potass)	Tier 2	
Alternative Therapy - Unclassified - Vitamins And Minerals		
ACAI BERRY DIET ORAL CAPSULE 250 MG-20 MCG- 80 MG-50 MG (acai berry extract/chromium/green tea/caffeine/enzymes)	Tier 2	
ADVANCED HERBALS GINGER ORAL TABLET,CHEWABLE 15 MG (ginger root extract)	Tier 2	
ALFA-MAX ALFALFA ORAL CAPSULE 525 MG (alfalfa)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AM-PM MENOPAUSE FORMULA ORAL TABLETS, SEQUENTIAL 20-250-100(D)/ 20-200-100MG(N) (black cohosh/green tea/Panax ginseng/valerian/hops/theanine)	Tier 2	
ARTICHOKE PREMIUM EXTRACT ORAL CAPSULE 150-300 MG (milk thistle seed extract/artichoke leaf extract)	Tier 2	
<i>ashwagandha extract oral capsule 120 mg</i>	Tier 1	
<i>ashwagandha extract oral capsule 500 mg</i>	Tier 2	
<i>ashwagandha root extract oral capsule 500 mg</i>	Tier 1	
<i>ashwagandha root extract oral tablet 300 mg</i>	Tier 1	
ASHWAGANDHA ROOT LEAF EXTRACT ORAL TABLET,CHEWABLE 62.5 MG (ashwagandha extract)	Tier 2	
<i>astragalus root oral capsule 470 mg</i>	Tier 2	
ATRANTIL ORAL CAPSULE 275 MG (tannic acid/horse chestnut seed xt/peppermint leaf xt)	Tier 2	
AZO CRANBERRY PLUS PROBIOTIC ORAL TABLET 250-30-15 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 2	
AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (cranberry fruit extract/ascorbic acid)	Tier 2	
BERGACOR ORAL TABLET 650 MG (bergamot extract)	Tier 2	
BERGACOR PLUS ORAL TABLET 400-250 MG (bergamot extract/Indian gooseberry extract)	Tier 2	
<i>bitter melon extract oral tablet 750 mg</i>	Tier 2	
<i>black cohosh oral capsule 540 mg</i>	Tier 2	
<i>black walnut hull oral capsule 450 mg</i>	Tier 2	
<i>boswellia serrata extract oral tablet 307 mg</i>	Tier 2	
BOWEL SUPPORT-IRRITABLE BOWEL ORAL CAPSULE,DELAYED RELEASE(DR/EC) (peppermint oil)	Tier 2	
BP MANAGER ORAL TABLET 519 MG (hawthorn extract/herbal drugs)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRONCHIAL SOOTHE ORAL SYRUP 43 MG/5 ML (English ivy extract)	Tier 1	
CALMAID ORAL CAPSULE 80 MG (lavender oil)	Tier 2	
CANDICIDAL ORAL CAPSULE 100 MG-150 MG- 50 MG-150 MG (turmeric/ginger/olive/oregano/sodium caprylate)	Tier 2	
<i>chamomile flower oral capsule 350 mg</i>	Tier 2	
<i>chaste tree fruit oral capsule 400 mg</i>	Tier 2	
<i>cinnamon bark extract oral tablet 500 mg</i>	Tier 2	
<i>cinnamon bark oral capsule 500 mg</i>	Tier 2	
CORTISOLV ORAL CAPSULE 150-250-50-50 MG (ashwagandha/magnolia brk/Phellob/banaba lf/maral rt/theanine)	Tier 2	
<i>cranberry conc-ascorbic acid oral capsule 300-100 mg, 4,200-20 mg</i>	Tier 2	
<i>cranberry extract oral capsule 500 mg</i>	Tier 2	
<i>cranberry extract oral tablet 500 mg</i>	Tier 2	
<i>cranberry fruit concentrate oral capsule 450 mg</i>	Tier 2	
<i>cranberry fruit concentrate oral tablet,disintegrating 125 mg</i>	Tier 2	
<i>cranberry fruit oral capsule 465 mg</i>	Tier 2	
CRANBERRY URINARY TRACT HEALTH ORAL TABLET 250-30-3.5 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 2	
CRANBERRY-PROBIOTC(BLEND)-VITC ORAL TABLET 250-30 MG (cranberry/C/L.acidophilus/L.salivar/B.bifidum/S.thermophilus)	Tier 2	
CURCUPLEX-95 ORAL CAPSULE 500 MG (turmeric root extract)	Tier 2	
<i>dandelion root oral capsule 525 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIGESTIVE SUPPORT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100-21.5 MG (caraway seed extract/levomenthol)	Tier 1	
DRAMAMINE GINGER ORAL TABLET,CHEWABLE 15 MG (ginger root extract)	Tier 2	
DRAMAMINE NON-DROWSY ORAL CAPSULE 500 MG (ginger)	Tier 2	
<i>echinacea oral capsule 125 mg</i>	Tier 2	
<i>echinacea oral capsule 400 mg</i>	Tier 1	
<i>echinacea purp aerial part ext oral capsule 65 mg</i>	Tier 2	
EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET,CHEWABLE 83.3 MG (ascorbic acid/multivitamin with minerals/herbal drugs)	Tier 2	
ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG (rhubarb root extract)	Tier 2	
<i>evening primrose oil oral capsule 1,300 mg</i>	Tier 2	
<i>fenugreek seed oral capsule 610 mg</i>	Tier 2	
FLASHARREST ORAL CAPSULE 96.5 MG (hops extract/spruce fir extract)	Tier 2	
<i>flaxseed oil oral capsule 1,000 mg</i>	Tier 2	
<i>garlic extract oral capsule 500 mg</i>	Tier 2	
<i>garlic extract oral tablet 400 mg</i>	Tier 2	
<i>garlic oral capsule 1,000 mg</i>	Tier 1	
GARLICIN CARDIO ORAL TABLET 350 MG (garlic)	Tier 2	
GARLIX ORAL CAPSULE 650 MG (garlic extract)	Tier 2	
<i>gelatin oral capsule 650 mg</i>	Tier 1	
GENNAMD ORAL CAPSULE 130 MG (cranberry fruit concentrate)	Tier 2	
<i>ginger (zingiber officinalis) oral capsule 550 mg</i>	Tier 2	
<i>ginger root-ginger root ext oral capsule 262.5 mg</i>	Tier 2	

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<i>ginkgo biloba leaf extract oral capsule 120 mg, 125 mg</i>	Tier 2	
GINKGO BILOBA PLUS (BACOPA) ORAL CAPSULE 120-40 MG (ginkgo biloba leaf extract/bacopa leaf extract)	Tier 2	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (herbal complex no.306)	Tier 2	
<i>goldenseal root oral capsule 333 mg</i>	Tier 2	
<i>grape seed extract oral capsule 100 mg</i>	Tier 2	
GREEN TEA-600 ORAL CAPSULE 600 MG (green tea leaf extract)	Tier 2	
HORMONE PROTECT ORAL CAPSULE 150-30 MG (diindolylmethane/broccoli seed extract)	Tier 2	
HORNY GOAT WEED PLUS ORAL CAPSULE 250-125 MG (barrenwort/maca extract/herbal drugs)	Tier 2	
JOINT COMFORT AND MOVEMENT ORAL CAPSULE 100-500 MG (Boswellia serrata extract/turmeric root extract)	Tier 2	
KOREAN GINSENG ORAL TABLET 1,000 MG (Panax ginseng root)	Tier 2	
<i>licorice root (g.glabra) oral capsule 450 mg</i>	Tier 1	
<i>maca oral capsule 525 mg</i>	Tier 2	
MEDCAPS MENOPAUSE ORAL CAPSULE (herbal complex no.321)	Tier 2	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
MENOFEM ORAL CAPSULE (herbal complex no.323)	Tier 2	
<i>milk thistle sd ext-blessed th oral capsule 175-120 mg</i>	Tier 2	
<i>milk thistle seed extract oral capsule 250 mg, 87.5 mg</i>	Tier 2	

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MIND AND MEMORY ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)	Tier 2	
<i>moringa oleifera oral capsule 500 mg</i>	Tier 2	
MYROSINASE ORAL CAPSULE 287.5 MG (mustard seed)	Tier 2	
NEURIVA ORIGINAL ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)	Tier 2	
NEURIVA ORIGINAL ORAL TABLET,CHEWABLE 50-50 MG (coffee extract/phosphatidyl serine)	Tier 2	
NRF2 ACTIVATOR ORAL CAPSULE 200-200-50-30 MG (turmeric xt/green tea xt/pterostilbene/broccoli seed xt)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
ONCOPEX ES ORAL CAPSULE 100 MG (broccoli seed extract)	Tier 2	
ONCOPEX ORAL CAPSULE 30 MG (broccoli seed extract)	Tier 2	
ORAXINOL ORAL CAPSULE 500 MG (herbal complex no.319)	Tier 2	
<i>oregano oil-flaxseed oil oral capsule 50-25 mg</i>	Tier 2	
PMS SOOTHE ORAL CAPSULE (herbal complex no.327)	Tier 2	
<i>red beet oral capsule 500 mg</i>	Tier 2	
<i>red beet-sour cherry extract oral tablet,chewable 250-0.5 mg</i>	Tier 2	
<i>red yeast rice extract oral capsule 55 mg</i>	Tier 2	
<i>red yeast rice oral capsule 600 mg</i>	Tier 2	
REMIFEMIN MENOPAUSE ORAL TABLET 2.5 MG (black cohosh root extract)	Tier 2	
SALOXICIN ORAL CAPSULE 60-25-20 MG (willow bark ext/Boswellia serrata ext/herbal complex no. 322)	Tier 2	
SAMBUCUS ELDERBERRY ORIGINAL ORAL SYRUP 50 MG/5 ML (elderberry fruit)	Tier 2	

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saw palmetto oral capsule 450 mg, 585 mg	Tier 2	
schisandra oral capsule 580 mg	Tier 2	
SUPER ENERGY HERBAL COMPLEX ORAL TABLET 300-162.5-8 MG (guarana extract/Panax ginseng/alfalfa/herbal drugs)	Tier 2	
SYNOVX RELIEF ORAL CAPSULE 500 MG (Boswellia serrata extract/turmeric root extract)	Tier 2	
TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (shilajit/Eurycoma longifolia extract)	Tier 2	
turmeric root extract oral capsule 500 mg	Tier 2	
turmeric root extract oral tablet 500 mg	Tier 2	
turmeric root-ginger root ext oral tablet,chewable 150-25 mg	Tier 2	
turmeric-ginger-black pepper oral tablet,chewable 125 mg-6 mg- 50 mcg	Tier 2	
turmeric-turmeric ext-pepper oral capsule 500-5 mg	Tier 2	
turmeric-turmeric root extract oral capsule 450-50 mg	Tier 2	
valerian oral capsule 530 mg	Tier 2	
valerian root oral capsule 450 mg, 500 mg	Tier 2	
VIRAGRAPHIS ORAL CAPSULE 187.5-150-79.2 MG (Andrographis ext/Isatis root xt/licorice root xt)	Tier 2	
vit c-echinacea purpurea xt oral tablet,chewable 75-3 mg	Tier 1	
VITALVASC ORAL CAPSULE 75-250-125 MG (grape seed extract/hesperidin/olive extract)	Tier 2	
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)	Tier 2	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)	Tier 2	

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Analgesic - Selective Sodium Channel Blockers		
JOURNAVX ORAL TABLET 50 MG (suzetrigine)	Tier 2	PA
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG (colchicine)	Tier 2	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine HCl/PF)	Tier 4	
DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine HCl)	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)	Tier 4	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone HCl)	Tier 2	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone HCl)	Tier 2	
DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone HCl)	Tier 2	QL (1 EA per 1 day)
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (sufentanil citrate)	Tier 2	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 4	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 4	

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fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg	Tier 1	
fentanyl citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 mcg	Tier 1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml	Tier 4	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 4	
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Tier 1	

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HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>levorphanol tartrate oral tablet 3 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 4	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 4	QL (4 ML per 1 day)
<i>methadone HCl (Methadone Intensol Oral Concentrate 10 Mg/ML)</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone HCl)</i>	Tier 2	QL (4 ML per 1 day)
<i>methadone HCl (Methadose Oral Tablet,Soluble 40 Mg)</i>	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 4	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	

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<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 4	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 4	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (morphine sulfate)</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)

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NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol HCl)	Tier 2	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	

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<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
QDOLO ORAL SOLUTION 5 MG/ML (tramadol HCl)	Tier 2	
ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone HCl)	Tier 2	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone HCl)	Tier 2	
<i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 25 mg, 75 mg</i>	Tier 1	
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

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<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

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XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital/acetaminophen/caffeine/codeine phosphate)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Dihydrocodeine Combinations - Arthritis And Pain Drugs		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 1	ST: Requires prior prescription for Acetaminophen/Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic,Xanthine - Arthritis And Pain Drugs		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1	ST: Requires prior prescription for Acetaminophen/Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone HCl/acetaminophen)	Tier 2	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME |Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone And Nsaid Combinations - Arthritis And Pain Drugs		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs		
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	Tier 1	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day)

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|Tier 4 = Self-administered Injectable Medications

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	Tier 1	QL (66 ML per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day)
<i>oxycodone HCl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone HCl/acetaminophen (Primlev Oral Tablet 10-300 Mg)</i>	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
<i>oxycodone HCl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)</i>	Tier 2	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME | Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone HCl/acetaminophen (Prolate Oral Solution 10-300 Mg/5 MI)	Tier 2	QL (66 ML per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)

Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs

oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	Tier 1	QL (66 ML per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME | Tier 4 = Self-administered Injectable Medications

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Primlev Oral Tablet 10-300 Mg)	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)	Tier 2	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Solution 10-300 Mg/5 MI)	Tier 2	QL (66 ML per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME | Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
		<p>ST: Must meet any of the following requirements.</p> <p>7 DS Acetaminophen With Codeine IN 120 DAYS MIN THPY = 7 DS;7 DS Acetaminophen/caff/dihydrocodine IN 120 DAYS MIN THPY = 7 DS;7 DS Apadaz IN 120 DAYS MIN THPY = 7 DS;7 DS Benzhydrocodone/acetaminophen IN 120 DAYS MIN THPY = 7 DS;7 DS Butalbit/acetamin/caff/codeine IN 120 DAYS MIN THPY = 7 DS;7 DS Carisoprodol/aspirin/codeine IN 120 DAYS MIN THPY = 7 DS;7 DS Codeine Sulfate IN 120 DAYS MIN THPY = 7 DS;7 DS Codeine/butalbital/asa/caffein IN 120 DAYS MIN THPY = 7 DS;7 DS Demerol IN 120 DAYS MIN THPY = 7 DS;7 DS Dsuvia IN 120 DAYS MIN THPY = 7 DS;7 DS Fentanyl Citrate IN 120 DAYS MIN THPY = 7 DS;7 DS Fentanyl Citrate/pf IN 120 DAYS MIN THPY = 7 DS;7 DS Fentora IN 120 DAYS MIN THPY = 7 DS;7 DS Hydrocodone/acetaminophen IN 120 DAYS MIN THPY = 7 DS;7 DS Hydrocodone/acetaminophen Hcl IN 120 DAYS MIN THPY = 7 DS;7 DS Hydromorphone Hcl IN 120 DAYS MIN THPY = 7 DS;7 DS Hydromorphone Hcl/pf IN 120 DAYS MIN THPY = 7 DS;7 DS Lazanda IN 120 DAYS MIN THPY = 7 DS;7 DS Levorphanol Tartrate IN 120 DAYS MIN THPY = 7 DS;7 DS Lortab IN 120 DAYS MIN THPY = 7 DS;7 DS</p> <p>Tier 1 = Generic Drugs Tier 2 = Brand Name Drugs Tier 3 = Other pharmaceuticals Tier 4 = Self-administered Injectable Medications</p> <p>PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)</p> <p>PA = Prior Authorization ST = Step Therapy QL = Quantity Limit Age = Age Edit</p> <p>The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).</p> <p>This Drug Formulary was updated: 09/01/2025</p> <p>buprenorphine hcl injection solution 0.3 mg/ml Tier 4</p>

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmaceuticals | Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA) DS;7 DS Hydromorphone

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit - HCl IN 120 DAYS MIN

THPY = 7 DS; 7 DS

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on Hydromorphone Hcl/potency.

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).
Hydromorphone, HCl/pt IN
120 DAYS MIN THPY = 7
DS:7 DS Legend IN 120

This Drug Formulary was updated: 09/01/2025 DS;7 DS Lazanda IN 120
buprenorphine hcl injection solution 0.3 mg/ml Tier 4 DAYS MIN THPY = 7 DS;7

DS Levorphanol Tartrate
IN 100 PAINS MINI-TAB™

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 4	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 1	
BUTTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR (buprenorphine)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 4	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol And Non-Salicylate Combinations - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol And Nsaid Combinations - Arthritis And Pain Drugs		
SEGMENTIS ORAL TABLET 44-56 MG (tramadol HCl/celecoxib)	Tier 2	
Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital/acetaminophen/caffeine (Esgic Oral Tablet 50-325-40 Mg)</i>	Tier 2	
<i>butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)</i>	Tier 1	
<i>butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)</i>	Tier 1	
Anti-Inflammatory - Complement (C5) Receptor Inhibitors - Arthritis And Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	Tier 2	PA
Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis And Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA

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PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
Dmard - Antimalarials - Arthritis And Pain Drugs		
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	Tier 2	QL (60 EA per 30 days)
Dmard - Antimetabolites - Arthritis And Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 2	PA
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 4	
methotrexate sodium injection solution 25 mg/ml	Tier 4	
methotrexate sodium oral tablet 2.5 mg	Tier 1	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (methotrexate/PF)	Tier 4	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate/PF)	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	

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XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 2	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib. - Arthritis And Pain Drugs		
Dmard - Gold Compounds - Arthritis And Pain Drugs		
auranofin oral capsule 3 mg	Tier 1	
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 2	
Dmard - Immunosuppressives - Arthritis And Pain Drugs		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	Tier 2	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 2	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1	

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cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 2	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 2	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 4	PA
Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab-aazg)	Tier 4	
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab-aazg)	Tier 4	
Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	Tier 2	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (upadacitinib)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (upadacitinib)	Tier 2	PA
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	Tier 2	PA
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)	Tier 2	PA
Dmard - Other - Arthritis And Pain Drugs		
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 2	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 2	
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	

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sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (apremilast)	Tier 2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (apremilast)	Tier 2	PA
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 2	
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)	Tier 2	
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis And Pain Drugs		
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	Tier 2	PA
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations - Arthritis And Pain Drugs		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Tier 1	ST: Requires prior prescription for generic prescription strength Ibuprofen 400, 600, or 800mg within the past 120 days; QL (3 EA per 1 day)
Nsaid Analgesic And Non-Salicylate Analgesic Combination - Arthritis And Pain Drugs		
COMBOGESIC ORAL TABLET 97.5-325 MG (ibuprofen/acetaminophen)	Tier 2	
Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac sodium/misoprostol)	Tier 2	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac sodium/misoprostol)	Tier 2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
Nsaid Analgesic And Proton Pump Inhibitor Combinations - Arthritis And Pain Drugs		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	Tier 1	ST: Requires prior prescription for generic Naproxen within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations - Arthritis And Pain Drugs		
INFLAMMACIN KIT 75 MG- 0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (diclofenac sodium/menthol/camphor)	Tier 2	
NAPROTIN KIT 500 MG- 0.025 % (naproxen/capsicum oleoresin)	Tier 2	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)	Tier 2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives - Arthritis And Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs		
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 4	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 4	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 4	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 4	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 4	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	

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RELAFEN DS ORAL TABLET 1,000 MG (nabumetone)	Tier 2	ST: Requires prior prescription for generic Nabumetone tablets within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac tromethamine)	Tier 2	ST: Requires prior prescription for a generic nonsteroidal anti-inflammatory drug within the past 120 days; QL (5 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
FELDENE ORAL CAPSULE 20 MG (piroxicam)	Tier 2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Meloxicam and Diclofenac tablets within the past 365 days; QL (1 EA per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	

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Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs		
<i>diclofenac potassium oral capsule 25 mg</i>	Tier 1	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (4 EA per 1 day)
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac submicronized oral capsule 35 mg</i>	Tier 1	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (3 EA per 1 day)
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	Tier 1	QL (8 EA per 1 day)
<i>TRESNI RECTAL SUPPOSITORY 100 MG (diclofenac sodium)</i>	Tier 2	
<i>ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (diclofenac submicronized)</i>	Tier 2	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (3 EA per 1 day)
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs		
<i>ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)</i>	Tier 2	
<i>COXANTO ORAL CAPSULE 300 MG (oxaprozin)</i>	Tier 1	
<i>DAYPRO ORAL TABLET 600 MG (oxaprozin)</i>	Tier 2	

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EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 2	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	
FENOPRON ORAL CAPSULE 300 MG (fenoprofen calcium)	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
IBUPAK ORAL KIT 600 MG (ibuprofen/glycerin)	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketoprofen (Kiprofen Oral Capsule 25 Mg)</i>	Tier 1	
flurbiprofen (Lurbipr Oral Tablet 100 Mg)	Tier 1	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Tier 2	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	Tier 1	
<i>oxaprozin oral capsule 300 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	

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Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective) - Arthritis And Pain Drugs		
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>indomethacin rectal suppository 50 mg</i>	Tier 1	
<i>etodolac (Lodine Oral Tablet 400 Mg)</i>	Tier 2	
Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations - Arthritis And Pain Drugs		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
Salicylate Analgesics - Arthritis And Pain Drugs		
<i>ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)</i>	PV	
<i>ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)</i>	PV	

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ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet,chewable 81 mg</i>	PV	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	PV	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	PV	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Tier 2	
DOLOBID ORAL TABLET 250 MG (diflunisal)	Tier 2	
DOLOBID ORAL TABLET 375 MG (diflunisal)	Tier 1	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 2	PA
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	

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Anesthetics - Drugs For Pain And Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs For Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam/ketamine HCl/ondansetron HCl)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs For Sedation		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid 99.97 %</i>	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 2	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
ULTANE INHALATION LIQUID 99.97 % (sevoflurane)	Tier 2	
General Anesthetic - Parenteral, Benzodiazepines - Drugs For Sedation		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam injection solution 5 mg/ml</i>	Tier 4	
General Anesthetic Adjuncts - Opioid - Drugs For Sedation		
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 4	
Local Anesthetic - Amides - Drugs For Sedation		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOMARK 1-5 KIT 10 MG/ML (1 %) (lidocaine HCl/PF/adhesive bandage)	Tier 2	
LIDOMARK 2-5 KIT 20 MG/ML (2 %) (lidocaine HCl/PF/adhesive bandage)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 2	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
hydrocortisone (Anusol-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone acetate)	Tier 1	
hydrocortisone acetate (Proctocort Rectal Suppository 30 Mg)	Tier 2	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

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hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
hydrocortisone acetate/pramoxine HCl (Analpram-Hc Rectal Cream 1-1 %)	Tier 2	
ANALPRAM-HC RECTAL CREAM 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine HCl/skin cleanser no.16)	Tier 2	

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Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Anticholinesterase Agents - Drugs For Overdose Or Poisoning		
pyridostigmine bromide oral tablet extended release 105 mg	Tier 2	
Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 4	
Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 4	
Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
Antidote Others - Drugs For Overdose Or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)	Tier 2	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
Chelating Agents - Copper - Drugs For Overdose Or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA

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CUVRIOR ORAL TABLET 300 MG (trientine tetrahydrochloride)	Tier 2	PA
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
SYPRINE ORAL CAPSULE 250 MG (trientine HCl)	Tier 2	PA
<i>trientine oral capsule 250 mg</i>	Tier 2	PA
<i>trientine oral capsule 500 mg</i>	Tier 2	PA
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 2	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 2	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 2	PA
deferiprone oral tablet 1,000 mg, 500 mg	Tier 2	PA
deferoxamine injection recon soln 2 gram, 500 mg	Tier 4	PA
DESFERAL INJECTION RECON SOLN 500 MG (deferoxamine mesylate)	Tier 4	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)	Tier 2	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG (deferiprone)	Tier 2	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 2	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Tier 2	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 2	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferasirox)	Tier 2	PA

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Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (succimer)	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	Tier 2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (methylnaltrexone bromide)	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs For Overdose Or Poisoning		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (naloxone HCl)	Tier 2	QL (4 EA per 30 days)
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 4	
naloxone nasal spray, non-aerosol 4 mg/actuation	Tier 1	QL (4 EA per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)	Tier 2	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (nalmefene HCl)	Tier 2	QL (4 EA per 30 days)
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)	Tier 2	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (naloxone HCl)	Tier 4	QL (2 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (lenacapavir sodium)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (lenacapavir sodium)	Tier 4	PA
YEZTUGO ORAL TABLET 300 MG (lenacapavir sodium)	Tier 2	PA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (lenacapavir sodium)	Tier 4	PA
Anti-Infective Agents - Drugs For Infections		
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin sulfate liposomal with nebulizer accessories)	Tier 2	
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 2	
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 2	

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Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	ST: Requires prior prescriptions for a different strength of Augmentin within the past 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN ORAL TABLET 500-125 MG (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (amoxicillin/potassium clavulanate)	Tier 2	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites		
albendazole oral tablet 200 mg	Tier 1	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA

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Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg, 6 mg</i>	Tier 1	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	Tier 2	
Anthelmintic Agents Other - Drugs For Parasites		
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole(trimethoprim))	Tier 2	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole(trimethoprim))	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole(trimethoprim))	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (trimethoprim)	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)	Tier 2	PA

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MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohydrate/macrocrysrtals)	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 2	
Antifungal - Allylamines - Drugs For Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-Type Agents - Drugs For Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	Tier 2	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	Tier 2	PA

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Antifungal - Imidazoles - Drugs For Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (miconazole)	Tier 2	
Antifungal - Tetrazoles - Drugs For Fungus		
VIVJOA ORAL CAPSULE 150 MG (oteseconazole)	Tier 2	PA
Antifungal - Triazoles - Drugs For Fungus		
CRESEMBIA ORAL CAPSULE 186 MG, 74.5 MG (isavuconazonium sulfate)	Tier 2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)	Tier 2	
DIFLUCAN ORAL TABLET 100 MG (fluconazole)	Tier 2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (posaconazole)	Tier 2	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 2	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 2	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet,delayed release (dr/ec) 100 mg</i>	Tier 1	PA
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 2	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Tier 2	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (itraconazole)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 2	
VFEND ORAL TABLET 50 MG (voriconazole)	Tier 2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal Other - Drugs For Fungus		
griseofulvin ultramicrosize (Fulvicin P/G Oral Tablet 165 Mg)	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b,recomb.)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	Tier 2	PA
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs For Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (artemether/lumefantrine)	Tier 2	
MALARONE ORAL TABLET 250-100 MG (atovaquone/proguanil HCl)	Tier 2	

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MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone/proguanil HCl)	Tier 2	
Antimalarials - Drugs For Parasites		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 2	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 2	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Tier 2	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	Tier 2	QL (60 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs For Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs For Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
<i>IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)</i>	Tier 2	PA
<i>MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)</i>	Tier 2	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites		
<i>ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)</i>	Tier 2	QL (50 ML per 1 day)
<i>ALINIA ORAL TABLET 500 MG (nitazoxanide)</i>	Tier 2	QL (2 EA per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
<i>FLAGYL ORAL CAPSULE 375 MG (metronidazole)</i>	Tier 2	
<i>LIKMEZ ORAL SUSPENSION 500 MG/5 ML (metronidazole)</i>	Tier 2	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 125 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	

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Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (secnidazole)	Tier 2	ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	Tier 2	
SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)	Tier 2	
Antiretroviral - Cd4 Attachment Inhibitors - Drugs For Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (fostemsavir tromethamine)	Tier 2	PA
Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 4	

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Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors - Drugs For Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	Tier 4	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	Tier 2	
ISENTRESS ORAL POWDER IN PACKET 100 MG (raltegravir potassium)	Tier 2	
ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	Tier 2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (raltegravir potassium)	Tier 2	
TIVICAY ORAL TABLET 50 MG (dolutegravir sodium)	Tier 2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (dolutegravir sodium)	Tier 2	
Antiretroviral - Integrase Inhibitor And Nnrti Combinations - Drugs For Viral Infections		
JULUCA ORAL TABLET 50-25 MG (dolutegravir sodium/rilpivirine HCl)	Tier 2	
Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections		
DOVATO ORAL TABLET 50-300 MG (dolutegravir sodium/lamivudine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti) - Drugs For Viral Infections		
EDURANT ORAL TABLET 25 MG (rilpivirine HCl)	Tier 2	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (rilpivirine HCl)	Tier 2	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 1	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (etravirine)	Tier 2	
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	
<i>nevirapine oral tablet 200 mg</i>	Tier 1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	Tier 1	
PIFELTRO ORAL TABLET 100 MG (doravirine)	Tier 2	
Antiretroviral - Nucleoside And Nucleotide Analog Rts Combinations - Drugs For Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (lamivudine/tenofovir disoproxil fumarate)	Tier 2	
DESCOVY ORAL TABLET 120-15 MG (emtricitabine/tenofovir alafenamide fumarate)	Tier 2	
DESCOVY ORAL TABLET 200-25 MG (emtricitabine/tenofovir alafenamide fumarate)	Tier 2	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	

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<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine/tenofovir disoproxil fumarate)	Tier 2	
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti) - Drugs For Viral Infections		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	
<i>abacavir oral tablet 300 mg</i>	Tier 1	
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 2	
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Tier 2	
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	Tier 2	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	Tier 2	
RETROVIR ORAL SYRUP 10 MG/ML (zidovudine)	Tier 2	
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 1	
ZIAGEN ORAL SOLUTION 20 MG/ML (abacavir sulfate)	Tier 2	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	

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<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)	Tier 2	
Antiretroviral Combinations - Protease Inhibitors - Drugs For Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir/ritonavir)	Tier 2	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir/ritonavir)	Tier 2	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 1	
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	
Antiretroviral- Nucleoside And Nucleotide Analogs,Protease Inhibitors - Drugs For Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Integrase Inhibitor,Nucleoside And Nucleotide Rtis Comb - Drugs For Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir sodium/emtricitabine/tenofovir alafenamide fumar)	Tier 2	
GENVOYA ORAL TABLET 150-150-200-10 MG (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 2	
STRIBILD ORAL TABLET 150-150-200-300 MG (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil)	Tier 2	
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations - Drugs For Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir sulfate/dolutegravir sodium/lamivudine)	Tier 2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (abacavir sulfate/dolutegravir sodium/lamivudine)	Tier 2	
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb - Drugs For Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections		
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz/emtricitabine/tenofovir disoproxil fumarate)	Tier 2	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine/rilpivirine HCl/tenofovir disoproxil fumarate)	Tier 2	

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DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg	Tier 1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate)	Tier 2	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
SYMFI ORAL TABLET 600-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)	Tier 2	
Antitubercular - D-Alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)	Tier 2	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	

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Antitubercular - Nitroimidazole Derivatives - Antibiotics		
<i>pretomanid oral tablet 200 mg</i>	Tier 2	QL (1 EA per 1 day)
Antitubercular - Rifamycin And Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECATOR ORAL TABLET 250 MG (ethionamide)	Tier 2	
Cephalosporin Antibiotics - 1St Generation - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 2Nd Generation - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	

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<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3Rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SPECTRAZEF ORAL TABLET 400 MG (cefditoren pivoxil)	Tier 2	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML, 500 MG/5 ML (cefixime)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (cefixime)	Tier 2	
Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections		
VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir HCl)	Tier 2	
VALCYTE ORAL TABLET 450 MG (valganciclovir HCl)	Tier 2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
Cmv Antiviral Agent - Protein Kinase Inhibitors - Drugs For Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (maribavir)	Tier 2	PA

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Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (letermovir)	Tier 2	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 2	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delaflloxacin meglumine)	Tier 2	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin HCl)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin HCl)	Tier 2	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin HCl)	Tier 2	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG (vancomycin HCl)	Tier 2	QL (56 EA per 1 FILL)
VANCOCIN ORAL CAPSULE 250 MG (vancomycin HCl)	Tier 2	QL (112 EA per 1 FILL)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)

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<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	Tier 2	QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	Tier 2	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir dipivoxil)	Tier 2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
VEMLIDY ORAL TABLET 25 MG (tenofovir alafenamide)	Tier 2	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)	Tier 2	
Hepatitis C - Interferons - Drugs For Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	Tier 2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (peginterferon alfa-2a)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (glecaprevir/pibrentasvir)	Tier 2	PA
MAVYRET ORAL TABLET 100-40 MG (glecaprevir/pibrentasvir)	Tier 2	PA
ZEPATIER ORAL TABLET 50-100 MG (elbasvir/grazoprevir)	Tier 2	PA
Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir/velpatasvir/voxilaprevir)	Tier 2	PA
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections		
EPCLUSIA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (sofosbuvir/velpatasvir)	Tier 2	PA
EPCLUSIA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir/velpatasvir)	Tier 2	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (ledipasvir/sofosbuvir)	Tier 2	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir/sofosbuvir)	Tier 2	PA
Hepatitis C - Nucleos(T)ide Analog Ns5b Polymerase Inhibitors - Drugs For Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (sofosbuvir)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	Tier 2	PA
Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections		
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb - Drugs For Viral Infections		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG (ombitasvir/paritaprevir/ritonavir/dasabuvir sodium)	Tier 2	
Herpes Antiviral Agent - Purine Analogs - Drugs For Viral Infections		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	
VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir HCl)	Tier 2	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Tier 2	
Herpes Antiviral Agent - Thymidine Analogs - Drugs For Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs For Viral Infections		
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	QL (360 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (zanamivir)	Tier 2	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir phosphate)	Tier 2	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (oseltamivir phosphate)	Tier 2	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir phosphate)	Tier 2	QL (360 ML per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs For Viral Infections		
XOFLUZA ORAL TABLET 40 MG (baloxavir marboxil)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (baloxavir marboxil)	Tier 2	QL (2 EA per 180 days)
Influenza-A Antiviral Agents - Drugs For Viral Infections		
FLUMADINE ORAL TABLET 100 MG (rimantadine HCl) <i>rimantadine oral tablet 100 mg</i>	Tier 2 Tier 1	
Lincosamide Antibiotics - Antibiotics		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin HCl)	Tier 2	
clindamycin palmitate HCl (Cleocin Pediatric Oral Recon Soln 75 Mg/5 MI)	Tier 2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
clindamycin palmitate HCl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	

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clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fidaxomicin)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 2	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	Tier 2	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 333 Mg)	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	Tier 2	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	Tier 2	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	Tier 2	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	Tier 2	
Misc Anti-Infective - Drugs For Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine isethionate)	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 2	
Misc Anti-Infective Combinations - Drugs For Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscynamine)	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscynamine)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscynamin)	Tier 2	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscynamine)	Tier 2	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscynamine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URNEVA ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URYL ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 2	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	Tier 2	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)	Tier 2	
ZYVOX ORAL TABLET 600 MG (linezolid)	Tier 2	
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	Tier 2	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	Tier 2	
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 1	
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	Tier 2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (darunavir)	Tier 2	
Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	
NORVIR ORAL CAPSULE 100 MG (ritonavir)	Tier 2	
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 2	
NORVIR ORAL TABLET 100 MG (ritonavir)	Tier 2	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (atazanavir sulfate)	Tier 2	
REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)	Tier 2	
<i>ritonavir oral tablet 100 mg</i>	Tier 1	
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Quaternary Protoberberine Alkaloids - Antibiotics		
<i>berberine chloride oral capsule 500 mg</i>	Tier 1	
BERBERINE ES-5 ORAL CAPSULE 200 MG (dihydroberberine)	Tier 2	
Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)	Tier 2	
Rifamycins And Related Derivative Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (rifaximin)	Tier 2	PA
Sars-Cov-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs For Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 150 MG (6)- 100 MG (5) (nirmatrelvir/ritonavir)	PV	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (nirmatrelvir/ritonavir)	PV	QL (30 EA per 28 days); Age (Min 12 Years)
Sars-Cov-2 Antiviral Agent - Rna Polymerase Inhibitors - Drugs For Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (molnupiravir)	PV	QL (40 EA per 29 days); Age (Min 18 Years)
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	PV	MEDICAL BENEFIT; QL (11 EA per 10 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline And Tetracycline Antibiotic Combinations - Antibiotics		
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
Tetracycline Antibiotics - Antibiotics		
doxycycline monohydrate (Avidoxy Oral Tablet 100 Mg)	Tier 2	QL (2 EA per 1 day)
<i>demeclercycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG (doxycycline hyclate)	Tier 2	ST: Requires prior prescription for Doxycycline Hyclate/Monohydrate 50mg/100mg IR tablets/capsules within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (doxycycline hyclate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate/Monohydrate 100mg capsule or tablets within the past 120 days; QL (2 EA per 1 day)

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<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate/Monohydrate 100mg capsule or tablets within the past 120 days; QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules/tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg, 80 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

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<i>doxycycline monohydrate oral capsule,ir - delay rel,biphasic 40 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
<i>EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (minocycline HCl)</i>	Tier 2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i>	Tier 1	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>doxycycline monohydrate (Modoxyne NI Oral Capsule 100 Mg)</i>	Tier 1	
<i>doxycycline monohydrate (Modoxyne NI Oral Capsule 75 Mg)</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MORGIDOX 1X 50 KIT 50 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
doxycycline hyclate (Morgidox Oral Capsule 50 Mg)	Tier 2	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 2	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)	Tier 2	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)	Tier 2	ST: Requires prior prescription for generic Doxycycline or Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	Tier 2	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Tier 1	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl)	Tier 2	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Variola (Smallpox) Virus Antiviral Agents - Drugs For Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (brincidofovir)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (tecovirimat)	Tier 2	
Antineoplastics		
Antineoplastic - Akt (Protein Kinase B (Pkb)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)	Tier 2	PA
Antineoplastic - Gamma-Secretase Inhibitor (Gsi)		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (nirogacestat hydrobromide)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Janus Kinase (Jak), Acvr1/Alk2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)	Tier 2	PA
Antineoplastic - Menin Inhibitors		
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (revumenib citrate)	Tier 2	PA
Antineoplastic - Ornithine Decarboxylase (Odc) Inhibitors		
IWILFIN ORAL TABLET 192 MG (eflornithine HCl)	Tier 2	PA
Antineoplastic - Parp Inhibitor And Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib tosylate/abiraterone acetate)	Tier 2	PA
Antineoplastic - Systemic Enzyme Inhibitors Combinations		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (avutometinib potassium/defactinib hydrochloride)	Tier 2	PA
Antineoplastic-Isocitrate Dehydrogenase-1 And -2 (Idh1 And Idh2) Inhib		
VORANIGO ORAL TABLET 10 MG, 40 MG (vorasidenib citrate)	Tier 2	PA
Antineoplastics - Drugs For Cancer		
Antineoplastic-Epiderm.Growth Factor-Egfr (Erbb1),Her-2 (Erbb2)R.Inhib - Drugs For Cancer		
lapatinib oral tablet 250 mg	Tier 1	PA
TYKERB ORAL TABLET 250 MG (lapatinib ditosylate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 2	PA
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)	Tier 2	PA
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA
gefitinib oral tablet 250 mg	Tier 2	PA
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 2	PA
TARCEVA ORAL TABLET 100 MG (erlotinib HCl)	Tier 2	PA
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	Tier 2	PA
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	Tier 2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	Tier 2	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
LAZCLUZE ORAL TABLET 240 MG, 80 MG (lazertinib mesylate)	Tier 2	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer		
MYLERAN ORAL TABLET 2 MG (busulfan)	Tier 2	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer		
MATULANE ORAL CAPSULE 50 MG (procarbazine HCl)	Tier 2	
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
ALKERAN ORAL TABLET 2 MG (melphalan)	Tier 2	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 2	
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 2	
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 2	
Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 2	
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs For Cancer		
ALECensa ORAL CAPSULE 150 MG (alectinib HCl)	Tier 2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 2	PA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (ensartinib hydrochloride)	Tier 2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	Tier 2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 2	PA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (crizotinib)	Tier 2	PA
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 2	PA
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	
Antineoplastic - Antiandrogens - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 2	PA
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 2	PA
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
CASODEX ORAL TABLET 50 MG (bicalutamide)	Tier 2	
ERLEADA ORAL TABLET 240 MG, 60 MG (apalutamide)	Tier 2	PA
NILANDRON ORAL TABLET 150 MG (nilutamide)	Tier 2	
<i>nilutamide oral tablet 150 mg</i>	Tier 1	
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 2	PA
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 2	PA
XTANDI ORAL TABLET 40 MG, 80 MG (enzalutamide)	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 2	PA
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 4	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 2	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer		
<i>mercaptopurine oral suspension 20 mg/ml</i>	Tier 2	ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 2	ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	Tier 2	PA
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Tier 2	PA
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Tier 2	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCl)	Tier 2	PA
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
<i>anastrozole oral tablet 1 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	PV	
AROMASIN ORAL TABLET 25 MG (exemestane)	PV	
<i>exemestane oral tablet 25 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
FEMARA ORAL TABLET 2.5 MG (letrozole)	Tier 2	
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs For Cancer		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (asparaginase Erwinia chrysanthemi (recombinant)-rywn)	Tier 4	
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 2	PA

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VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 2	PA
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	Tier 2	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (tovorafenib)	Tier 2	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (tovorafenib)	Tier 2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	Tier 2	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (dabrafenib mesylate)	Tier 2	PA
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 2	PA
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 2	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 2	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 2	PA
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (ribociclib succinate)	Tier 2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 2	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	Tier 2	PA
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
Antineoplastic - Exportin-1 (Xpo1) Inhibitors - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 2	PA
Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)	Tier 2	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 2	PA

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LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (futibatinib)	Tier 2	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	Tier 2	PA
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)	Tier 2	PA
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	Tier 2	PA
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	Tier 2	PA
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 2	PA
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	Tier 2	PA
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 2	
Antineoplastic - Hypoxia Inducible Factor (Hif) Inhibitors - Drugs For Cancer		
WELIREG ORAL TABLET 40 MG (belzutifan)	Tier 2	PA
Antineoplastic - Interferons - Drugs For Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (ropeninterferon alfa-2b-njft)	Tier 4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 2	PA

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Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (federatinib dihydrochloride)	Tier 2	PA
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	Tier 2	PA
Antineoplastic - Kirsten Rat Sarcoma (Kras) Protein Inhibitor - Drugs For Cancer		
KRAZATI ORAL TABLET 200 MG (adagrasib)	Tier 2	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (sotorasib)	Tier 2	PA
Antineoplastic - Lhrh (GnRH) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide acetate)	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide acetate)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
Antineoplastic - Lhrh (GnRH) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)	Tier 4	QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG (relugolix)	Tier 2	PA

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Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (cromolyn sodium)	Tier 2	
Antineoplastic - Mek Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	Tier 2	PA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (mirdametinib)	Tier 2	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (mirdametinib)	Tier 2	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate)	Tier 2	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML (trametinib dimethyl sulfoxide)	Tier 2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	Tier 2	PA
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 2	PA
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus)	Tier 2	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus)	Tier 2	PA
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 1	PA
everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 1	PA

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Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 2	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (cabozantinib s-malate)	Tier 2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (ponatinib HCl)	Tier 2	PA
NEXAVAR ORAL TABLET 200 MG (sorafenib tosylate)	Tier 2	PA
<i>sorafenib oral tablet 200 mg</i>	Tier 2	PA
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 2	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors - Drugs For Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)	Tier 2	PA
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 2	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 2	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA
Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (inavolisib)	Tier 2	PA

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PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib)	Tier 2	PA
Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 2	PA
Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	Tier 2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	Tier 2	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (talazoparib tosylate)	Tier 2	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)	Tier 2	PA
Antineoplastic - Progestins - Drugs For Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	Tier 2	PA
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (repotrectinib)	Tier 2	PA

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AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	Tier 2	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG (bosutinib)	Tier 2	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)	Tier 2	PA
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 2	PA
DANZITEN ORAL TABLET 71 MG, 95 MG (nilotinib tartrate)	Tier 2	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 2	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib HCl)	Tier 2	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (fruquintinib)	Tier 2	PA
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib mesylate)	Tier 2	PA
IBTROZI ORAL CAPSULE 200 MG (taletrectinib adipate)	Tier 2	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 2	PA
IMKELDI ORAL SOLUTION 80 MG/ML (imatinib mesylate)	Tier 2	PA
INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)	Tier 2	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (lenvatinib mesylate)	Tier 2	PA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA
<i>pazopanib oral tablet 200 mg</i>	Tier 2	PA
QINLOCK ORAL TABLET 50 MG (ripretinib)	Tier 2	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (vismelitinib)	Tier 2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 2	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (entrectinib)	Tier 2	PA
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 2	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (asciminib hydrochloride)	Tier 2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 2	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 2	PA
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)	Tier 2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCl)	Tier 2	PA
TEPMETKO ORAL TABLET 225 MG (tepotinib HCl)	Tier 2	PA

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TURALIO ORAL CAPSULE 125 MG (pexidartinib hydrochloride)	Tier 2	PA
VOTRIENT ORAL TABLET 200 MG (pazopanib HCl)	Tier 2	PA
Antineoplastic - Retinoids - Drugs For Cancer		
<i>tretinooin (antineoplastic) oral capsule 10 mg</i>	Tier 1	
Antineoplastic - Selective Estrogen Receptor Degraders (Serds) - Drugs For Cancer		
ORSERDU ORAL TABLET 345 MG, 86 MG (elacestrant HCl)	Tier 2	PA
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
FARESTON ORAL TABLET 60 MG (toremifene citrate)	Tier 2	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (tamoxifen citrate)	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>toremifene oral tablet 60 mg</i>	Tier 1	
Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine) - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 2	PA
Antineoplastic - Selective Ret Kinase Inhibitor - Drugs For Cancer		
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	Tier 2	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (selpercatinib)	Tier 2	PA

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Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
bexarotene oral capsule 75 mg	Tier 1	PA
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 2	PA
Antineoplastic - Thalidomide Analogs - Drugs For Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 2	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	Tier 2	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan HCl)	Tier 2	
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	Tier 2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	Tier 2	PA
Antineoplastic Antibiotic - Others - Drugs For Cancer		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (mitomycin)	Tier 2	PA

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Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb - Drugs For Cancer		
INQOVI ORAL TABLET 35-100 MG (decitabine/cedazuridine)	Tier 2	PA
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)	Tier 2	QL (24 EA per 14 days)
Methotrexate Rescue Agents - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
<i>mesna oral tablet 400 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG (mesna)	Tier 2	
Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	

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DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water)	Tier 2	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR IRRIGATION IRRIGATION SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR TOPICAL SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)	Tier 2	
IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)	Tier 2	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
Antiseptic - Others - Antiseptics And Disinfectants		
glutaraldehyde solution 25 %	Tier 1	

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Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
hydrogen peroxide (bulk) solution 30 %	Tier 2	
Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants		
phenol liquid	Tier 2	
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (Rsv)		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (respiratory syncytial virus vaccine, preF A and B/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (respiratory syncytial virus vacc. antigen/AS01E adjuvant/PF)	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (respiratory syncytial virus vaccine, preF protein, mRNA/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (allergenic extract,grass pollen-timothy,standard)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (grass pollen-orchard/sweet vernal/rye/Kentucky/timothy, std.)	Tier 2	PA

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Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (allergenic extract, mite-D.farinae-D.pteronyssinus,standard)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (allergenic extract-weed pollen-short ragweed)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (centruroides (scorpion) polyvalent antivenom)	Tier 4	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (nirsevimab-alip)	Tier 4	
Chemicals, Foods, Irritant/Allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (chemical allergens)	Tier 2	
Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (hepatitis A virus and hepatitis B virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B vaccine recombinant/vaccine adjuvant CpG 1018/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - Gamma Globulin (Igg), Human - Biological Agents		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (immune globulin,gamma(IgG)-hipp human/maltose)	Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma(IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma(IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 4	PA

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HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (immune globulin,gamma(IgG) human/hyaluronidase, human recomb)	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)-klhw human)	Tier 4	PA
Live Vaccine And Live Virus Formulations - Vaccines		
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))	Tier 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 2	

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VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (typhoid vacc,live,attenuated)	Tier 2	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA

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PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	PA
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (typhoid vacc,live,attenuated)	Tier 2	
Vaccine Bacterial - Gram Negative Cocc - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (meningococcal vaccine A,C,Y and W-135,conj tetanus toxoid/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (meningococ A,C,Y,W-135,TT comp/N. mening B,fHBP rec comp/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Positive Cocc - Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 21-valent conjugate vaccine (Diphtheria crm)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 20-valent conjugate vaccine (Diphtheria CRM)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 15-valent conjugate vaccine (Diphtheria CRM)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (meningococcal group B vaccine, 4-component)	Tier 2	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (Neisseria meningitidis group B, lipiodated fHBP recombinant)	Tier 2	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	
Vaccine Viral - Covid-19 (Sars-Cov-2) - Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (COVID vaccine 2024-2025 (12 yrs up) (Pfizer)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (COVID vaccine 2024-2025 (6 months-11 years)(Moderna)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (COVID vaccine 2024-2025 (12 yrs up)/adjuvant-Matrix/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (COVID vacc 2024-2025 (5-11 years) (Pfizer)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (COVID vacc 2024-2025 (6 months-4 years old) (Pfizer)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (COVID vaccine 2024-2025 (12 yrs up) (Moderna)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Influenza A And B - Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trival split 2025-26 (36 mos up)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trivalent 2025-26 (6 mos and older))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza vaccine tvs 2025-26 (65 yr up)/adjuvant MF59C.1/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (influenza virus vaccine tv 2025-26(9 yrs and older)rcmb/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (flu vaccine tri 2025-2026(6 month and older)cell derived/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (flu vaccine triv 2025-2026(6 month and older)cell derived)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULALVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trivalent 2025-26 (6 mos and older))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (influenza virus vaccine trival split 2025-2026(65 yr up)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Vaccine Viral - Mumps And Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (poliomyelitis vaccine, killed)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))	Tier 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 2	
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (varicella-zoster virus glycoprotein E,rec/AS01B adjuvant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Cardiovascular Therapy Agents		
Antihyperlipidemic - Apolipoprotein C-III Synthesis Inhibitors		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (olezarsen sodium)	Tier 4	PA
Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG (aprocitentan)	Tier 2	PA
VANRAFIA ORAL TABLET 0.75 MG (atrasentan hydrochloride)	Tier 2	PA
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor XII Inhibitors		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (garadacimab-gxii)	Tier 4	PA
Pah-Endothelin Receptor Antagonist-Selective Cgmp Pde5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (macitentan/tadalafil)	Tier 2	PA
Pulmonary Antihypertensive Agent - Activin Receptor Iia-Fc (Actriia)		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (sotatercept-csrk)	Tier 4	
Cardiovascular Therapy Agents - Drugs For The Heart		
Ace Inhibitor And Calcium Channel Blocker Combinations - Drugs For High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine besylate/benazepril HCl (Lotrel Oral Capsule 10-20 Mg, 5-10 Mg)	Tier 2	
LOTREL ORAL CAPSULE 10-40 MG, 5-20 MG (amlodipine besylate/benazepril HCl)	Tier 2	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arginine/amlodipine besylate)	Tier 2	ST: Requires prior prescriptions for Amlodipine and an ACE Inhibitor within the past 365 days; QL (1 EA per 1 day)
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril HCl/hydrochlorothiazide)	Tier 2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril HCl/hydrochlorothiazide)	Tier 2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
VASERETIC ORAL TABLET 10-25 MG (enalapril maleate/hydrochlorothiazide)	Tier 2	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril/hydrochlorothiazide)	Tier 2	
Ace Inhibitors - Drugs For High Blood Pressure		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril HCl)	Tier 2	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Tier 2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Tier 2	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril HCl)	Tier 2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	Tier 2	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Tier 2	
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Tier 2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (finerenone)	Tier 2	PA
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	ST: Requires prior prescriptions for Spironolactone tablets within the past 120 days; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs For High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Tier 2	QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>labetalol oral tablet 400 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs For High Blood Pressure		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine besylate/olmesartan medoxomil)	Tier 2	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate/valsartan)	Tier 2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		
<i>amlodipine-valsartan-hcthyiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine besylate/valsartan/hydrochlorothiazide)	Tier 2	
<i>olmesartan-amlodipine-hcthyiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide)	Tier 2	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs For High Blood Pressure		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan cilexetil/hydrochlorothiazide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan/hydrochlorothiazide)	Tier 2	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan medoxomil/hydrochlorothiazide)	Tier 2	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan/hydrochlorothiazide)	Tier 2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan medoxomil/chlorthalidone)	Tier 2	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium/hydrochlorothiazide)	Tier 2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan/hydrochlorothiazide)	Tier 2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	

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Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNI) - Drugs For High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril/valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril/valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (sacubitril/valsartan)	Tier 2	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	Tier 1	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs For High Blood Pressure		
ARBLI ORAL SUSPENSION 10 MG/ML (losartan potassium)	Tier 2	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan cilexetil)	Tier 2	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	Tier 2	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan medoxomil)	Tier 2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan potassium)	Tier 2	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Tier 2	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	Tier 2	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days

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<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	Tier 2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral solution 4 mg/ml</i>	Tier 1	ST: Requires prior prescription for Valsartan tablets within the past 120 days
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (nitroglycerin)	Tier 2	ST: Requires prior prescriptions for two generic sublingual Nitroglycerin products within the past 365 days
ISORDIL ORAL TABLET 40 MG (isosorbide dinitrate)	Tier 2	
ISORDIL TITRADOSE ORAL TABLET 5 MG (isosorbide dinitrate)	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)</i>	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	Tier 2	

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<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	Tier 1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 2	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	Tier 2	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	
Antianginal And Anti-Ischemic Agents - Drugs For Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	Tier 2	PA
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina		
ASPRUZY SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG (ranolazine)	Tier 2	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (disopyramide phosphate)	Tier 2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	

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<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ii - Drugs For Abnormal Heart Rhythms		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol HCl)	Tier 2	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol HCl)	Tier 2	
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
Antiarrhythmic - Class III - Drugs For Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (dronedarone HCl)	Tier 2	
amiodarone HCl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	

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TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	Tier 2	
Antiarrhythmic - Class Iv - Drugs For Abnormal Heart Rhythms		
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs For Cholesterol		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (olezarsen sodium)	Tier 4	PA
Antihyperlipidemic - Atp-Citrate Lyase (Acly) Inhibitor - Drugs For Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
COLESTID ORAL GRANULES 5 GRAM (colestipol HCl)	Tier 2	
COLESTID ORAL TABLET 1 GRAM (colestipol HCl)	Tier 2	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	

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cholestyramine (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
cholestyramine (Questran Light Oral Powder 4 Gram)	Tier 2	
cholestyramine (with sugar) (Questran Oral Powder 4 Gram)	Tier 2	
cholestyramine (with sugar) (Questran Oral Powder In Packet 4 Gram)	Tier 2	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (colesevelam HCl)	Tier 2	
WELCHOL ORAL TABLET 625 MG (colesevelam HCl)	Tier 2	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs For Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (fenofibrate)	Tier 2	ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	Tier 2	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	Tier 2	ST: Requires prior prescription for generic Fenofibrate or Gemfibrozil within the past 120 days

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LOPID ORAL TABLET 600 MG (gemfibrozil)	Tier 2	
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)	Tier 2	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (lovastatin)	Tier 2	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (atorvastatin calcium)	Tier 2	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	Tier 2	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	Tier 2	ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day)
FOLOLID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (simvastatin)	Tier 2	PA

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<i>fluvastatin oral capsule 20 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin calcium)	Tier 2	QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Tier 2	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 2	QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium)	Tier 2	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacin (Niacor Oral Tablet 500 Mg)</i>	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
<i>icosapent ethyl oral capsule 0.5 gram</i>	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	Tier 1	QL (4 EA per 1 day)
<i>omega-3 acid ethyl esters (Lovaza Oral Capsule 1 Gram)</i>	Tier 2	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
<i>VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)</i>	Tier 2	QL (8 EA per 1 day)
<i>VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)</i>	Tier 2	QL (4 EA per 1 day)

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Antihyperlipidemic - Pcsk9 Inhibitor, Monoclonal Antibody (Mab) - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 4	ST: Requires prior prescription for Repatha within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic - Pcsk9 Inhibitors - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 4	ST: Requires prior prescription for Repatha within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
ZETIA ORAL TABLET 10 MG (ezetimibe)	Tier 2	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
<i>choline bitartrate oral tablet 500 mg</i>	Tier 1	
<i>lecithin, soy oral capsule 1,200 mg</i>	Tier 1	
PHOSPHALINE ORAL CAPSULE 900 MG (phosphatidylcholine)	Tier 2	
PHOSPHALINE ORAL LIQUID 3 GRAM/5 ML (phosphatidylcholine)	Tier 2	
Antihyperlipidemic Agents - Dietary Source Combinations - Drugs For Cholesterol		
COQMAX OMEGA ORAL CAPSULE 174-50-115-250 MG, 348-500-100 MG (omega-3 fatty acids/dha/epa/fish oil/coenzyme Q-10)	Tier 2	
FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 1,200 (144-216) MG, 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 300-500 MG, 360-1,200 MG (omega-3 fatty acids/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
<i>inositol-choline bitartrate oral capsule 250-250 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
krill-om-3-dha-epa-phospho-ast oral capsule 350-90-24-50 mg, 500-115-30-64 mg	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (methionine/inositol/choline/folic acid)	Tier 2	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG (omega-3 fatty acids/dha/epa/fish oil/krill oil)	Tier 2	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1,000-230-60 MG, 350-90-24-50 MG, 500-115-30-64 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 2	
omega 3-dha-epa-fish oil oral capsule 1,000 (120-180) mg, 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg	Tier 1	
omega 3-dha-epa-fish oil oral capsule 100-400-1,000 mg, 415-670 mg	Tier 1	
omega 3-dha-epa-fish oil oral capsule 300 mg (120 mg-180mg)-1,000 mg	Tier 2	
omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 450 mg (128 mg- 322 mg)-650 mg	Tier 1	
OMEGA MONOPURE DHA EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 790 MG-675 MG-118 MG-1,300 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGA MONOPURE EPA EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 910-1,300 MG (omega-3 fatty acids/eicosapentaenoic acid (epa)/fish oil)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMEGA MONOPURE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 430-130-650 MG, 860-260-1,300 MG (omega-3 fatty acids/dha/epa/dpa/fish oil)	Tier 2	
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i>	Tier 1	
<i>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</i>	Tier 1	
OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 1	
<i>omega-3s-dha-epa-fish oil oral capsule 360-600 mg</i>	Tier 1	
OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE PRM ORAL CAPSULE 590-195-245-800 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-600 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 650 MG-240 MG- 360 MG-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-780 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 910 MG-330 MG- 450 MG-1,400 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-900 EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 967 MG-385 MG- 515 MG-1,290 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OVEGA-3 ORAL CAPSULE 250-140-47.5 MG (omega-3 fatty acids/dha/epa/Schizochytrium algal oil)	Tier 2	
OVEGA-3 ORAL CAPSULE 500-270-135 MG (omega-3 fatty acids/docosahexaenoic acid/epa)	Tier 2	
SUPERIOR OMEGA3 WITH VIT D ORAL CAPSULE 1,250 MG-1,375 MG-25 MCG (omega-3/dha/epa/other omega-3s/fish oil/vitamin D3)	Tier 2	

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TRIPLE OMEGA 3-6-9 ORAL CAPSULE 400-400-400 MG (fish oil/borage oil/flaxseed oil/omega 3,6,9 combination no1)	Tier 1	
Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib - Drugs For Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid/ezetimibe)	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine besylate/atorvastatin calcium)	Tier 2	QL (1 EA per 1 day)
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit - Drugs For Cholesterol		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	Tier 1	ST: Requires prior prescriptions for Atorvastatin and Rosuvastatin tablets within the past 365 days; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe/rosuvastatin calcium)	Tier 2	ST: Requires prior prescriptions for Atorvastatin and Rosuvastatin tablets within the past 365 days; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG (ezetimibe/simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-20 ORAL TABLET 10-20 MG (ezetimibe/simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-40 ORAL TABLET 10-40 MG (ezetimibe/simvastatin)	Tier 2	QL (1 EA per 1 day)
VYTORIN 10-80 ORAL TABLET 10-80 MG (ezetimibe/simvastatin)	Tier 2	PA; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (Mtp)Inhib - Drugs For Cholesterol		
JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	Tier 2	PA
Beta Blockers Cardiac Selective - Drugs For High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
bisoprolol fumarate oral tablet 2.5 mg	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol HCl)	Tier 2	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPRESSOR ORAL SOLUTION 10 MG/ML (metoprolol tartrate)	Tier 2	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	Tier 2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	Tier 2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 2	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol HCl)	Tier 2	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol HCl)	Tier 2	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG (propranolol HCl)	Tier 2	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)	Tier 2	ST: Requires prior prescription for Inderal LA within the past 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)	Tier 2	ST: Requires prior prescription for Inderal LA within the past 120 days
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs For The Heart		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant acetate)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 4	PA
Calcium Channel Blocker - Nsaid, Cox-2 Selective Inhibitor Combination - Drugs For High Blood Pressure		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (amlodipine besylate/celecoxib)	Tier 2	
Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure		
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem HCl)	Tier 2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem HCl)	Tier 2	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem HCl)	Tier 2	
diltiazem HCl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	

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DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem HCl)	Tier 1	
diltiazem HCl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem HCl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem HCl)	Tier 2	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs For High Blood Pressure		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 2	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML (nimodipine)	Tier 2	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 2	PA
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine maleate)	Tier 2	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	Tier 2	PA
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	Tier 2	ST: Requires prior prescription for Amlodipine tablets within the past 120 days
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine besylate)	Tier 2	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)	Tier 2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	Tier 2	
Calcium Channel Blockers - Phenylalkylamines - Drugs For High Blood Pressure		
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Myosin Inhibitor - Drugs For The Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	Tier 2	PA
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol/chlorthalidone)	Tier 2	
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol/chlorthalidone)	Tier 2	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 4	QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 4	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 2	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs For High Blood Pressure		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)	Tier 2	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)	Tier 2	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)	Tier 2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs For The Heart		
digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Acting Vasodilators - Drugs For High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective - Drugs For High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 2	
spironolactone oral suspension 25 mg/5 ml	Tier 1	ST: Requires prior prescriptions for Spironolactone tablets within the past 120 days; QL (600 ML per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs For High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Tier 2	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 2	PA
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs For High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
EDECRIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 2	PA
ethacrynic acid oral tablet 25 mg	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (furosemide)	Tier 4	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Tier 2	
SOAANZ ORAL TABLET 40 MG (torsemide)	Tier 2	PA
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Osmotic - Drugs For High Blood Pressure		
UREAPRO ORAL POWDER 15 GRAM/SCOOP (urea)	Tier 2	
Diuretic - Potassium Sparing - Drugs For High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
DYRENium ORAL CAPSULE 100 MG, 50 MG (triamterene)	Tier 2	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs For High Blood Pressure		
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 2	QL (30 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 2	QL (60 EA per 365 days)
<i>tolvaptan oral tablet 15 mg</i>	Tier 2	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 2	QL (60 EA per 365 days)
Diuretic - Thiazides And Related - Drugs For High Blood Pressure		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (chlorothiazide)	Tier 2	
HEMICLOR ORAL TABLET 12.5 MG (chlorthalidone)	Tier 2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (hydrochlorothiazide)	Tier 2	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
THALITONE ORAL TABLET 15 MG (chlorthalidone)	Tier 2	
Ganglionic Blocking, Non-Depolarizing - Drugs For High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (mecamylamine HCl)	Tier 2	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs For High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (ivabradine HCl)	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine HCl)	Tier 2	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ivabradine oral tablet 5 mg, 7.5 mg	Tier 1	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs For The Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % (ethyl alcohol)	Tier 2	
ethyl alcohol intra-arterial solution 99 %	Tier 1	
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs For Abnormal Heart Rhythms		
ATROOPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (atropine sulfate)	Tier 4	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists - Drugs For High Blood Pressure		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	Tier 2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin mesylate)	Tier 2	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (doxazosin mesylate)	Tier 2	
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine HCl)	Tier 2	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 2	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML (terazosin HCl)	Tier 2	PA
Peripheral Vasodilators, Single Agents - Drugs For High Blood Pressure		
<i>papaverine injection solution 30 mg/ml</i>	Tier 4	
Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure		
DEMSER ORAL CAPSULE 250 MG (metyrosine)	Tier 2	PA
<i>metyrosine oral capsule 250 mg</i>	Tier 2	PA
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs For The Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 4	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs For The Heart		
EKTERLY ORAL TABLET 300 MG (sebetralstat)	Tier 2	PA; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (berotralstat hydrochloride)	Tier 2	PA
Pulmonary Antihypertensive Agents - Prostacyclin-Type - Drugs For High Blood Pressure		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (treprostinil diolamine)	Tier 2	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (treprostinil diolamine)	Tier 2	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (treprostinil diolamine)	Tier 2	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	Tier 2	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 4	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	Tier 2	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 2	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 2	PA

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TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostинil/nebulizer accessories)	Tier 2	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostинil/nebulizer and accessories)	Tier 2	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)	Tier 2	PA
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (treprostинil sodium)	Tier 2	PA
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs For High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	Tier 2	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 2	PA
bosentan oral tablet 125 mg, 62.5 mg	Tier 2	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Tier 2	PA
OPSUMIT ORAL TABLET 10 MG (macitentan)	Tier 2	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 2	PA
Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
ADCIRCA ORAL TABLET 20 MG (tadalafil)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 2	PA
LIQREV ORAL SUSPENSION 10 MG/ML (sildenafil citrate)	Tier 2	PA
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	Tier 2	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 2	PA
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (tadalafil)	Tier 2	PA
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
TEKTURN A ORAL TABLET 150 MG, 300 MG (aliskiren hemifumarate)	Tier 2	
Vasodilator Combinations - Drugs For High Blood Pressure		
BIDIL ORAL TABLET 20-37.5 MG (isosorbide dinitrate/hydralazine HCl)	Tier 2	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
Central Nervous System Agents		
Antipsychotic - Muscarinic Agonist/Antagonist Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (xanomeline tartrate/trospium chloride)	Tier 2	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (xanomeline tartrate/trospium chloride)	Tier 2	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days
Migraine Therapy - Serotonin Agonist 5-HT(1) And Nsaid Cox-2 Comb		
SYMBRAVO ORAL TABLET 10-20 MG (rizatriptan benzoate/meloxicam)	Tier 2	
Central Nervous System Agents - Drugs For The Nervous System		
Agents To Treat Episodic Cluster Headaches - Drugs For Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (galcanezumab-gnlm)	Tier 4	PA
Antianxiety Agent - Antihistamine Type - Drugs For Anxiety		
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs For Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)</i>	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 2	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 2	ST: Requires prior prescription for Lorazepam tablets within the past 120 days
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 2	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 2	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 2	
Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (buspirone HCl)	Tier 1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 2	QL (60 EA per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	Tier 1	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
mysoline oral tablet 250 MG, 50 MG (primidone)	Tier 2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)	Tier 2	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 2	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 2	QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol (CBD))	Tier 2	
Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)
FELBATOL ORAL TABLET 400 MG (felbamate)	Tier 2	QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG (felbamate)	Tier 2	QL (6 EA per 1 day)

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (lacosamide)	Tier 2	PA
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 2	QL (2 EA per 1 day)
Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
GABARONE ORAL TABLET 100 MG, 400 MG (gabapentin)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)	Tier 2	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 2	PA
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 2	PA
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 1	PA
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA
vigabatrin (Vigadron Oral Powder In Packet 500 Mg)	Tier 1	PA
vigabatrin (Vigadron Oral Tablet 500 Mg)	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIGAFYDE ORAL SOLUTION 100 MG/ML (vigabatrin)	Tier 2	PA
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 1	PA
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet, Chewable 50 Mg)	Tier 2	
phenytoin sodium extended (Dilantin Oral Capsule 30 Mg)	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 2	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet, chewable 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg</i>	Tier 1	ST: Must meet 2 of the following requirements. 5 DS Carbamazepine IN 365 DAYS;5 DS Divalproex Sodium IN 365 DAYS;5 DS Elepsia Xr IN 365 DAYS;5 DS Eprontia IN 365 DAYS;5 DS Equetro IN 365 DAYS;5 DS Gabapentin IN 365 DAYS;5 DS Gralise IN 365 DAYS;5 DS Lamictal Xr (blue) IN 365 DAYS;5 DS Lamictal Xr (green) IN 365 DAYS;5 DS Lamictal Xr (orange) IN 365 DAYS;5 DS Lamotrigine IN 365 DAYS;5 DS Levetiracetam IN 365 DAYS;5 DS Neuraptine IN 365 DAYS;5 DS Oxcarbazepine IN 365 DAYS;5 DS Spritam IN 365 DAYS;5 DS Topiramate IN 365 DAYS;5 DS Valproic Acid IN 365 DAYS;5 DS Zonisade IN 365 DAYS;5 DS Zonisamide IN 365 DAYS; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral tablet extended release 24 hr 300 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	Tier 1	ST: Must meet 2 of the following requirements. 5 DS Carbamazepine IN 365 DAYS;5 DS Divalproex Sodium IN 365 DAYS;5 DS Elepsia Xr IN 365 DAYS;5 DS Eprontia IN 365 DAYS;5 DS Equetro IN 365 DAYS;5 DS Gabapentin IN 365 DAYS;5 DS Gralise IN 365 DAYS;5 DS Lamictal Xr (blue) IN 365 DAYS;5 DS Lamictal Xr (green) IN 365 DAYS;5 DS Lamictal Xr (orange) IN 365 DAYS;5 DS Lamotrigine IN 365 DAYS;5 DS Levetiracetam IN 365 DAYS;5 DS Neuraptine IN 365 DAYS;5 DS Oxcarbazepine IN 365 DAYS;5 DS Spritam IN 365 DAYS;5 DS Topiramate IN 365 DAYS;5 DS Valproic Acid IN 365 DAYS;5 DS Zonisade IN 365 DAYS;5 DS Zonisamide IN 365 DAYS; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG (topiramate)	Tier 2	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (3 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG (topiramate)	Tier 2	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 25 MG (topiramate)	Tier 2	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 50 MG (topiramate)	Tier 2	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (7 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (topiramate)	Tier 2	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Tier 2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule, sprinkle 50 mg</i>	Tier 1	
<i>topiramate oral capsule,extended release 24hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	Tier 1	QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg</i>	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (3 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 25 mg</i>	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 50 mg</i>	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (7 EA per 1 day)
<i>topiramate oral solution 25 mg/ml</i>	Tier 1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (topiramate)	Tier 2	QL (3 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (topiramate)	Tier 2	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG (topiramate)	Tier 2	QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (topiramate)	Tier 2	QL (7 EA per 1 day)
Anticonvulsant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	Tier 2	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 2	QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 2	QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 2	QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG (lamotrigine)	Tier 2	QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG (lamotrigine)	Tier 2	QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG (lamotrigine)	Tier 2	QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)	Tier 2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 2	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 2	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 2	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 2	
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	Tier 2	QL (2 EA per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG (levetiracetam)	Tier 2	ST: Requires prior prescription for generic Levetiracetam ER within the past 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG (levetiracetam)	Tier 2	ST: Requires prior prescription for generic Levetiracetam ER within the past 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
levetiracetam (Rowepra Oral Tablet 500 Mg)	Tier 2	
levetiracetam (Rowepra Xr Oral Tablet Extended Release 24 Hr 500 Mg, 750 Mg)	Tier 2	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	PA
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (methylsuximide)	Tier 2	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
<i>methylsuximide oral capsule 300 mg</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 2	
ethosuximide (Zarontin Oral Solution 250 Mg/5 ML)	Tier 2	
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Tier 2	
ZONISADE ORAL SUSPENSION 100 MG/5 ML (zonisamide)	Tier 2	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 2	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 2	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 2	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rufinamide oral tablet 200 mg	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	Tier 2	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 2	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine HCl)	Tier 2	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (cenobamate)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (cenobamate)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (cenobamate)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (cenobamate)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
mirtazapine oral tablet 7.5 mg	Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 1	
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Tier 2	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Tier 2	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B - Drugs For Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (selegiline)	Tier 2	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	Tier 2	
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	Tier 2	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	Tier 2	
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 1	
Antidepressant - Ndma Receptor Antagonist And Ndri Combinations - Drugs For Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (dextromethorphan HBr/bupropion HCl)	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Depression		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (zuranolone)	Tier 2	PA
Antidepressant - N-Methyl D-Aspartate (Nmda) Receptor Antagonist - Drugs For Depression		
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (esketamine HCl)	Tier 2	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssrис) - Drugs For Depression		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram hydrobromide)	Tier 2	
<i>citalopram oral capsule 30 mg</i>	Tier 1	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Tier 2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine HCl)	Tier 2	
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine HCl)	Tier 2	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine HCl)	Tier 2	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine HCl)	Tier 2	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline HCl)	Tier 2	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline HCl)	Tier 2	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris) - Drugs For Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML (trazodone HCl)	Tier 2	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)	Tier 2	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 1	ST: Requires prior prescription for two generic Duloxetine 20mg capsules within the past 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)	Tier 2	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine HCl)	Tier 2	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (levomilnacipran HCl)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran HCl)	Tier 2	QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 1	ST: Requires prior prescription for Venlafaxine HCL ER capsules within the past 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone HCl)	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
Antidepressant - Ssri And Serotonin (5-HT) Receptor Modulator - Drugs For Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hydrobromide)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant- Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs For Depression		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (bupropion HBr)	Tier 2	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 1	ST: Requires prior prescription for generic Bupropion within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion HCl)	Tier 2	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion HCl)	Tier 2	
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine HCl)	Tier 2	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine HCl)	Tier 2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline HCl)	Tier 2	
protriptyline oral tablet 10 mg, 5 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb - Drugs For Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa/levodopa)	Tier 2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (carbidopa/levodopa)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa/levodopa)	Tier 2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (foscarnet/foslevodopa)	Tier 4	PA
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs For Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	Tier 2	PA
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson		
TASMAR ORAL TABLET 100 MG (tolcapone)	Tier 2	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (opicapone)	Tier 2	PA
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LODOSYN ORAL TABLET 25 MG (carbidopa)	Tier 2	
Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 2	PA
Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline mesylate)	Tier 2	QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (safinamide mesylate)	Tier 2	ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (selegiline HCl)	Tier 2	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents - Drugs For Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine HCl)	Tier 4	PA
apomorphine subcutaneous cartridge 10 mg/ml	Tier 4	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG (amantadine HCl)	Tier 2	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole di-HCl)	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (rotigotine)	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (apomorphine HCl)	Tier 4	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1- 193MG X1) (amantadine HCl)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 2	QL (2 EA per 1 day)
<i>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (asenapine)</i>	Tier 2	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day)

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Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs For Severe Mental Disorders		
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)	Tier 2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone HCl)	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG (lurasidone HCl)	Tier 2	QL (60 EA per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs For Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	Tier 2	QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (iloperidone)	Tier 2	QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (iloperidone)	Tier 2	QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (iloperidone)	Tier 2	QL (8 EA per 28 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)	Tier 2	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Tier 2	QL (2 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	Tier 2	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs For Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (ilumateperone tosylate)	Tier 2	ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs For Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	Tier 2	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs For Severe Mental Disorders		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs For Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (loxapine)	Tier 2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Dihydroindolones - Drugs For Severe Mental Disorders		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs For Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
<i>prochlorperazine maleate (Compazine Oral Tablet 10 Mg, 5 Mg)</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	

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<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs For Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes - Drugs For Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs For Severe Mental Disorders		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)</i>	Tier 2	
<i>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)</i>	Tier 2	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs For Severe Mental Disorders		
<i>LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)</i>	Tier 2	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)	Tier 2	
Antipsychotic-Atyp Selective Serotonin 5-HT2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	Tier 2	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	Tier 2	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (aripiprazole)	Tier 2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs For Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotics,Atypical,Dopamine,Serotonin Antag And Opioid Antag Comb - Drugs For Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 2	PA
Attention Deficit-Hyperact. Disorder (Adhd)-Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG (guanfacine HCl)	Tier 2	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (clonidine HCl)	Tier 2	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (2 EA per 1 day)

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ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (serdexmethylphenidate chloride/dexmethylphenidate HCl)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (methylphenidate)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (methylphenidate)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (methylphenidate)	Tier 2	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)	Tier 2	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Tier 2	QL (4 EA per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Tier 2	QL (120 EA per 30 days)
<i>dexamphetamine oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexamphetamine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)

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<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)</i>	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
<i>DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)</i>	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)	Tier 2	PA
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexmethylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate HCl)	Tier 2	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day)

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<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg, 63 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, Concerta, or Adderall XR within the past 365 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG (methylphenidate HCl)	Tier 2	ST: At least 2 prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, Concerta, or Adderall XR within the past 365 days; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIOPHASIC 50-50 10 MG, 20 MG, 40 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIOPHASIC 50-50 30 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate HCl)	Tier 2	QL (90 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
dextroamphetamine sulfate (Zenedi Oral Tablet 10 Mg)	Tier 2	QL (180 EA per 30 days)
dextroamphetamine sulfate (Zenedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 20 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 30 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 5 Mg)	Tier 2	QL (4 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG (viloxazine HCl)	Tier 2	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG (viloxazine HCl)	Tier 2	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG (viloxazine HCl)	Tier 2	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (atomoxetine HCl)	Tier 2	
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)</i>	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORAL ORAL TABLET 15 MG (quazepam)	Tier 2	ST: Requires prior prescription for oe of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 2	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)	Tier 2	QL (10 EA per 30 days)
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)	Tier 2	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 2	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 2	ST: Requires prior prescription for Lorazepam tablets within the past 120 days
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 2	QL (480 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 2	QL (2 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for oe of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 2	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 2	
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet, chewable 100 mg	Tier 1	
carbamazepine oral tablet, chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG (lamotrigine)	Tier 2	QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 200 MG (lamotrigine)	Tier 2	QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 2	QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 2	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 2	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 2	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs For Severe Mental Disorders		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)	Tier 2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 2	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (aripiprazole)	Tier 2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	Tier 2	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	Tier 2	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 2	QL (2 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)	Tier 2	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)	Tier 2	
Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Tier 2	
Cannabis And Cannabinoids - Drugs For Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)

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dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulfate/amphetamine sulfate-aspartate)	Tier 2	QL (1 EA per 1 day)
Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)	Tier 2	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Tier 2	QL (4 EA per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Tier 2	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)</i>	Tier 2	PA
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5 ML)</i>	Tier 2	QL (1800 ML per 30 days)
<i>XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine)</i>	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
<i>dextroamphetamine sulfate (Zenedi Oral Tablet 10 Mg)</i>	Tier 2	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Zenedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 20 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 30 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 5 Mg)	Tier 2	QL (4 EA per 1 day)
Cns Stimulant - Analeptics, Methylxanthine-Type - Drugs For The Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine oral tablet 200 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diabetic Peripheral Neuropathy Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine HCl)	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)	Tier 2	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	ST: Requires prior prescription for two generic Duloxetine 20mg capsules within the past 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
Hypnotics - Melatonin - Single Agents - Drugs For Insomnia		
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML (melatonin)	Tier 2	
KIDS MELATONIN ORAL TABLET,CHEWABLE 1 MG (melatonin)	Tier 1	
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML (melatonin)	Tier 1	
<i>melatonin oral capsule 10 mg</i>	Tier 2	
<i>melatonin oral drops 1 mg/4 ml</i>	Tier 2	
<i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>	Tier 1	
<i>melatonin oral liquid 2.5 mg/10 ml</i>	Tier 2	

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<i>melatonin oral lozenge 5 mg</i>	Tier 2	
<i>melatonin oral tablet 1 mg, 10 mg, 12 mg, 5 mg</i>	Tier 1	
<i>melatonin oral tablet 3 mg</i>	Tier 1	
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
<i>melatonin oral tablet, chewable 1 mg, 2.5 mg</i>	Tier 1	
<i>melatonin oral tablet, chewable 5 mg</i>	Tier 1	
<i>melatonin oral tablet, disintegrating 1 mg, 10 mg, 12 mg, 3 mg</i>	Tier 1	
<i>melatonin oral tablet, disintegrating 5 mg</i>	Tier 2	
MELATONINMAX ORAL TABLET,CHEWABLE 10 MG (melatonin)	Tier 1	

Hypnotics - Melatonin Combinations - Drugs For Insomnia

AZO MENOPAUSE NIGHT-MELATONIN ORAL TABLET,CHEWABLE 1-30 MG (melatonin/genistein)	Tier 2	
COMPLETE BALANCE MENOPAUSE RLF ORAL CAPSULE, SEQUENTIAL 175-62-1 MG (NIGHT) (vit B/folic acid/calcium/soy xt/black cohosh xt/melatonin)	Tier 1	
KIDS SLEEP CALM ORAL TABLET,CHEWABLE 0.5-25-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 1	
KIDS SLEEP IMMUNE HEALTH ORAL TABLET,CHEWABLE 0.5 MG-45 MG- 12.5 MCG-3.75MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry)	Tier 1	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
<i>melatonin-theanine oral tablet 10-5.5 mg</i>	Tier 1	

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melatonin-theanine oral tablet,disintegrating 3-50 mg	Tier 1	
RELAX NIGHT CALM ORAL TABLET,CHEWABLE 1.5-12.5-50-0.5 MG (melatonin/5-hydroxytryptophan/theanine/lemon balm leaf xt)	Tier 1	
REPOZEN SLEEP AID ORAL CAPSULE 5-30-50 MG (melatonin/gamma-aminobutyric acid/valerian)	Tier 2	
SAMBUCUS HONEYBERRY NIGHT ORAL SYRUP 0.5 MG-3.5 GRAM -35 MG/7.5 ML (melatonin/honey/English ivy/elderberry/cider vinegar/C/zinc)	Tier 2	
SLEEP CALM ORAL TABLET,CHEWABLE 3-50-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 1	
SLEEP IMMUNE HEALTH ORAL TABLET,CHEWABLE 3 MG-45 MG-12.5 MCG-3.75 MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry)	Tier 1	
SLEEP SUPPORT (MELATONIN-HERB) ORAL TABLET, CHEWABLE DISPERSIBLE 1.5-22 MG-MCG (melatonin/herbal complex no.233)	Tier 1	
SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM (melatonin/mag carbonate,glycinate/pot bic/GABA/glycine/lemon)	Tier 2	
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (melatonin/GABA/5-HTP/theanine/magnesium citrate,oxide/herbs)	Tier 2	
SUPERIOR SLEEP ORAL CAPSULE 5-50-50 MG (melatonin/5-HTP/tryptophan/theanine/magnesium/vit B6/herbal)	Tier 2	
UNISOM SIMPLE SLUMBERS ORAL TABLET,CHEWABLE 2.5 MG (melatonin/passion flower/lemon balm)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs For Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	Tier 2	PA
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 2	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 1	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
ROZEREM ORAL TABLET 8 MG (ramelteon)	Tier 2	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
<i>tasimelteon oral capsule 20 mg</i>	Tier 2	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs For Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 4	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 4	PA

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EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)	Tier 4	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)	Tier 4	PA
Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab) - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 4	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (rimegepant sulfate)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (zavegepant HCl)	Tier 2	PA
Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 4	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (ergotamine tartrate)	Tier 2	QL (10 EA per 7 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)

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TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)	Tier 2	PA
Migraine Therapy - Nsaid Analgesics (Cyclooxygenase Inhibitor) - Drugs For Migraine Headaches		
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (celecoxib)	Tier 2	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs For Migraine Headaches		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FROVA ORAL TABLET 2.5 MG (frovatriptan succinate)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (sumatriptan succinate)	Tier 2	QL (18 EA per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 4	QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 4	QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG (rizatriptan benzoate)	Tier 2	QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (rizatriptan benzoate)	Tier 2	QL (27 EA per 30 days)
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 % (sumatriptan succinate/menthol/camphor)	Tier 2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (sumatriptan succinate)	Tier 2	ST: Requires prior prescription for generic Sumatriptan nasal spray within the past 120 days; QL (32 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELPAX ORAL TABLET 20 MG, 40 MG (eletriptan hydrobromide)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 4	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 4	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 4	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 4	QL (18 ML per 30 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (sumatriptan)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (24 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (sumatriptan succinate)	Tier 4	ST: Must meet any of the following requirements. 5 DS Sumatriptan Succinate IN 120 DAYS; QL (18 ML per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)	Tier 2	PA
Migraine Therapy - Serotonin Agonist 5-HT(1) And Nsaid Comb. - Drugs For Migraine Headaches		
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	Tier 1	ST: Requires prior prescription for Sumatriptan within the past 180 days; QL (18 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Movement Disorder Drug Therapy - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)	Tier 2	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 2	PA
Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 2	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 2	PA
Movement Disorder Therapy - Restless Legs Syndrome - Drugs For The Nervous System		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (gabapentin enacarbil)	Tier 2	ST: Requires prior prescription for Gabipentin (Neurontin-generic available), Pramipexole IR, or Ropinirole IR within the past 120 days; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (gabapentin enacarbil)	Tier 2	ST: Requires prior prescription for Gabipentin (Neurontin-generic available), Pramipexole IR, or Ropinirole IR within the past 120 days; QL (2 EA per 1 day)
Movement Disorder Therapy - Tardive Dyskinesia - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (sodium oxybate)	Tier 2	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (sodium oxybate)	Tier 2	PA
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 2	PA
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 2	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate)	Tier 2	PA
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol HCl)	Tier 2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs For Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant HCl)	Tier 2	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs For Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Tier 2	QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	Tier 2	QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Tier 2	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs For Sleep Disorder		
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate HCl)	Tier 2	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate HCl)	Tier 2	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs For Sleep Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Tier 2	QL (4 EA per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)

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<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)</i>	Tier 2	PA
<i>dextroamphetamine sulfate (Zenedi Oral Tablet 10 Mg)</i>	Tier 2	QL (180 EA per 30 days)

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dextroamphetamine sulfate (Zenedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 20 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 30 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate (Zenedi Oral Tablet 5 Mg)	Tier 2	QL (4 EA per 1 day)
Neuropathic Pain Therapy - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)

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LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		
DULOXICAINE KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)	Tier 2	
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	Tier 1	ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (1 EA per 1 day)

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<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	Tier 1	ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (gabapentin)	Tier 2	ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG (gabapentin)	Tier 2	ST: Requires prior prescription for Gabapentin IR within the past 120 days; QL (2 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists Type - Drugs For Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan Hbr/quinidine sulfate)	Tier 2	PA
Sedative-Hypnotic - Barbiturates - Drugs For Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia		
DORAL ORAL TABLET 15 MG (quazepam)	Tier 2	ST: Requires prior prescription for oe of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 2	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for oe of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem tartrate)	Tier 2	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem tartrate)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (zolpidem tartrate)	Tier 2	ST: Requires prior prescription for Zolpidem IR (Ambien) within the past 180 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 2	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral capsule 7.5 mg</i>	Tier 1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs For Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem within the past 120 days; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (daridorexant HCl)	Tier 2	PA
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs For Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine HCl)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin HCl)	Tier 2	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
Chemical Dependency, Agents To Treat - Drugs For Addiction		
Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs For Opioid Addiction		
<i>lofexidine oral tablet 0.18 mg</i>	Tier 2	PA
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine HCl)	Tier 2	PA
Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	
<i>SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (buprenorphine HCl/naloxone HCl)</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (buprenorphine HCl/naloxone HCl)	Tier 2	
Alcohol Abstinence Therapy - Glutamate And Gaba System Type - Drugs For Alcohol Addiction		
acamprosate oral tablet, delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs For Alcohol Addiction		
naltrexone oral tablet 50 mg	Tier 1	
Alcohol Deterrents - Drugs For Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	Tier 1	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	PV	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (nicotine)	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL GUM 2 MG (nicotine polacrilex)	PV	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine polacrilex)	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 4 BUCCAL GUM 4 MG (nicotine polacrilex)	PV	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine polacrilex)	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine polacrilex)	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction		
varenicline tartrate oral tablet 0.5 mg, 1 mg	Tier 1	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	Tier 1	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
alum, ammonium (bulk) powder	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ascorbic acid(vitamin c)(bulk) granules 100 %	Tier 2	
benzoin (bulk) topical tincture	Tier 2	
glutathione (bulk) powder 100 %	Tier 2	
guaiacol liquid	Tier 2	
hydrogen peroxide (bulk) solution 30 %	Tier 2	
hydroxyethyl methacrylate,bulk liquid 96 %	Tier 2	
sodium bicarb-sodium chloride powder	Tier 2	
SWEET OIL OIL (olive oil)	Tier 1	
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)	Tier 2	
vitamin e acetate (bulk) liquid 125 unit/ml	Tier 2	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (dimethyl sulfoxide)	Tier 2	
Chemicals - Fixed Oils		
olive oil oil	Tier 1	
SWEET OIL OIL (olive oil)	Tier 1	
Chemicals - Solvents		
isopropyl alcohol solution 70 %, 91 %, 99 %	Tier 2	
MURI-LUBE OIL (mineral oil, light sterile)	Tier 2	
sesame oil oil	Tier 2	
sodium succinate powder	Tier 2	
Pharmaceutical Adjuvant - Anticorrosive Agents		
butylated hydroxytoluene powder	Tier 2	
Pharmaceutical Adjuvant - Capsule Excipients		
CAPSUBLEND-H POWDER (cellulose/silica gel/mannitol/magnesium stearate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Coloring Agents		
<i>methylene blue (bulk-solid) powder</i>	Tier 2	
Pharmaceutical Adjuvant - Flavoring Agents		
<i>ethyl acetate liquid</i>	Tier 2	
SWEET OIL OIL (olive oil)	Tier 1	
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE (hypromellose capsules (empty))	Tier 2	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % (sodium chloride for inhalation)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)	Tier 2	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride for inhalation)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Liquid Vehicles		
Other		
PCCA SUSPENDIT ANHYDROUS LIQUID (liquid base no.261)	Tier 2	
Pharmaceutical Adjuvant - Oral Thickening Agents		
GELMIX ORAL POWDER (maltodextrin/carob)	Tier 2	
GELMIX ORAL POWDER IN PACKET (maltodextrin/carob)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPLYTHICK ORAL GEL IN PACKET 4 GRAM (xanthan gum)	Tier 2	
THICK AND EASY ORAL POWDER IN PACKET (starch)	Tier 2	
Pharmaceutical Adjuvant - Oral Vehicles		
sorbitol solution 70 %	Tier 2	
UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (compound vehicle suspension sugar-free no.24)	Tier 2	
Pharmaceutical Adjuvant - Surfactants		
polysorbate 80 solution	Tier 2	
Pharmaceutical Adjuvant - Suspending Agents		
hydroxypropyl cellulose powder	Tier 2	
hypromellose powder	Tier 2	
METHOCEL E 4 M POWDER (hypromellose)	Tier 2	
Pharmaceutical Adjuvant - Tableting		
cellulose (bulk) powder	Tier 2	
Pharmaceutical Adjuvant - Troche/Soft Lozenge Base		
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)	Tier 2	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy - Drugs For The Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (donepezil HCl)	Tier 2	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil HCl)	Tier 2	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine)	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (benzgalantamine gluconate)	Tier 2	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine HCl)	Tier 2	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (memantine HCl)	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG (memantine HCl)	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb - Drugs For Alzheimer's Disease		
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg</i>	Tier 1	ST: Must meet 2 of the following requirements. 5 DS Adlarity IN 365 DAYS;5 DS Donepezil Hcl IN 365 DAYS;5 DS Memantine Hcl IN 365 DAYS;5 DS Namenda Xr IN 365 DAYS; QL (1 EA per 1 day)

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<i>memantine-donepezil oral capsule,sprinkle,er 24hr 21-10 mg, 28-10 mg</i>	Tier 1	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine HCl/donepezil HCl)	Tier 2	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs For Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives - Drugs For Women		
Contraceptive - Vaginal Ph Modulator - Medical Supplies And Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic acid/citric acid/potassium bitartrate)	PV	
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (etonogestrel)	PV	
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	Tier 4	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (medroxyprogesterone acetate)	Tier 4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone acetate)	PV	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	PV	
Contraceptive Intrauterine - Copper Iud - Birth Control Pills		
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (copper)	PV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	PV	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	PV	
Contraceptive Intrauterine - Progesterone Iud - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (levonorgestrel)	PV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (levonorgestrel)	PV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (levonorgestrel)	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (levonorgestrel)	PV	
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethynodiol diacetate and ethynodiol diacetate (Amethia Oral Tablets, Dose Pack, 3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
levonorgestrel/ethynodiol diacetate and ethynodiol diacetate (Ashlyna Oral Tablets, Dose Pack, 3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethynodiol diacetate/ethynodiol diacetate (Azurette (28) Oral Tablet 0.15-0.02 Mg x 21 / 0.01 Mg X 5)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
<i>desog-e.estradiol/e.estradol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 MgX21 /0.01 Mg X 5)	PV	
<i>Inorgest/e.estradol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 MgX21 /0.01 Mg X 5)	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 MgX21 /0.01 Mg X 5)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	PV	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	PV	
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PV	
norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	
norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	

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AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7) (desogestrel/ethinyl estradiol/ferrous bis-glycinate chelate)	PV	
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	PV	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgestrel/ethinyl estradiol/iron)	Tier 2	
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24)/75 Mg (4))	PV	
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	PV	
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	PV	
<i>drospirenone-e.estriadiol-Im.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	PV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PV	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	PV	
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-0.035 Mg)	PV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (norethindrone acetate/ethinyl estradiol)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	PV	
norethindrone-ethinyl estradiol/ferrous fumarate (Galbriela Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate/ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	PV	
levonorgestrel/ethinyl estradiol (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	PV	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	PV	
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	PV	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	PV	
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	PV	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone acetate/ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	
norethindrone acetate/ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	

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norethindrone acetate-ethynodiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethynodiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone-ethynodiol estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet, Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	PV	
desogestrel-ethynodiol estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	PV	
ethynodiol diacetate-ethynodiol estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
ethynodiol diacetate-ethynodiol estradiol (Kelnor 1/50 (28) Oral Tablet 1-50 Mg-Mcg)	PV	
levonorgestrel/ethynodiol estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone acetate/ethynodiol estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	
norethindrone acetate/ethynodiol estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	
norethindrone acetate-ethynodiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethynodiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethynodiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethynodiol estradiol/ferrous fumarate)	PV	
levonorgestrel/ethynodiol estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PV	

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levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	PV	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PV	
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone acetate/ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 2	
norethindrone acetate/ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 2	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 2	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 2	
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	PV	
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	PV	
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	PV	

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norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	PV	
norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	
norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-0.035 Mg)	PV	
levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	PV	
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-0.035 Mg)	PV	
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (drospirenone/estetrol)	PV	
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	PV	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	PV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	PV	

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norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	PV	
norethindrone-e.estriadiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	PV	
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	PV	
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	PV	
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	PV	
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	PV	
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone/ethinyl estradiol/levomefolate calcium)	PV	
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	PV	
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-0.035 Mg)	PV	
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	PV	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	PV	
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (levonorgestrel/ethinyl estradiol)	PV	
ethynodiol diacetate-ethinyl estradiol (Valtya Oral Tablet 1-50 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	PV	
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	PV	
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-0.035 Mg)	PV	
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	PV	
norethindrone-ethinyl estradiol/ferrous fumarate (Xelria Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	PV	
YASMIN (28) ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	Tier 2	

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YAZ (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	Tier 2	
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	PV	
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	PV	
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	PV	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	PV	
norethindrone (Emzahh Oral Tablet 0.35 Mg)	PV	
norethindrone (Errin Oral Tablet 0.35 Mg)	PV	
norethindrone (Heather Oral Tablet 0.35 Mg)	PV	
norethindrone (Incassia Oral Tablet 0.35 Mg)	PV	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	PV	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	PV	
norethindrone (Lyza Oral Tablet 0.35 Mg)	PV	
norethindrone (Meleya Oral Tablet 0.35 Mg)	PV	
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	PV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	PV	
OPILL ORAL TABLET 0.075 MG (norgestrel)	PV	
norethindrone (Orquidea Oral Tablet 0.35 Mg)	PV	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	PV	
SLYND ORAL TABLET 4 MG (28) (drospirenone)	PV	
norethindrone (Tulana Oral Tablet 0.35 Mg)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Oral - Quadraphasic - Birth Control Pills		
<i>I norgest/e.estradol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	PV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol valerate/dienogest)	PV	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Rosyrah Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	PV	
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PV	
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	PV	
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PV	

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norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PV	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)	PV	
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
norethindrone-ethinyl estradiol (Nydia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	PV	
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	PV	
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	PV	
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	PV	
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	PV	

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norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	PV	
desogestrel-ethinyl estradiol (Velvet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb. - Birth Control Pills		
<i>norelgestromin-ethinestradiol transdermal patch weekly 150-35 mcg/24 hr</i>	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (levonorgestrel/ethinyl estradiol)	PV	
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	PV	
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	PV	
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (segesterone acetate/ethinyl estradiol)	PV	
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	PV	
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel/ethinyl estradiol)	Tier 2	
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PV	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ELLA ORAL TABLET 30 MG (ulipristal acetate)	PV	
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PV	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PV	
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (ulipristal acetate)	PV	
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PV	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	PV	

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levonorgestrel oral tablet 1.5 mg	PV	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PV	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PV	
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	PV	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	PV	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (nonoxynol 9)	PV	
Dermatological		
Dermatitis Agents, Systemic - IL-31 Receptor Alpha Antagonist Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (nemolizumab-ilto)	Tier 4	PA
Dermatological - Nitric Oxide Releasing Agents		
ZELSUVMI TOPICAL GEL 10.3 % (berdazimer sodium)	Tier 2	PA
Hair Growth Agents - Kinase Inhibitor		
LEQSELVI ORAL TABLET 8 MG (deuruxolitinib phosphate)	Tier 2	PA
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	Tier 2	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Drugs For The Skin		
Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (isotretinoin, micronized)	Tier 2	ST: Requires prior prescription for preferred generic Isotretinoin within the past 120 days
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Tier 1	ST: Requires prior prescription for preferred generic Isotretinoin within the past 120 days
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Systemic - Tetracycline Antibiotic - Drugs For The Skin		
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i>	Tier 1	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

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<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)	Tier 2	ST: Requires prior prescription for generic Doxycycline or Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl)	Tier 2	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs For The Skin		
WINLEVI TOPICAL CREAM 1 % (clascoterone)	Tier 2	PA
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
ABENOR HP TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
ABENOR TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)	Tier 2	
ACZONE TOPICAL GEL 5 % (dapsone)	Tier 2	

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ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsone)	Tier 2	ST: Requires prior prescription for one generic topicals: sulfacetamide+/-sulfur,clindamycin+/-benzoyl peroxide,erythromycin+/-benzoyl peroxide,adapalene+/-benzoyl peroxide,or tretinoin within the past 120 days
AMZEEQ TOPICAL FOAM 4 % (minocycline HCl)	Tier 2	ST: At least 2 prior prescriptions for generic topicals: Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 365 days; Age (Min 9 Years)
APORIX TOPICAL GEL 1-4 % (clindamycin/niacinamide)	Tier 2	
<i>azelaic acid topical gel 15 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 2	ST: Requires prior prescription for one generic topicals: sulfacetamide+/-sulfur,clindamycin+/-benzoyl peroxide,erythromycin+/-benzoyl peroxide,adapalene+/-benzoyl peroxide,or tretinoin within the past 120 days
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Tier 2	
CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)	Tier 2	QL (180 ML per 1 FILL)
clindamycin phosphate (Clindacin Etz Topical Swab 1 %)	Tier 2	
clindamycin phosphate (Clindacin P Topical Swab 1 %)	Tier 2	
clindamycin phosphate (Clindacin Topical Foam 1 %)	Tier 2	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)	Tier 2	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 F)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dapsone topical gel 5 %	Tier 1	
dapsone topical gel 7.5 %	Tier 1	
dapsone topical gel with pump 7.5 %	Tier 1	ST: Requires prior prescription for one generic topicals: sulfacetamide+/-sulfur,clindamycin+/-benzoyl peroxide,erythromycin+/-benzoyl peroxide,adapalene+/-benzoyl peroxide,or tretinoin within the past 120 days
DEOXIA TOPICAL GEL 1-4 % (clindamycin/niacinamide)	Tier 2	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
ERYGEL TOPICAL GEL 2 % (erythromycin base in ethanol)	Tier 2	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)	Tier 2	
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
KLARON TOPICAL SUSPENSION 10 % (sulfacetamide sodium)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
RUMILO TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)	Tier 2	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Anti-Infective Combinations Other - Drugs For The Skin		
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (dapsone/spironolactone/niacinamide)	Tier 2	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (dapsone/spironolactone/niacinamide)	Tier 2	
ALIXI HP TOPICAL CREAM 8.5-4 % (dapsone/niacinamide)	Tier 2	
ALIXI TOPICAL CREAM 6-4 % (dapsone/niacinamide)	Tier 2	
APORIX TOPICAL LOTION 1-4 % (clindamycin/niacinamide)	Tier 2	
CLINDACIN ETZ TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 2	
CLINDACIN PAC TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 2	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin/niacinamide)	Tier 2	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (dapsone/spironolactone/niacinamide)	Tier 2	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone/spironolactone/niacinamide)	Tier 2	
DIAOXIA TOPICAL CREAM 6-4 % (dapsone/niacinamide)	Tier 2	
DIAOXIA TOPICAL GEL 6-4 % (dapsone/niacinamide)	Tier 2	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (dapsone/spironolactone/niacinamide)	Tier 2	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone/spironolactone/niacinamide)	Tier 2	
DIASOXIA TOPICAL CREAM 8.5-4 % (dapsone/niacinamide)	Tier 2	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone/niacinamide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
APEXOL HP TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)	Tier 2	
APEXOL TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
ARTILIS HP TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ARTILIS TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 1	
AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium/sulfur)	Tier 2	
AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 2	QL (1419 GM per 1 FILL)
BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin base/benzoyl peroxide)	Tier 2	
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium/sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days

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<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
DRAZACE TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
DRAZACEY TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)	Tier 2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % (clindamycin phosphate/benzoyl peroxide/emollient comb no.94)	Tier 2	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) - 3.75 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	
PLEXION TOPICAL CLEANSER 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (sulfacetamide sodium/sulfur)	Tier 2	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	

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sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %, 9-4.25 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium/sulfur)	Tier 1	
SUMADAN TOPICAL CLEANSER 9-4.5 % (sulfacetamide sodium/sulfur)	Tier 2	
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 2	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 2	
SUMAXIN CP TOPICAL KIT 10-4 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 2	
SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium/sulfur)	Tier 2	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 % (sulfacetamide sodium/sulfur)	Tier 1	

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Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin		
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 2	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALOMIRA TOPICAL GEL 0.05-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 % (tretinoin/clindamycin phosphate/spironolactone/niacinamide)	Tier 2	
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
AVIDORA TOPICAL CREAM 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
AVIDORA TOPICAL SOLUTION 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	

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AWANIS TOPICAL CREAM 0.025-8.5-2 % (tretinoin/dapsone/niacinamide)	Tier 2	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 2	PA
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1	ST: Requires prior prescription for Clindamycin gel or Tretinoin 0.025% gel within the past 120 days
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin/clindamycin phosphate/spironolactone/niacinamide)	Tier 2	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (tretinoin/dapsone/niacinamide)	Tier 2	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (tretinoin/dapsone/niacinamide)	Tier 2	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone niacin)	Tier 2	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone niacin)	Tier 2	

Acne Therapy Topical - Keratolytic - Drugs For The Skin

BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i>	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)	Tier 2	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)	Tier 2	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs For The Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (benzoyl peroxide/hydrocortisone)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
ALURIS HP TOPICAL CREAM 0.1-4 % (tretinoin/niacinamide)	Tier 2	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
ALURIS LP TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)	Tier 2	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
ALURIS TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
ALURIS TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)	Tier 2	
APHORIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)	Tier 2	
AZALTA HP TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
AZALTA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (adapalene/benzoyl peroxide)	Tier 2	

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EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % (adapalene/benzoyl peroxide)	Tier 2	
IDYYXIATAR TOPICAL GEL 0.025-5 % (tretinoin/niacinamide)	Tier 2	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
OXIAXARRY TOPICAL CREAM 0.05-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
OXIAXARY TOPICAL CREAM 0.1-4 % (tretinoin/niacinamide)	Tier 2	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
SIRVANA TOPICAL GEL 0.025-5 % (tretinoin/niacinamide)	Tier 2	
SORIXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)	Tier 2	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin/niacinamide)	Tier 2	
TWYNEO TOPICAL CREAM 0.1-3 % (tretinoin/benzoyl peroxide)	Tier 2	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin		
adapalene topical cream 0.1 %	Tier 1	
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 %	Tier 1	
adapalene topical lotion 0.1 %	Tier 1	Age (Max 39 Years)
adapalene topical solution 0.1 %	Tier 1	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days
adapalene topical swab 0.1 %	Tier 1	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; QL (1 EA per 1 day)
AKLIEF TOPICAL CREAM 0.005 % (trifarotene)	Tier 2	ST: Requires prior prescription for one of the following generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days; Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (tretinoin)	Tier 2	
ALVOX HP TOPICAL CREAM 0.1-4 % (tazarotene/niacinamide)	Tier 2	
ALVOX TOPICAL CREAM 0.05-4 % (tazarotene/niacinamide)	Tier 2	

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ARAZLO TOPICAL LOTION 0.045 % (tazarotene)	Tier 2	ST: Requires prior prescription for one of the following generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days
ATRALIN TOPICAL GEL 0.05 % (tretinoin)	Tier 2	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
DIFFERIN TOPICAL CREAM 0.1 % (adapalene)	Tier 2	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)	Tier 2	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 2	Age (Max 39 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene/niacinamide)	Tier 2	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene/niacinamide)	Tier 2	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres)	Tier 2	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % (tretinoin microspheres)	Tier 2	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (tretinoin microspheres)	Tier 2	Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (tretinoin)	Tier 2	
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tazarotene topical foam 0.1 %</i>	Tier 1	ST: Requires prior prescription for one of the following generic topicals: Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Tier 1	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
Acne Therapy Topical Combinations Other - Drugs For The Skin		
ADALINA TOPICAL GEL 5-4 % (spironolactone/niacinamide)	Tier 2	
DIMOXIA TOPICAL GEL 5-4 % (spironolactone/niacinamide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs For The Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (halobetasol propionate/tazarotene)	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs For The Skin		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Requires prior prescription for generic Tacrolimus ointment within the past 120 days

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TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Requires prior prescription for generic Taclonex ointment within the past 120 days
Antipsoriatic Agents - Interleukin 12 And II-23 Inhibitors, Mc Antibody - Drugs For The Skin		
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab-aekn)	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab-kfce)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab-kfce)	Tier 4	PA
Antipsoriatic Agents - Interleukin-23 (II-23) Antagonist, Mc Antibody - Drugs For The Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (risankizumab-rzaa)	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (risankizumab-rzaa)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (guselkumab)	Tier 4	PA

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Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, Mc - Drugs For The Skin		
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (spesolimab-sbzo)	Tier 4	
Antipsoriatic Agents - Tyrosine Kinase 2 (Tyk2) Inhibitor - Drugs For The Skin		
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	Tier 2	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, Mc Antibody - Drugs For The Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (bimekizumab-bkzx)	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (bimekizumab-bkzx)	Tier 4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (secukinumab)	Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (secukinumab)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA

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TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (ixekizumab)	Tier 4	PA
Dermatitis - Janus Kinase (Jak) Inhibitors - Drugs For The Skin		
ANZUPGO TOPICAL CREAM 2 % (delgocitinib)	Tier 2	PA; QL (60 GM per 30 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	Tier 2	PA
OPZELURA TOPICAL CREAM 1.5 % (ruxolitinib phosphate)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (upadacitinib)	Tier 2	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors Mab - Drugs For The Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (tralokinumab-ldrm)	Tier 4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (tralokinumab-ldrm)	Tier 4	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (lebrikizumab-lbkz)	Tier 4	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (lebrikizumab-lbkz)	Tier 4	PA
Dermatitis Agents, Systemic-II-4 Receptor Alpha Antagonist (II-4Ra) Mab - Drugs For The Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA

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Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs For The Skin		
EUCRISA TOPICAL OINTMENT 2 % (crisaborole)	Tier 2	ST: Requires prior prescription for a topical corticosteroid or Calcineurin Inhibitor within the past 120 days
ZORYVE TOPICAL CREAM 0.15 % (roflumilast)	Tier 2	PA
Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)	Tier 2	
Dermatological - Antibacterial Other - Drugs For The Skin		
BASADROX TOPICAL GEL IN PACKET (silver)	Tier 2	
BATIZIA TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 2 % (mupirocin)	Tier 2	
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 % (silver carbonate)	Tier 2	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	

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<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM (silver)	Tier 2	
SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)	Tier 2	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs For The Skin		
ALTABAX TOPICAL OINTMENT 1 % (retapamulin)	Tier 2	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Dermatological - Antibacterial Quinolones - Drugs For The Skin		
XEPI TOPICAL CREAM 1 % (ozenoxacin)	Tier 2	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Dermatological - Antibacterial,Antifungal Agent With Glucocorticoid - Drugs For The Skin		
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 % (hydrocortisone acetate/iodoquinol/aloe polysaccharides no.2)	Tier 2	
DAZINIA TOPICAL CREAM 2-1-2.5 % (ketoconazole/iodoquinol/hydrocortisone)	Tier 2	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole/iodoquinol/hydrocortisone)	Tier 2	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone acetate/iodoquinol/aloe vera)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs For The Skin		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide/emollient comb no.65)	Tier 2	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide)	Tier 2	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs For The Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (glycopyrronium tosylate)	Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (sofpironium bromide)	Tier 2	PA
Dermatological - Antifungal Allylamines - Drugs For The Skin		
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i>	Tier 1	
NAFTIN TOPICAL GEL 2 % (naftifine HCl)	Tier 2	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin		
nystatin (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	

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nystatin topical ointment 100,000 unit/gram	Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Combinations		
Other - Drugs For The Skin		
DENVITA TOPICAL CREAM 2-4 % (ketoconazole/niacinamide)	Tier 2	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (fluconazole/ibuprofen/itraconazole/terbinafine HCl)	Tier 2	
EXODERM TOPICAL LOTION 25-1 % (sodium thiosulfate/salicylic acid)	Tier 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 % (fluconazole/ibuprofen/itraconazole/terbinafine HCl)	Tier 2	
FERVINA TOPICAL LOTION 3-5-20 % (ciclopirox olamine/itraconazole/urea)	Tier 2	
FIDILA TOPICAL SHAMPOO 2-2 % (ketoconazole/salicylic acid)	Tier 2	
FRIVO TOPICAL CREAM 1-4 % (econazole nitrate/niacinamide)	Tier 2	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (ciclopirox olamine/itraconazole/urea)	Tier 2	
IMIOXIA TOPICAL CREAM 1-4 % (econazole nitrate/niacinamide)	Tier 2	
PHEDRAX TOPICAL SHAMPOO 2-2 % (ketoconazole/salicylic acid)	Tier 2	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole/niacinamide)	Tier 2	
Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.28)	Tier 2	

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CICLODAN KIT TOPICAL SOLUTION 8 % (ciclopirox/urea/camphor/menthol/eucalyptol)	Tier 2	QL (19.8 ML per 1 FILL)
ciclopirox olamine (Ciclodan Topical Cream 0.77 %)	Tier 2	QL (180 GM per 1 FILL)
ciclopirox (Ciclodan Topical Solution 8 %)	Tier 2	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
DAFILOR TOPICAL SHAMPOO 0.77-2 % (ciclopirox olamine/salicylic acid)	Tier 2	
FILOMA TOPICAL SOLUTION 8-1-1 % (ciclopirox olamine/fluconazole/terbinafine HCl)	Tier 2	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox olamine/salicylic acid)	Tier 2	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (ciclopirox olamine/fluconazole/terbinafine HCl)	Tier 2	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox olamine)	Tier 2	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox olamine)	Tier 2	QL (180 ML per 1 FILL)
LOPROX KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 2	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 2	
Dermatological - Antifungal Imidazole And Related Agents - Drugs For The Skin		
<i>clotrimazole topical cream 1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole nitrate topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (econazole nitrate)	Tier 2	
ERTACZO TOPICAL CREAM 2 % (sertaconazole nitrate)	Tier 2	
EXELDERM TOPICAL CREAM 1 % (sulconazole nitrate)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole nitrate)	Tier 2	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i>	Tier 1	ST: Requires prior prescription for Ketoconazole 2% cream/shampoo within the past 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (ketoconazole/skin cleanser combination no.28)	Tier 2	
ketoconazole (Ketodan Topical Foam 2 %)	Tier 1	ST: Requires prior prescription for Ketoconazole 2% cream/shampoo within the past 120 days
<i>luliconazole topical cream 1 %</i>	Tier 1	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 % (luliconazole)	Tier 2	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (oxiconazole nitrate)	Tier 2	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate/zinc oxide/petrolatum,white)	Tier 2	
XOLEGEL TOPICAL GEL 2 % (ketoconazole)	Tier 2	ST: Requires prior prescription for Ketoconazole 2% cream/shampoo within the past 120 days
Dermatological - Antifungal Oxaborole - Drugs For The Skin		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
Dermatological - Antifungal Triazole - Drugs For The Skin		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (efinaconazole)	Tier 2	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DELIBON TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)	Tier 2	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole/betamethasone dipropionate/zinc oxide)	Tier 2	

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DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (hydrocortisone/iodoquinol)	Tier 2	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)	Tier 2	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)	Tier 2	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)	Tier 2	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)	Tier 2	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)	Tier 2	
Dermatological - Antifungals Other - Drugs For The Skin		
<i>triacetin liquid 100 %</i>	Tier 2	
Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin		
VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine HCl)	Tier 2	PA
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 2	PA
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Tier 2	
FLUOROPLEX TOPICAL CREAM 1 % (fluorouracil)	Tier 2	PA
<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	

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<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (fluorouracil)	Tier 2	
Dermatological - Antineoplastic Or Premalig. Lesions - Antimicrotubule - Drugs For The Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (tirbanibulin)	Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (tirbanibulin)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's - Drugs For The Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 2	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
<i>bexarotene topical gel 1 %</i>	Tier 2	PA
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 2	PA
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs For The Skin		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	

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Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs For The Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 2	
Dermatological - Antipsoriatic Agents Topical - Drugs For The Skin		
BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (400 GM per 1 FILL)
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcipotriene topical foam 0.005 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days

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<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>clobetasol topical cream 0.025 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
DIOOXIA TOPICAL CREAM 0.005-4 % (calcipotriene/niacinamide)	Tier 2	
DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>halobetasol propionate topical foam 0.05 %</i>	Tier 1	ST: Requires prior prescription for generic Halobetasol cream/ointment or Clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)

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IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
PURAZIL TOPICAL CREAM 0.005-4 % (calcipotriene/niacinamide)	Tier 2	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>tazarotene topical cream 0.05 %</i>	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 2	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.1 % (tazarotene)	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 2	Age (Max 39 Years)
TRIONEX TOPICAL KIT 0.005 % (calcipotriene/transparent dressing)	Tier 2	

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ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (120 ML per 30 days)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
VTAMA TOPICAL CREAM 1 % (tapinarof)	Tier 2	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin micronized)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ZORYVE TOPICAL CREAM 0.3 % (roflumilast)	Tier 2	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (apremilast)	Tier 2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (apremilast)	Tier 2	PA
Dermatological - Antiseborrheic - Drugs For The Skin		
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	

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MICURADERM TOPICAL EMULSION (emollient combination no.43)	Tier 2	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL LOTION 9.8 % (sulfacetamide sodium)	Tier 2	ST: Requires prior prescription for Ciclopirox (shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 2	
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 2	
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 2	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 2	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (selenium sulfide)	Tier 2	
ZORYVE TOPICAL FOAM 0.3 % (roflumilast)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antiviral, Herpes - Drugs For The Skin		
<i>acyclovir topical cream 5 %</i>	Tier 1	ST: At least 2 prior prescriptions for oral generic Acyclovir, Famciclovir, or Valacyclovir within the past 365 days
<i>acyclovir topical ointment 5 %</i>	Tier 1	
<i>penciclovir topical cream 1 %</i>	Tier 1	
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Tier 2	
Dermatological - Antiviral-Glucocorticoid Combinations - Drugs For The Skin		
XERESE TOPICAL CREAM 5-1 % (acyclovir/hydrocortisone)	Tier 2	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days; QL (10 GM per 365 days)
Dermatological - Burn Products - Drugs For The Skin		
NEXOBRID TOPICAL GEL 8.8 % (anacaulase-bcdb)	Tier 2	
Dermatological - Burn Products Anti-Infective - Drugs For The Skin		
<i>mafénide acetate topical packet 50 gram</i>	Tier 1	
SILVADENE TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
SULFAMYLYON TOPICAL CREAM 85 MG/G (mafénide acetate)	Tier 2	

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SULFAMYLYON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 2	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide)	Tier 2	
ELYZIA TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)	Tier 2	
HOVYN TOPICAL SOLUTION 0.1 % (tacrolimus)	Tier 2	
NUJO TOPICAL SOLUTION 0.1 % (tacrolimus)	Tier 2	
NUJU TOPICAL CREAM 0.1 % (tacrolimus in vehicle base no.238)	Tier 2	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide)	Tier 2	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)	Tier 2	

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<i>pimecrolimus topical cream 1 %</i>	Tier 1	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days
VEVEN TOPICAL CREAM 0.1 % (tacrolimus in vehicle base no.238)	Tier 2	
Dermatological - Depigmenting Agents - Drugs For The Skin		
BLANCHE TOPICAL CREAM 4 % (hydroquinone)	Tier 2	
<i>hydroquinone topical cream 4 %</i>	Tier 1	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 2	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 2	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	
MEDORFA HP PLUS TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	
MEDORFA HP TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDORFA LP TOPICAL EMULSION 4 % (hydroquinone)	Tier 2	
MEDORFA TOPICAL EMULSION 6 % (hydroquinone)	Tier 2	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Tier 1	

Dermatological - Depigmenting Combinations - Drugs For The Skin

KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KATARVIA TOPICAL EMULSION 4-0.025 % (hydroquinone/tretinoin)	Tier 2	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone/hyaluronate sodium)	Tier 2	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KEVARTIA TOPICAL EMULSION 6-0.05 % (hydroquinone/tretinoin)	Tier 2	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone/hydrocortisone)	Tier 2	

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KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KUTAR TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 2	
KUTARVIA TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 2	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
MAVILO TOPICAL EMULSION 5-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
MECORIX HP TOPICAL EMULSION 8-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MECORIX TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MEDORFA PLUS TOPICAL EMULSION 6-1 % (hydroquinone/hyaluronate sodium)	Tier 2	
MEKAM HP TOPICAL EMULSION 6-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MEKAM TOPICAL EMULSION 6-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	

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MELIDU TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MELONDIS TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MIMORA TOPICAL EMULSION 6-0.5 % (hydroquinone/hydrocortisone)	Tier 2	
MOKURA LP TOPICAL EMULSION 4-0.025 % (hydroquinone/tretinoin)	Tier 2	
MOKURA MOD TOPICAL EMULSION 6-0.05 % (hydroquinone/tretinoin)	Tier 2	
MOKURA PLUS TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 2	
MOKURA TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 2	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MYTHIUS TOPICAL EMULSION 8-0.05-1 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
MYVORI TOPICAL CREAM 10-4 % (lactic acid/niacinamide)	Tier 2	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (hydroquinone/sunscreens (oxybenzone/octinoxate))	Tier 2	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (hydroquinone/ascorbic acid)	Tier 2	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (hydroquinone/ascorbic acid/vit E acetate (d-alpha tocoph))	Tier 2	
PROOXIA TOPICAL CREAM 10-4 % (lactic acid/niacinamide)	Tier 2	

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TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (fluocinolone acetonide/tretinoin/hydroquinone)	Tier 2	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
Dermatological - Emollient Combinations - Drugs For The Skin		
ceramides 1,3,6-ii topical cream	Tier 1	
CERAVE DAILY MOISTURIZING TOPICAL LOTION (ceramides 1,3,6-II)	Tier 2	
CERAVE FOAMING FACIAL TOPICAL CLEANSER (ceramides 1,3,6-II/niacinamide)	Tier 2	
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE (ceramides 1,3,6-II/niacinamide/hyaluronic acid)	Tier 2	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CLEANSER (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 2	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 2	
CERAVE SA TOPICAL LOTION (salicylic acid/ceramides 1,3,6-II)	Tier 2	
CERAVE TOPICAL CLEANSER (ceramides 1,3,6-II)	Tier 2	
CERAVE TOPICAL CREAM (ceramides 1,3,6-II)	Tier 2	
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION (ceramides 1,3,6-II)	Tier 1	
Dermatological - Emollient Combinations Other - Drugs For The Skin		
ADVANCED SKIN CARE TOPICAL LOTION (glycerin/mineral oil/dimethicone/petrolatum,white)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 1	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53-3-0.4 -0.066 % (emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/NahypoCl)	Tier 1	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT, CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 1	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 % (emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/NahypoCl)	Tier 1	
Dermatological - Emollient Mixtures - Drugs For The Skin		
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL (emollient combination no.47/emollient combination no.60)	Tier 2	
ATRAPRO HYDROGEL TOPICAL GEL (emollient combination no.60)	Tier 2	
AVO CREAM TOPICAL EMULSION (emollient combination no.10)	Tier 1	
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
CERACADE TOPICAL EMULSION (emollient combination no.103)	Tier 2	
CERAMAX TOPICAL CREAM (emollient combination no.101)	Tier 2	
CERAMAX TOPICAL LOTION (emollient combination no.101)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COCOA BUTTER FORMULA - VIT E TOPICAL LIQUID (emollient combination no.123)	Tier 2	
DERMASO PLUS TOPICAL CREAM (emollient combination no.122)	Tier 2	
DEXERYL TOPICAL CREAM (emollient combination no.104)	Tier 2	
DRY SKIN THERAPY(WITH LANOLIN) TOPICAL LOTION (lanolin/mineral oil)	Tier 1	
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
EMULSION SB TOPICAL EMULSION (emollient combination no.32)	Tier 1	
ENTTY TOPICAL SPRAY,NON-AEROSOL (palm oil/hyaluronate sodium)	Tier 2	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE (emollient combination no.32)	Tier 2	PA
EUCERIN ADVANCED REPAIR TOPICAL CREAM (emollient combination no.119)	Tier 2	
EUCERIN INTENSIVE REPAIR TOPICAL LOTION (emollient combination no.110)	Tier 2	
GOLD BOND THERAPEUTIC FOOT TOPICAL CREAM (emollient combination no.120)	Tier 2	
HALUCORT TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 2	
HAPRODERM TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 2	
HPR PLUS TOPICAL CREAM (emollient combination no.53)	Tier 2	
HPR PLUS TOPICAL FOAM (emollient combination no.53)	Tier 2	
HPR TOPICAL FOAM (emollient combination no.44)	Tier 2	

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HYGIENIC CLEANSING LOTION TOPICAL LOTION (mineral oil/lanolin oil/propylene glycol)	Tier 2	
INTENSE DRY SKIN THERAPY TOPICAL LOTION (emollient combination no.110)	Tier 1	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (emollient combination no.60)	Tier 2	
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
LOYON TOPICAL SPRAY, NON-AEROSOL (dicaprylyl carbonate/dimethicone)	Tier 2	
LUXAMEND TOPICAL CREAM (emollient combination no.10)	Tier 2	
MICURADERM TOPICAL EMULSION (emollient combination no.43)	Tier 2	
MINERIN CREME TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
MOISTURIZING CREAM TOPICAL CREAM (glycerin/dimethicone/petrolatum,white/water)	Tier 1	
MOITURIZING LOTION TOPICAL LOTION (vit E acetate (d-alpha tocoph)/glycerin/dimethicone/water)	Tier 1	
NEOSALUS TOPICAL CREAM (emollient combination no.47)	Tier 2	
NEOSALUS TOPICAL LOTION (emollient combination no.47)	Tier 2	
NUTRASEB TOPICAL CREAM (emollient combination no.107)	Tier 2	
ORGANIC NIPPLE BALM TOPICAL OINTMENT (sunflower/olive/beeswax/coconut/sheabutter/marigold/argan)	Tier 1	
PRESERA TOPICAL FOAM (emollient combination no.80)	Tier 2	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 2	

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PRUCLAIR TOPICAL CREAM (vitamin E acet (dl,tocopheryl)/grape/hyaluronic acid)	Tier 1	
PRUMYX TOPICAL CREAM (emollient combination no.35)	Tier 1	
SEBUDERM TOPICAL GEL (emollient combination no.60)	Tier 2	
SKIN THERAPY TOPICAL LIQUID (emollient combination no.41)	Tier 1	
SONAFINE TOPICAL EMULSION (emollient combination no.10)	Tier 1	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
ULTRA MOISTURE TOPICAL LOTION (emollient combination no.40)	Tier 1	
<i>vitamin e-safflower oil topical oil</i>	Tier 1	
<i>vitamin e-vitamins a and d topical cream</i>	Tier 1	
XCLAIR TOPICAL CREAM (hyaluronate sodium/vit E/emollient no.12/allantoin/shea tree)	Tier 2	
Dermatological - Emollients - Drugs For The Skin		
AMLACTIN TOPICAL LOTION 12 % (ammonium lactate)	Tier 1	
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
<i>glycerin topical liquid</i>	Tier 1	
<i>glycerin topical solution 99.5 %</i>	Tier 1	
KERASTAT TOPICAL CREAM (keratin)	Tier 2	
KERASTAT TOPICAL GEL 5 % (keratin)	Tier 2	
LANOLIN (HPA) TOPICAL CREAM 100 % (modified lanolin)	Tier 2	
RADIAGEL TOPICAL GEL (emollient base)	Tier 2	
<i>urea topical cream 10 %, 20 %</i>	Tier 1	

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urea topical lotion 10 %	Tier 1	
vitamin e (dl, acetate) topical oil	Tier 1	
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (collagenase Clostridium histolyticum)	Tier 2	PA
Dermatological - Eyelid Cleansers - Drugs For The Skin		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED (eyelid cleanser combination no.8)	Tier 1	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED (eyelid cleanser combination no.10)	Tier 1	
EYELID WIPES (WITH CHAMOMILE) TOPICAL TOWELETTE (eyelid cleanser combination no.6)	Tier 2	
OCUSOFT LID SCRUB ALLERGY TOPICAL PADS, MEDICATED (eyelid cleanser combination no.13)	Tier 2	
VISTA MEIBO EYELID CLEANSING TOPICAL FOAM (eyelid cleanser combination no.11)	Tier 2	
VISTA MEIBO EYELID CLEANSING TOPICAL PADS, MEDICATED (eyelid cleanser combination no.12)	Tier 2	
Dermatological - Glucocorticoid - Drugs For The Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (hydrocortisone)	Tier 1	
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	

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hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	
hydrocortisone (Anusol-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 2	
diflorasone diacetate/emollient base (Apexicon E Topical Cream 0.05 %)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)
fluticasone propionate (Beser Topical Lotion 0.05 %)	Tier 2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	

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<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 % (fluocinolone acetonide)	Tier 2	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol topical cream 0.025 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	
<i>CLOBEX TOPICAL LOTION 0.05 % (clobetasol propionate)</i>	Tier 2	
<i>CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol propionate)</i>	Tier 2	
<i>CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (clobetasol propionate)</i>	Tier 2	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>clobetasol propionate (Clodan Topical Shampoo 0.05 %)</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (flurandrenolide)	Tier 2	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 % (flurandrenolide)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone acetonide)	Tier 2	
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 % (fluocinolone acetonide/shower cap)	Tier 2	
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
DESOWEN TOPICAL CREAM 0.05 % (desonide)	Tier 2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>diflorasone topical cream 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (180 GM per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % (betamethasone dipropionate/propylene glycol)	Tier 2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)</i>	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
FLUOVIX PLUS TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 2	
FLUOVIX TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halcinonide topical solution 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical foam 0.05 %</i>	Tier 1	ST: Requires prior prescription for generic Halobetasol cream/ointment or Clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALOG TOPICAL OINTMENT 0.1 % (halcinonide)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2 %</i>	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical solution 2.5 %</i>	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
HYDROXYM TOPICAL GEL 2 % (hydrocortisone)	Tier 2	
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	Tier 2	
LOCOID LIPOCREAM TOPICAL CREAM 0.1 % (hydrocortisone butyrate/emollient base)	Tier 2	
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Tier 2	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone acetate)	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mometasone topical solution 0.1 %</i>	Tier 1	
OLUX TOPICAL FOAM 0.05 % (clobetasol propionate)	Tier 2	
OLUX-E TOPICAL FOAM 0.05 % (clobetasol propionate/emollient base)	Tier 2	
PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
hydrocortisone (Proctocort Topical Cream 1 %)	Tier 2	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone/salicylic acid/sulfur/shampoo no.1)	Tier 2	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (betamethasone dipropionate)	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR TOPICAL CREAM 0.025 % (fluocinolone acetonide)	Tier 2	
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone acetonide)	Tier 2	
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone acetonide)	Tier 2	
hydrocortisone (Texacort Topical Solution 2.5 %)	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
desoximetasone (Topicort Topical Cream 0.05 %, 0.25 %)	Tier 2	
TOPICORT TOPICAL GEL 0.05 % (desoximetasone)	Tier 2	
TOPICORT TOPICAL OINTMENT 0.05 % (desoximetasone)	Tier 2	
desoximetasone (Topicort Topical Ointment 0.25 %)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
clobetasol propionate/emollient base (Tovet Emollient Topical Foam 0.05 %)	Tier 2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	QL (430 GM per 30 days)
triamcinolone acetonide (Trianex Topical Ointment 0.05 %)	Tier 1	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4" (triamcinolone acetonide/gauze bandage/silicone, adhesive)	Tier 2	
triamcinolone acetonide (Triderm Topical Cream 0.1 %)	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)

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ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (120 ML per 30 days)
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	Tier 2	
VERDESO TOPICAL FOAM 0.05 % (desonide)	Tier 2	ST: Requires prior prescription for Fluocinolone Acetonide 0.01% body oil within the past 120 days
Dermatological - Glucocorticoid Combinations		
Other - Drugs For The Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (triamcinolone acetonide/pentoxifylline)	Tier 2	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol propionate/levocetirizine dihydrochloride)	Tier 2	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol propionate/calcipotriene)	Tier 2	

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DIVINIX TOPICAL CREAM 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
DIVINIX TOPICAL OINTMENT 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
DIVINIX TOPICAL SOLUTION 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
DOMELA TOPICAL CREAM 0.01-4 % (fluocinolone acetonide/niacinamide)	Tier 2	
DYNOMA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)	Tier 2	
ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol propionate/levocetirizine dihydrochloride)	Tier 2	
PLENURA TOPICAL SOLUTION 0.05-0.005 % (clobetasol propionate/calcipotriene)	Tier 2	
TELIORA TOPICAL GEL 0.1-0.5 % (triamcinolone acetonide/pentoxifylline)	Tier 2	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone acetonide/niacinamide)	Tier 2	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin		
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLLIENT 0.05 % (fluticasone propionate/emollient combination no.65)	Tier 2	
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 % (triamcinolone acetonide/dimethicone)	Tier 1	
FLUOPAR TOPICAL KIT 0.1-5 % (fluocinonide/dimethicone)	Tier 2	
NOXIPAK TOPICAL KIT 0.01-20 % (fluocinolone acetonide/urea/silicone, adhesive)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)	Tier 2	
QUINIXIL TOPICAL CREAM 0.1-5 % (mometasone furoate/dimethicone)	Tier 2	
SANADERMRX TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 1	QL (1 EA per 30 days)
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 2	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 2	QL (375 GM per 30 days)
TOVET KIT TOPICAL COMBO PACK 0.05 % (clobetasol propionate/emollient combination no.65)	Tier 2	
WHYTEDERM TDPAK TOPICAL KIT 0.1-2 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 2	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.35-1 %</i>	Tier 1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	

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PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs For The Skin		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (clobetasol propionate/skin cleanser combination no.28)	Tier 2	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 % (hydrocortisone/skin cleanser)	Tier 2	
SYNALAR TS TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser comb no.28)	Tier 2	
XILAPAK TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser no.10/silicone, tape)	Tier 2	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx - Drugs For The Skin		
VEREGEN TOPICAL OINTMENT 15 % (sinecatechins)	Tier 2	ST: Requires prior prescriptions for Imiquimod 5% cream packets and Podofilox 0.5% solution within the past 365 days; QL (30 GM per 1 FILL)

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Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	Tier 1	
<i>imiquimod topical cream in packet 3.75 %</i>	Tier 1	
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % (imiquimod)	Tier 2	
Dermatological - Immunomodulator - Interferons - Drugs For The Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (interferon alfa-n3)	Tier 4	
Dermatological - Immunomodulator Combinations - Drugs For The Skin		
KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod/tretinoin/levocetirizine dihydrochloride)	Tier 2	
KERIDA TOPICAL GEL 5-0.1-30 % (imiquimod/tretinoin/salicylic acid)	Tier 2	
KYNARA TOPICAL GEL 5-1-2 % (imiquimod/levocetirizine dihydrochloride/niacinamide)	Tier 2	
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (imiquimod/tretinoin/salicylic acid)	Tier 2	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod/levocetirizine dihydrochloride/niacinamide)	Tier 2	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod/tretinoin/levocetirizine dihydrochloride)	Tier 2	
Dermatological - Insect Repellents - Drugs For The Skin		
CUTTER ALL FAMILY TOPICAL AEROSOL,SPRAY 7 % (diethyltoluamide)	Tier 2	

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CUTTER ALL FAMILY TOPICAL TOWELETTE 7.15 % (diethyltoluamide)	Tier 2	
CUTTER BACKWOODS DRY TOPICAL AEROSOL,SPRAY 25 % (diethyltoluamide)	Tier 1	
CUTTER SKINSATIONS TOPICAL AEROSOL,SPRAY 7 % (diethyltoluamide)	Tier 2	
CUTTER SKINSATIONS TOPICAL SPRAY,NON-AEROSOL 7 % (diethyltoluamide)	Tier 1	
OFF ACTIVE TOPICAL AEROSOL,SPRAY 15 % (diethyltoluamide)	Tier 1	
OFF DEEP WOODS TOPICAL TOWELETTE 25 % (diethyltoluamide)	Tier 2	
REPEL SPORTSMEN TOPICAL AEROSOL,SPRAY 29 % (diethyltoluamide)	Tier 2	
REPEL TOPICAL TOWELETTE 30 % (diethyltoluamide)	Tier 2	
SAWYER CONTROLLED RELEASE TOPICAL LOTION,EXTENDED RELEASE 20 % (diethyltoluamide)	Tier 2	
Dermatological - Keratolytic Combinations		
Other - Drugs For The Skin		
METDRAY TOPICAL GEL 17-2 % (salicylic acid/ibuprofen)	Tier 2	
NENDRUX TOPICAL GEL 40-5 % (salicylic acid/lidocaine)	Tier 2	
PRONAL TOPICAL GEL 10-40 % (lactic acid/urea)	Tier 2	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (urea/emollient combination no.65)	Tier 2	
WAYZEN TOPICAL GEL 40-5 % (salicylic acid/lidocaine)	Tier 2	
WELERIS TOPICAL GEL 17-2 % (salicylic acid/ibuprofen)	Tier 2	
XIRUN TOPICAL GEL 10-40 % (lactic acid/urea)	Tier 2	

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Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (salicylic acid/urea)	Tier 2	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 % (podofilox)	Tier 2	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 2	
HYDRO 40 TOPICAL FOAM 40 % (urea)	Tier 2	
KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)	Tier 2	
PODOCON TOPICAL LIQUID 25 % (podophyllum resin)	Tier 1	
<i>podofilox topical gel 0.5 %</i>	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
RAYASAL TOPICAL CREAM 5.9 % (salicylic acid)	Tier 2	
RYNODERM TOPICAL CREAM 37.5 % (urea)	Tier 2	
SALICATE TOPICAL LIQUID 10 % (salicylic acid)	Tier 2	
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	

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<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	Tier 1	
<i>salicylic acid topical gel 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (salicylic acid)	Tier 2	
SALIMEZ TOPICAL CREAM 6 % (salicylic acid)	Tier 2	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
SALYCIM TOPICAL CREAM 6 % (salicylic acid)	Tier 2	
SALYNTRA TOPICAL GEL 6 % (salicylic acid)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (trichloroacetic acid)	Tier 2	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 2	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 2	
URAMAXIN GT TOPICAL GEL 45 % (urea)	Tier 2	
URAMAXIN TOPICAL CREAM 45 % (urea)	Tier 2	
URAMAXIN TOPICAL FOAM 20 % (urea)	Tier 2	
URAMAXIN TOPICAL GEL 45 % (urea)	Tier 2	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 2	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	Tier 1	
<i>urea topical cream 39.5 %</i>	Tier 1	

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urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 1	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)	Tier 2	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (salicylic acid)	Tier 2	
XUREA TOPICAL CREAM 39 % (urea)	Tier 2	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (cantharidin)	Tier 2	PA
Dermatological - Keratoplastic Tar Products - Drugs For The Skin		
coal tar topical solution 20 %	Tier 2	
Dermatological - Local Anesthetic Combinations - Drugs For The Skin		
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine)	Tier 1	
CETACAIN TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (tetracaine/benzocaine/butamben)	Tier 2	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
ELEMAR TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 2	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (lidocaine/tetracaine/benzocaine)	Tier 2	
ILIDERM TOPICAL SPRAY,NON-AEROSOL (lidocaine HCl/palm oil)	Tier 2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 1	
LMR PLUS TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 2	

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MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 % (lidocaine/menthol)	Tier 2	
NOBELA TOPICAL OINTMENT 10-10-20 % (lidocaine/tetracaine/benzocaine)	Tier 2	
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 % (lidocaine/prilocaine/methyl salicylate/menthol)	Tier 2	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 % (lidocaine/methyl salicylate/menthol)	Tier 2	
SYNTHERMA PLUS TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 2	
WPR PLUS TOPICAL KIT,CREAM AND GEL 4-30-10 % (lidocaine HCl/methyl salicylate/menthol)	Tier 2	
Dermatological - Local Anesthetic Gas Combinations - Drugs For The Skin		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	

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Dermatological - Local Anesthetic Gas Single Agents - Drugs For The Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	
Dermatological - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For The Skin		
HYFTOR TOPICAL GEL 0.2 % (sirolimus)	Tier 2	PA
Dermatological - Miscellaneous Combinations - Drugs For The Skin		
KEFUNOVA TOPICAL CREAM 5-0.005 % (fluorouracil/calcipotriene)	Tier 2	
Dermatological - Miscellaneous Single Agents - Drugs For The Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (baclofen)	Tier 2	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (gabapentin)	Tier 2	
Dermatological - Nsaid And Local Anesthetic Combination - Drugs For The Skin		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 % (diclofenac sodium/lidocaine/methyl salicylate/camphor)	Tier 2	
Dermatological - Nsaid Combinations - Drugs For The Skin		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	

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DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOGEN TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	Tier 2	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOTREX TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	Tier 2	
DIMENTHO TOPICAL KIT 1.5-10 % (diclofenac sodium/menthol/kinesiology tape)	Tier 2	
DITHOL TOPICAL COMBO PACK 1.5-10 % (diclofenac sodium/menthol)	Tier 2	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 % (diclofenac sodium/methyl salicylate/menthol/camphor)	Tier 2	
KERAXA TOPICAL GEL 3-2-4 % (diclofenac sodium/hyaluronate sodium/niacinamide)	Tier 2	

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ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac sodium/hyaluronate sodium/niacinamide)	Tier 2	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
Dermatological - Nsaid Single Agents - Drugs For The Skin		
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 %	Tier 1	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	Tier 1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 % (diclofenac sodium)	Tier 2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)	Tier 2	
FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)	Tier 2	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (ketoprofen, micronized)	Tier 2	
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)	Tier 2	

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LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	Tier 2	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
PROFINAC TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
VENNGEL II TOPICAL KIT 1 % (diclofenac sodium)	Tier 2	
VENNGEL ONE TOPICAL KIT 1 % (diclofenac sodium)	Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
Dermatological - Photodynamic Therapy Agents Topical - Drugs For The Skin		
AMELUZ TOPICAL GEL 10 % (aminolevulinic acid HCl)	Tier 2	
LEVULAN TOPICAL SOLUTION 20 % (aminolevulinic acid HCl)	Tier 2	
Dermatological - Protectant Combinations - Drugs For The Skin		
JUVAZIN TOPICAL GEL (dimethicone/dimethicone crosspolymer/trimethylsiloxy silicate)	Tier 2	
NEW SKIN BOTANICALS TOPICAL FILM FORMING LIQUID W/APPL (protectives combination no.7)	Tier 2	
NEW SKIN KIDS TOPICAL FILM FORMING LIQUID W/APPL (protectives combination no.9)	Tier 2	
NEW SKIN SENSITIVE TOPICAL FILM FORMING LIQUID W/APPL (protectives combination no.8)	Tier 2	
PR CREAM TOPICAL CREAM (protectives combination no.2/ceramides 1,3,6-II)	Tier 1	
PROSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 2	

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RADIAPLEXRX TOPICAL GEL (hyaluronate sodium/allantoin/aloe vera extract)	Tier 2	
RECEDO TOPICAL GEL (polydimethylsiloxanes/silicon dioxide)	Tier 2	
SCARSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 2	
SCARTRATE TOPICAL CREAM 5-2.25 % (dimethicone/allantoin)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol)	Tier 2	
Dermatological - Protectants - Drugs For The Skin		
<i>benzoin (bulk) topical tincture</i>	Tier 2	
DERMELLE TOPICAL GEL (dimethicone)	Tier 2	
DERPIXIA TOPICAL GEL (dimethicone)	Tier 2	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (zinc oxide)	Tier 1	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
STRATAMARK TOPICAL GEL (dimethicone)	Tier 2	
STRATATRIZ TOPICAL GEL (dimethicone)	Tier 2	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (petrolatum,white)	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs For The Skin		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphasic 40 mg	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (minocycline HCl)	Tier 2	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)	Tier 2	
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
AVEIDA TOPICAL GEL 1-1 % (ivermectin/metronidazole)	Tier 2	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)	Tier 2	
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 2	ST: Requires prior prescription for one generic topicals: sulfacetamide+/-sulfur,clindamycin+/-benzoyl peroxide,erythromycin+/-benzoyl peroxide,adapalene+/-benzoyl peroxide,or tretinoin within the past 120 days
BAXONIL TOPICAL OINTMENT 1-2 % (metronidazole/mupirocin)	Tier 2	
brimonidine topical gel with pump 0.33 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 2	

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DAZOMON TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 2	
EPSOLAY TOPICAL CREAM 5 % (benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic topical Metronidazole within the past 120 days; QL (30 GM per 30 days); Age (Min 18 Years)
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (metronidazole/mupirocin)	Tier 2	
<i>ivermectin topical cream 1 %</i>	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
METROCREAM TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
METROGEL TOPICAL GEL 1 % (metronidazole)	Tier 2	
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)	Tier 2	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine tartrate)	Tier 2	
NORITATE TOPICAL CREAM 1 % (metronidazole)	Tier 2	ST: Requires prior prescription for Metronidazole 0.75% gel, lotion, or cream within the past 120 days
REMYDA TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 2	
RESTIMO TOPICAL GEL 1-1 % (ivermectin/metronidazole)	Tier 2	
RHOFADE TOPICAL CREAM 1 % (oxymetazoline HCl)	Tier 2	

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metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
metronidazole (Rosadan Topical Gel 0.75 %)	Tier 2	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
ROSTITARA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)	Tier 2	
ROVIS TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 2	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 2	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 2	
ZILXI TOPICAL FOAM 1.5 % (minocycline HCl)	Tier 2	ST: Requires prior prescription for generic topical Metronidazole within the past 120 days; QL (30 GM per 30 days)
Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin		
CETAPHIL GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.42)	Tier 2	
GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.43)	Tier 1	
GENTLE SKIN CLEANSER(WITH SLS) TOPICAL CLEANSER (skin cleanser combination no.10)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECNU TOPICAL CLEANSER (skin cleanser combination no.41)	Tier 2	
Dermatological - Sunscreens - Drugs For The Skin		
CERAVE AM TOPICAL LOTION 30 SPF (homosalate/meradimate/octinoxate/octocrylene/zinc oxide)	Tier 2	
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs For The Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
ANASTIA TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
ASTERO TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEN TOPICAL GEL 2.8 % (lidocaine HCl)	Tier 2	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (lidocaine HCl)	Tier 2	
DERMALID TOPICAL COMBO PACK 5 % (lidocaine/elastic bandage)	Tier 1	

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lidocaine HCl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl)	Tier 2	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i>	Tier 1	
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 %, 3.25 % (lidocaine HCl)	Tier 2	
LIDOPURE PATCH TOPICAL COMBO PACK 5 % (lidocaine/kinesiology tape)	Tier 1	

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LIDORX TOPICAL GEL WITH PUMP 3 % (lidocaine HCl)	Tier 2	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine)	Tier 2	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (lidocaine)	Tier 2	
MOXICAINE TOPICAL KIT 5 % (lidocaine)	Tier 1	
NOLIRA TOPICAL CREAM 23-7 % (lidocaine/tetracaine)	Tier 2	
NUMBONEX TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
NYNUTEY TOPICAL CREAM 23-7 % (lidocaine/tetracaine)	Tier 2	
PROXIVOL TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 2	
REGENECARE TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 2	
REGENECARE WITH ALOE TOPICAL GEL 2 % (vitamin E/lidocaine/aloe vera/collagen)	Tier 2	
TRANZAREL TOPICAL GEL 4 % (lidocaine)	Tier 2	
XYLIDERM TOPICAL KIT 5 % (lidocaine/kinesiology tape)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	
ZILOVAL TOPICAL KIT 5 % (lidocaine)	Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % (lidocaine)	Tier 2	ST: Requires prior prescription for Lidoderm 5% patch within the past 120 days; QL (90 EA per 30 days)
Dermatological - Topical Local Anesthetic Esters - Drugs For The Skin		
ANACAIN TOPICAL OINTMENT 10 % (benzocaine)	Tier 2	
Dermatological - Topical Local Anesthetic Others - Drugs For The Skin		
DYCLOPRO TOPICAL SOLUTION 0.5 % (dyclonine HCl)	Tier 1	

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PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (ketamine HCl)	Tier 2	
Dermatological - Topical Local Anesthetics And Combinations - Drugs For The Skin		
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (lidocaine/emollient combination no.102)	Tier 2	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (lidocaine/dimethicone)	Tier 2	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
Dermatological Antipruritics - Antihistamines - Drugs For The Skin		
<i>doxepin topical cream 5 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
Dermatological Antipruritics Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 2	
Dermatological Irritants-Counter-Irritant Combinations - Drugs For The Skin		
CHEST RUB (WITH PINE OIL) TOPICAL OINTMENT (eucalyptus oil/lavender oil/pine needle oil/beeswax)	Tier 2	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
<i>methyl salicylate oil</i>	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 % (capsaicin/skin cleanser)	Tier 2	PA

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WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
Human Cellular Regenerative Tissue Matrix - Drugs For The Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (human regenerative tissue matrix)	Tier 2	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (human regenerative tissue matrix)	Tier 2	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (human regenerative tissue matrix)	Tier 2	
Nail Protectives - Drugs For The Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm)	Tier 2	
GENADUR TOPICAL LIQUID (carbitol/equisetum ext/ethanol/hydroxypropyl chitosan/msm)	Tier 2	
Ovine (Sheep) Skin Dressings, Non-Living - Drugs For The Skin		
KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 " (tissue matrix, keratin-based, ovine derived)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Porcine Skin Dressings, Non-Living - Drugs For The Skin		
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (extracellular matrix (ecm), porcine derived)	Tier 2	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (extracellular matrix (ecm), porcine derived)	Tier 2	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived,fenestrated)	Tier 2	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived,fenestrated)	Tier 2	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM (extracellular matrix (ecm), porcine derived)	Tier 2	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (extracellular matrix (ecm), porcine derived)	Tier 2	
XCELLISTEM TOPICAL POWDER 250 MG (extracellular matrix (ecm), porcine derived)	Tier 2	
Scabicide And Pediculicide Combinations - Drugs For The Skin		
NIX LICE PREVENTION TOPICAL SPRAY, NON-AEROSOL 0.06-0.35-0.6 % (rosemary oil/lemongrass/citronella oil)	Tier 1	
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 2	
ELIMITE TOPICAL CREAM 5 % (permethrin)	Tier 2	
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 2	

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EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 2	
LICE-BEDBUG-MITE BEDDING AEROSOL,SPRAY 0.5 % (permethrin)	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)	Tier 2	
OVIDE TOPICAL LOTION 0.5 % (malathion)	Tier 2	
<i>permethrin topical cream 5 %</i>	Tier 1	
crotamiton (Pruradik Topical Lotion 10 %)	Tier 2	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)	Tier 2	
Skin Replacement, Live Tissue Dressings - Drugs For The Skin		
APLIGRAF TOPICAL DISK (cultured skin substitute,human and bovine)	Tier 2	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 2	
Wound Care - Cleanser Combinations - Drugs For The Skin		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
DELUO TOPICAL SPRAY,NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	

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EPICYN TOPICAL SPRAY, NON-AEROSOL (hypochlorous acid/sodium chloride/sodium phosphate)	Tier 2	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagflu/e.water)	Tier 2	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 % (hypochlorous acid/sod chlor/sod sulfate/sod phosphate,mono)	Tier 2	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR IRRIGATION IRRIGATION SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR TOPICAL SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
Wound Care - Cleansers - Drugs For The Skin		
SIMPLY SALINE WOUND WASH TOPICAL AEROSOL, SPRAY 0.9 % (sodium chloride)	Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (sodium chloride irrigating solution/hypochlorous acid)	Tier 2	
Wound Care - Dressings - Drugs For The Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (silver/silicone/foam bandage)	Tier 2	
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " (silver)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " (silver)	Tier 2	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 " (foam bandage)	Tier 2	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" (silver sulfadiazine/foam bandage)	Tier 2	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (foam bandage)	Tier 2	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/silver/sodium alginate/carboxymethylcellulose)	Tier 2	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 2	
COLLATYL TOPICAL GEL 1 % (collagen, hydrolysate (bovine)/silver oxide)	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (silver/foam bandage)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (silver/calcium alginate)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KERAGELT TOPICAL GEL (gel dressing)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
L-MESITRAN SOFT TOPICAL GEL 40 % (honey)	Tier 2	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL GEL 80 % (honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL PASTE 100 % (honey)	Tier 2	
OCM TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)	Tier 2	
OMEZA TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)	Tier 2	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 " (hydrocolloid dressing)	Tier 2	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (silver/calcium alginate)	Tier 2	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (silver/calcium alginate)	Tier 2	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (silver/silicone/foam bandage)	Tier 2	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	

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STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 2	
STRATAVRT TOPICAL GEL (gel dressing)	Tier 2	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (honey)	Tier 2	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)	Tier 2	
ZENPHOR TOPICAL GEL (gel dressing)	Tier 2	
Wound Care - Growth Factor Agents - Drugs For The Skin		
REGRANEX TOPICAL GEL 0.01 % (beprotermin)	Tier 2	
Wound Care Combinations Other - Drugs For The Skin		
<i>balsam peru-castor oil topical ointment</i>	Tier 1	
<i>balsam peru-castor oil topical ointment in packet</i>	Tier 1	
BPCO TOPICAL OINTMENT (balsam peru/castor oil)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMULCERA TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	
FILSUVET TOPICAL GEL 10 % (birch bark extract)	Tier 2	PA
LEVICYN ANTIPURURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 2	
VENELEX TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	

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VENELEX TOPICAL OINTMENT IN PACKET (balsam perú/castor oil)	Tier 2	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction		
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (tadalafil) <i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2 Tier 1	PA PA
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (tenapanor HCl)	Tier 2	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
Electrolyte Balance-Nutritional Products - Drugs For Nutrition		
Amino Acid - Carnitine Derivatives - Drugs For Nutrition		
CARNITEX ORAL CAPSULE 340 MG (levocarnitine tartrate)	Tier 2	

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L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG (levocarnitine tartrate)	Tier 1	
L-CARNITINE ORAL CAPSULE 500 MG (levocarnitine)	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine tartrate oral capsule 250 mg, 500 mg</i>	Tier 1	
Amino Acid-Amino Acid Combinations, Oral - Drugs For Nutrition		
XYMOBOLX ORAL POWDER (amino acids)	Tier 2	
Amino Acids, Single Ingredient, Oral (Non-Injectable) - Drugs For Nutrition		
<i>arginine (l-arginine) oral capsule 500 mg</i>	Tier 1	
<i>arginine hcl (l-arginine) oral capsule 500 mg</i>	Tier 1	
CITRULLINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (citrulline)	Tier 2	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 2	PA
<i>glutamine oral powder 100 %</i>	Tier 1	
ISOLEUCINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
ISOLEUCINE AMINO ACID SUPPLMNT ORAL POWDER IN PACKET 50 MG/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
<i>l-cystine oral packet 0.5-15 g-kcal/4 g</i>	Tier 1	
<i>lysine hcl oral capsule 500 mg</i>	Tier 1	
<i>lysine hcl oral tablet 500 mg</i>	Tier 1	
METHIONINE ORAL POWDER IN PACKET 100 MG/4 GRAM (methionine supplement in carbohydrate base)	Tier 1	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660 MG (arginine oxoglutarate)	Tier 2	

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phenylalanine oral powder in packet 50 mg	Tier 1	
VALINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (valine supplement in carbohydrate base)	Tier 2	
VALINE AMINO ACID SUPPLEMENT ORAL PACKET 50 MG/4 GRAM (valine supplement in carbohydrate base)	Tier 1	
B-Complex Vitamin Combinations - Drugs For Nutrition		
B ACTIV ORAL CAPSULE 680 MCG DFE (vitamin B complex/methyltetrahydrofolate glucosamine)	Tier 2	
b complex-vitamin c-folic acid oral tablet 400 mcg	Tier 1	
B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG (vitamin B complex 100 combination no.2)	Tier 1	
B-50 COMPLEX WITH INOSITOL ORAL CAPSULE 400 MCG-25 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)	Tier 1	
b-complex with vitamin c oral tablet	Tier 1	
BIOPETIT ORAL LIQUID 790 MG/15 ML (vitamin B complex/lysine)	Tier 1	
COMPLETE LIVER CLEANSE ORAL CAPSULE 16.7 MG-66.7 MCG-110 MG (vitamin B complex/vit C/folic acid/amino acid/herbal no.351)	Tier 2	
FOLIKA-BC ORAL TABLET 1 MG-60 MG- 300 MCG (vitamin B complex/folic acid/ascorbic acid/biotin)	Tier 2	
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG (B comp/C/folic acid/zinc sulfate/cupric sulfate/vitamin E ac)	Tier 2	
NEPHRO VITAMINS ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)	Tier 1	
NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG (vit B complex and vit C no.24/ferrous fumarate/folic acid)	Tier 2	

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NEPHRO-VITE ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)	Tier 1	
PUREVITA SUPER B-COMPLEX ORAL CAPSULE 400 MCG (vitamin B complex/folic acid)	Tier 1	
STRESS B WITH ZINC ORAL TABLET (multivitamin,stress formula/zinc)	Tier 1	
SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)	Tier 1	
TM-VITE RX ORAL TABLET 1,000 MCG (vitamin B complex and vitamin C combination no.22/folic acid)	Tier 2	
ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (vit B complex/folic acid/choline bitartrate/inositol/herbs)	Tier 1	
<i>vit b comp-folic-choline-inosi oral tablet extended release 400 mcg-10 mg- 10 mg</i>	Tier 1	
WESCAPS ORAL CAPSULE 1 MG (vitamin B complex and vitamin C no.20/folic acid)	Tier 1	
B-Complex Vitamins - Drugs For Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 4	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 4	
<i>vitamin b complex oral capsule</i>	Tier 1	
<i>vitamin b complex oral tablet</i>	Tier 1	
<i>vitamin b complex oral tablet,disintegrating</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bioflavonoid Combinations - Drugs For Nutrition		
ACTIFLOVIT ORAL TABLET 200-100 MG (bioflavonoid, lemon/vitamin B comp and C)	Tier 1	
BIO C 1:1 ORAL CAPSULE 500-500 MG (ascorbic acid/bioflavonoids)	Tier 2	
DIOVASC ORAL CAPSULE 500 MG (hesperidin/diosmin)	Tier 2	
LIPO-FLAVONOID ORAL TABLET 500 MG (vit B complex and C/choline/inositol/bioflavonoid,lemon)	Tier 2	
Dietary Product - Dietary Supplements - Drugs For Nutrition		
<i>inositol oral capsule 500 mg</i>	Tier 1	
Dietary Product - Infant Formulas - Drugs For Nutrition		
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
Dietary Product - Sweeteners - Drugs For Nutrition		
<i>saccharin powder</i>	Tier 2	
Diluents - Insulin Diluting Solutions - Drugs For Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (diluent,insulin aspart combination no.1)	Tier 4	
Diluents - Sodium Chloride - Drugs For Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 4	
<i>sodium chloride 0.9 % injection solution</i>	Tier 4	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
sodium polystyrene sulfonate/sorbitol solution (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	Tier 2	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (patiromer calcium sorbitex)	Tier 2	PA
Geriatric Vitamins - Drugs For Nutrition		
ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML (vitamin B complex/zinc sulfate/manganese sulfate)	Tier 2	
Irrigation Solutions - Drugs For Nutrition		
<i>lactated ringers irrigation solution</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<i>sodium chloride tablet,soluble 1,000 mg</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	

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calcium carb, citrate, malate oral capsule 250 mg calcium	Tier 1	
calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)	Tier 1	
calcium citrate oral tablet 200 mg (950 mg)	Tier 1	
OSSOPAN MD ORAL CAPSULE 200 MG CALCIUM- 1.25 MCG (calcium combination no.35/vitamin D3/magnesium malate)	Tier 2	
OSSOPAN-1100 ORAL CAPSULE 275 MG CALCIUM (1,100 MG) (hydroxyapatite)	Tier 2	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Tier 1	
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
BONEUP (CALCIUM ASCORBATE) ORAL CAPSULE 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D3/magnesium oxide/ascorbate cal/vit K2/minerals)	Tier 2	
BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG (calcium/vit D3/magnesium oxide/vit C/vit K2/minerals)	Tier 2	
ca-d3-mag ox-zinc-cop-mang-bor oral tablet 600 mg calcium- 20 mcg-50 mg	Tier 1	
ca-d3-mag-zinc-cop-mang-bor oral tablet 600-200-40-7.5 mg-unit-mg-mg	Tier 1	
calc carb-mag ox-d3-zinc gluc oral tablet 333 mg-133 mg-1.67 mcg-5 mg	Tier 1	
calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg	Tier 1	
calcium carb-d3-mag ox-zinc ox oral tablet 333 mg-133 unit -133 mg-5 mg	Tier 1	
calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg	Tier 1	

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calcium no.38-d3-mag-boron oral liquid 500 mg-12.5 mcg - 20 mg/15 ml	Tier 1	
calcium phos-d3-magnesium-zinc oral tablet, chewable 100 mg-25 mcg- 17 mg-1.67 mg	Tier 1	
calcium-d3-zinc-copper-mangan oral tablet 325 mg-12.5 mcg -2.75 mg	Tier 1	
calcium-vitamin d3-vitamin k oral tablet, chewable 650 mg- 12.5 mcg-40 mcg	Tier 1	
CALTRATE-D3 PLUS MINERALS ORAL TABLET 600 MG-20 MCG- 50 MG-1 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide)	Tier 2	
CALTRATE-D3 PLUS MINERALS ORAL TABLET, CHEWABLE 600 MG-20 MCG- 40 MG-0.25 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide)	Tier 2	
JOINT HEALTH-BONE STRENGTH ORAL TABLET 600 MG-25 MCG- 50 MG (calcium carb/vit D3/mag oxide/copper/manganese/zinc/collag)	Tier 2	
KIDS BONES-MUSCLES ORAL TABLET, CHEWABLE 162 MG CALCIUM- 10 MCG-21 MG (calcium phosphate, tribasic/vitamin D3/mag citrate/vit K1)	Tier 2	
LIQUICAL PLUS ORAL LIQUID 84 MG-24 MG- 10 MCG/5 ML (calcium citrate/magnesium citrate/vitamin D3/zinc citrate)	Tier 2	
MYLK ORAL CAPSULE 200 MG-6.25 MCG -50 MG (calcium no.43/vitamin D3/mag oxide/omega-3/dha/epa/fish oil)	Tier 2	
OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (calcium malate/magnesium amino acid chelate, malate)	Tier 2	
OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (hydroxyapatite/vitamin D3/vitamin K2/choline/silicon)	Tier 2	

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OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (hydroxyapatite/vitamin D3/choline/silicon)	Tier 2	
OSTEOPRIME PLUS CALC-MAGNESIUM ORAL TABLET 200 MG-5 MCG-75 MG-200 MCG DFE (calcium no.39/vit D3/magnesium/folate/vit K1/vit K2/minerals)	Tier 2	
ULTRA BONEUP ORAL TABLET 200 MG-8.3 MCG- 83.3 MG-8.3 MG (calcium/vit D3/magnesium oxide/collagen/vit C/vit K2/mineral)	Tier 2	
VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D2/magnesium oxide/ascorbate calcium/vit K2/min)	Tier 2	
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition		
ALIVE CALCIUM-VITAMIN D3 ORAL TABLET,CHEWABLE 260 MG CALCIUM- 25 MCG-50 MG (calcium phosphate, tribasic/vitamin D3/herbal complex no.293)	Tier 2	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-5 mcg (200 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>	Tier 2	
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	Tier 1	

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calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit)	Tier 1	
CALTRATE 600 PLUS D ORAL TABLET,CHEWABLE 600 MG-20 MCG (800 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 2	
CALTRATE GUMMY BITES ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))	Tier 2	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 1	
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))	Tier 1	
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 2	
potassium iodide oral solution 1 gram/ml	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 1	
XYMODINE ORAL CAPSULE 7,500-5,000 MCG (potassium iodide/iodine)	Tier 2	
Minerals And Electrolytes - Iron - Drugs For Nutrition		
ACCRUFER ORAL CAPSULE 30 MG (ferric maltol)	Tier 2	

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AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
FERGON ORAL TABLET 225 MG (27 MG IRON) (ferrous gluconate)	Tier 1	
FERRETTS IPS ORAL CAPSULE 18 MG (iron succinyl-protein complex)	Tier 1	
<i>ferric citrate oral tablet 210 mg iron</i>	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
<i>ferric glycinate oral liquid 18 mg iron/15 ml</i>	Tier 1	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	Tier 1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet extended release 142 mg (45 mg iron)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron)	Tier 1	
ferrous sulfate oral tablet, delayed release (dr/ec) 325 mg (65 mg iron)	Tier 1	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)	Tier 2	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
iron bisglycinate chelate oral capsule 28 mg iron	Tier 2	
iron bisglycinate chelate oral capsule 29 mg iron	Tier 1	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid)	Tier 2	
NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
polysaccharide iron complex oral capsule 150 mg iron	Tier 1	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON) (ferrous sulfate)	Tier 2	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) (ferrous sulfate)	Tier 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (ferric pyrophosphate citrate)	Tier 2	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (ferric pyrophosphate citrate)	Tier 2	
Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition		
BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG (iron carbonyl,gluc/folic acid/vit B12/vit C/docusate sodium)	Tier 2	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1,667 MCGDFE, 75 MG IRON-175 MG-12 MCG-1 MG (iron asp gly/ascorbic acid/vit B12/folate no.1/zinc/succinic)	Tier 2	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (iron bisgly,aspart,fumarate/vit C/folate/B12/biotin/cupric)	Tier 2	
GENTLE IRON ORAL CAPSULE 28 MG IRON-60MG -400 MCG-8 MCG (iron bis-glycinate chelate/ascorbic acid/folic acid/vit B12)	Tier 2	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
HEMATOGEN ORAL CAPSULE 66 MG IRON- 250 MG-10 MCG (ferrous fumarate/ascorbic acid/cyanocobalamin)	Tier 2	
HEMATRON-AF ORAL TABLET 150 MG-1,020 MCG DFE-500 MG, 150 MG-1,700 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper)	Tier 2	
HEMAX ORAL TABLET 150 MG-1,020 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper)	Tier 2	
IRON FOLATE PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vit B comp and C no.9)	Tier 1	
IRON FOLATE-F ORAL CAPSULE 125-1-40-3 MG (iron fumarate,polysac comp/folic acid/vitamin C/niacinamide)	Tier 1	
<i>iron,carbonyl-vitamin c oral tablet 100-250 mg</i>	Tier 1	
<i>iron,carbonyl-vitamin c oral tablet 65 mg iron- 125 mg</i>	Tier 1	
MAXFE (FOLATE) ORAL TABLET 160 MG-1,700 MCG DFE-60 MCG (iron carb,glycinate/folate/B12/mag ascorbate/biotin/zinc)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIFEREX (FERROUS ASPARTO GLYC) ORAL TABLET 75 MG IRON-175 MG-1,700 MCGDFE (iron asparto gly/vit C/vit B12/folate no.6/zinc/succinic)	Tier 2	
NOVAFERRUM YAY IRON ORAL TABLET,CHEWABLE 18 MG IRON- 30 MG (iron polysaccharide complex/ascorbic acid)	Tier 2	
PROTECT IRON LIQUID ORAL LIQUID 100 MG IRON-250 MG/5 ML (iron polysaccharide complex/ascorbic acid/vitamin B complex)	Tier 2	
TULIVITE ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 2	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (iron bisglycinate/C/methylfolate/B12/L. acidoph,plant/inulin)	Tier 2	
VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG (iron,carbonyl/ascorbic acid)	Tier 2	
Minerals And Electrolytes - Magnesium - Drugs For Nutrition		
LC-655 ORAL CAPSULE 118 MG MAGNESIUM (magnesium glycinate)	Tier 2	
<i>magnesium chloride oral tablet 64 mg magnesium</i>	Tier 1	
<i>magnesium citrate oral capsule 100 mg</i>	Tier 1	
<i>magnesium citrate oral capsule 125 mg</i>	Tier 2	
<i>magnesium citrate oral tablet,chewable 83.3 mg</i>	Tier 1	
<i>magnesium citrate,mag oxide oral capsule 250 mg</i>	Tier 2	
MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (magnesium carb,citrate,oxide)	Tier 2	
<i>magnesium gluconate oral tablet 12.5 mg magne- sium (250 mg), 30 mg (550 mg)</i>	Tier 2	
<i>magnesium glycinate oral capsule 100 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral capsule 400 mg magnesium</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
magnesium oxide oral tablet 250 mg magnesium, 300 mg magnesium	Tier 1	
magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg magnesium	Tier 1	
magnesium oxide oral tablet, chewable 200 mg magnesium	Tier 1	
OPTIMAG 125 ORAL CAPSULE 125 MG MAGNESIUM (magnesium amino acid chelate, magnesium malate)	Tier 2	
OPTIMAG NEURO ORAL CAPSULE 66.7 MG (magnesium amino acid chelate, malate, threonate)	Tier 2	
OPTIMAG NEURO ORAL POWDER 200 MG MAGNESIUM/SCOOP (magnesium amino acid chelate, malate, threonate)	Tier 2	
SLOWMAG MUSCLE RECOVERY ORAL TABLET, CHEWABLE 85 MG (magnesium citrate)	Tier 2	
Minerals And Electrolytes - Magnesium Combinations - Drugs For Nutrition		
magnesium citrate-lemon balm oral tablet, chewable 66.6-25 mg	Tier 1	
MAGNESIUM OPTIMIZER ORAL TABLET 50-25-175-1 MG (magnesium malate/potassium citrate/taurine/pyridoxal)	Tier 2	
Minerals And Electrolytes - Multiple Minerals - Drugs For Nutrition		
MINREX ORAL CAPSULE 25-100 MG (minerals/potassium glycinate/betaine hydrochloride)	Tier 2	
Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition		
BIOLYTE ORAL LIQUID (electrolytes/dextrose/multivit/amino/ginger/milk thistle)	Tier 2	
BIOLYTE ORAL POWDER IN PACKET (electrolytes/dextrose/multivit/amino/ginger/milk thistle)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERASPORT ENDURANCE ORAL POWDER IN PACKET 400 MG-160 MG/42 GRAM (sodium chloride/potassium chloride/sodium citrate/rice/whey)	Tier 1	
CERASPORT EX1 ORAL POWDER 200 MG-100 MG- 20 KCAL/6 GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 2	
CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 1	
<i>electrolytes-dextrose oral packet</i>	Tier 1	
<i>electrolytes-dextrose oral solution</i>	Tier 1	
ENSURE RAPID HYDRATION ORAL POWDER IN PACKET 30 MEQ-10 MEQ- 25 MEQ-11 GRAM (sodium/potassium/chloride/dextrose)	Tier 2	
HYDRALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
HYDRALYTE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000-300 MG (electrolytes/dextrose/ascorbic acid/elderberry fruit)	Tier 2	
HYDRATING ELECTROLYTE ORAL PACKET (electrolytes/dextrose)	Tier 1	
HYDRATING ELECTROLYTE SF ORAL POWDER IN PACKET (electrolytes,oral/multivitamin/amino acids)	Tier 1	
HYDRATION MULTIPLI SUGAR FREE ORAL PACKET (electrolytes)	Tier 2	
HYDRATION MULTIPLIER IMMUNE ORAL POWDER IN PACKET 504 MG (electrolytes,oral/dextrose/vitamin B complex/ascorbic acid)	Tier 2	
KINDERLYTE HERBAL IMMUNITY ORAL POWDER IN PACKET 270 MG-25 MCG- 140 MG-50 MG (electrolytes/dextr/vit C/vit D3/turmeric rt xt/elderberry fr)	Tier 2	
ORALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	

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PEDIALYTE ELECTROLYTE ORAL POWDER IN PACKET 11.25-5-8.75 MEQ (sodium/potassium/chloride/dextrose)	Tier 2	
PEDIALYTE ELECTROLYTE WATER ORAL SOLUTION (electrolytes)	Tier 2	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (sodium/potassium/chloride/dextrose)	Tier 2	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
Minerals And Electrolytes - Phosphate - Drugs For Nutrition		
PHOSPHOROUS SUPPLEMENT ORAL POWDER IN PACKET 280-160-250 MG (sodium phosphate/potassium phosphates, monobasic and dibasic)	Tier 1	
<i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>	Tier 1	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)	Tier 1	
Minerals And Electrolytes - Potassium Combinations - Drugs For Nutrition		
<i>mag citrate-potassium citrate oral capsule 70-99 mg</i>	Tier 1	
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarbonate/citric acid)	Tier 2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)	Tier 2	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride (Klor-Con Oral Packet 20 Meq)	Tier 2	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)	Tier 2	
POKONZA ORAL PACKET 10 MEQ (potassium chloride)	Tier 1	
potassium aa (bisglycinate) oral capsule 99 mg	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet extended release 15 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
potassium gluconate oral tablet 595 mg (99 mg)	Tier 1	
Minerals And Electrolytes - Sodium Chloride, Oral - Drugs For Nutrition		
sodium chloride tablet,soluble 1,000 mg	Tier 1	
Minerals And Electrolytes - Trace Minerals - Drugs For Nutrition		
BORON COMPLEX ORAL CAPSULE 3 MG (boron aspartate)	Tier 2	

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chromium nicotinate oral capsule 200 mcg	Tier 1	
chromium picolinate oral tablet 1,000 mcg	Tier 1	
chromium picolinate oral tablet 200 mcg	Tier 1	
copper gluconate oral tablet 2 mg	Tier 2	
selenium oral capsule 200 mcg	Tier 1	
selenium oral tablet 200 mcg, 50 mcg	Tier 1	
selenomethionine oral capsule 200 mcg	Tier 1	
Minerals And Electrolytes - Zinc - Drugs For Nutrition		
IS-ZC 50 ORAL TABLET 50 MG (zinc citrate, zinc oxide)	Tier 2	
PEPCIX ORAL TABLET,CHEWABLE 16 MG (polaprezinc (zinc carnosine))	Tier 2	
zinc amino acid chelate oral tablet 50 mg	Tier 1	
zinc citrate oral tablet,chewable 11 mg, 16.7 mg	Tier 2	
zinc gluconate oral tablet 50 mg	Tier 1	
zinc glycinate oral capsule 20 mg	Tier 1	
zinc glycinate oral tablet,chewable 7.5 mg	Tier 1	
zinc sulfate oral capsule 50 mg zinc (220 mg)	Tier 1	
zinc sulfate oral tablet 50 mg zinc (220 mg)	Tier 1	
Minerals And Electrolytes - Zinc Combinations - Drugs For Nutrition		
ZINC BALANCE ORAL CAPSULE 15-1 MG (zinc methionine sulfate/copper gluconate)	Tier 2	
zinc gluc, oxide-ascorbic acid oral tablet,disintegrating 15-60 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multivitamin And Mineral Combinations - Drugs For Nutrition		
ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG (multivit-calc-min/ferrous fumarate/folic acid/vit K1/lutein)	Tier 2	
ACTIVNUTRIENTS (NO IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/methyltetrahydrofolate glucosamine)	Tier 2	
ACTIVNUTRIENTS CHEWABLE ORAL TABLET,CHEWABLE 0.75 MG- 85 MCG DFE (multivitamin-minerals no.98/ferric glycinate/m-hydrofolate)	Tier 2	
ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM (multivit with minerals/methyltetrahydrofolate glucosa/vit K2)	Tier 2	
ACTIVNUTRIENTS ORAL CAPSULE 1.25 MG IRON- 170 MCG DFE (multivit with min/iron bis-gly/methyltetrahydrofolate gluc)	Tier 2	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE 72.25 MCG DFE- 22.5 MG (multivit-min/folate no.11/milk thistle seed extract/herbs)	Tier 2	
ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/leucovorin calc,m-folate glucosamine)	Tier 2	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,copper,zinc 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 1	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	

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ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	
ALIVE ADULT ULTRA POTENCY ORAL TABLET 18 MG IRON- 400 MCG-120 MCG (multivit-min/ferrous fumarate/folic acid/vit K1/herb no.354)	Tier 2	
ALIVE COMPLETE PREMIUM PRENATL ORAL CAPSULE 13.5 MG IRON- 200 MCG-100 MG (mv-mins no.108/iron fumarate/folic acid/dha/Schiz algal oil)	Tier 2	
ALIVE DAILY ENERGY ORAL TABLET 18 MG IRON- 240 MCG-40 MCG (multivit-min/iron/folic/K1/resveratrol/lutein/herbal no.293)	Tier 2	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG (multivit with minerals/folic acid/lutein/herbal comp no.329)	Tier 2	
ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG (multivit-min/folic acid/K1/resveratrol/lutein/herbal no.293)	Tier 2	
ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML (multivitamin-minerals/folic/vitamin K/herbal no.332)	Tier 2	
ALIVE MAX6 POTENCY COMPLETE ORAL CAPSULE 3 MG IRON- 66.67 MCG DFE (multivit-min/iron/methyltetrahydrofolate/vit K/herb no.335)	Tier 2	
ALIVE MEN 50 PLUS ULTRA-LUTEIN ORAL TABLET 240-120 MCG (multivit with minerals/folic acid/vitamin K1/herbal no.328)	Tier 2	
ALIVE MEN'S 50 PLUS MULTIVIT ORAL TABLET,CHEWABLE 120 MCG-150 MCG -50 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 2	
ALIVE MEN'S 50 PLUS MV (VIT K) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE MEN'S 50 PLUS ULTRA ORAL TABLET 800 MCG DFE- 120 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.328)	Tier 2	
ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	
ALIVE MEN'S GUMMY ORAL TABLET,CHEWABLE 120 MCG- 50 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE MEN'S MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.330)	Tier 2	
ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG (multivitamin-min/minerals/methyltetrahydrofolate/vitamin K/herbal 334)	Tier 2	
ALIVE PREMIUM ADULT ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE PREMIUM PRENATAL ORAL TABLET,CHEWABLE 120 MCG-25 MG- 66.7 MG (multivitamin-minerals no.45/folic acid/dha/herbal no.293)	Tier 2	
ALIVE WOMEN'S 50 PLUS COMPLETE ORAL TABLET 240-120-300 MCG (multivit-minerals/folic acid/vitamin K1/lutein/herbs)	Tier 2	
ALIVE WOMEN'S 50 PLUS GUMMY ORAL TABLET,CHEWABLE 120 MCG-150 MCG -37.5 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 2	
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON-240 MCG-120 MCG (multivit,calcium,minerals/iron/folic acid/vit K/herb no.293)	Tier 2	
ALIVE WOMEN'S GUMMY VITAMIN ORAL TABLET,CHEWABLE 120 MCG- 37.5 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	

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ALIVE WOMEN'S MULTIVITAMIN ORAL TABLET 4.5 MG IRON- 120 MCG-60 MCG (multivit-min/ferrous fumarate/folic acid/vit K1/herb no.352)	Tier 2	
ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG (multivit-min/iron/methyltetrahydrofolate/vit K/herb 333)	Tier 2	
ALPHA BETIC ORAL TABLET 240 MCG- 100 MG (multivitamin with minerals/folic acid/alpha lipoic acid)	Tier 2	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 2	
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON-800 MCG DFE-120 MCG (multivit-min/ferrous fumarate/methyltetrahydrofolate/vit K1)	Tier 2	
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE 166.6-83.3-33.3 MG (multivit-min/yeast/astragalus root xt/ginger root xt/herbs)	Tier 2	
BOOSTNOW IMMUNE SUPPORT ORAL POWDER 499.99-249.99 MG/SCOOP (multivit-min/yeast/astragalus root xt/ginger root xt/herbs)	Tier 2	
CENTRUM ADULT 50 PLUS ORAL TABLET,CHEWABLE 80 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM ADULTS ORAL TABLET,CHEWABLE 12 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM CHEWABLES ORAL TABLET,CHEWABLE 8 MG-400 MCG- 80 MCG (multivitamin with minerals/iron,carbonyl/folic acid/vit K1)	Tier 2	
CENTRUM MENOPAUSE MULTIVITAMIN ORAL TABLET 400 MCG-30 MCG- 30 MG (multivitamin with minerals/folic acid/vitamin K1/genistein)	Tier 2	
CENTRUM MINIS ADULTS 50 PLUS ORAL TABLET 200-15-150-125 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 2	

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CENTRUM MINIS MEN 50 PLUS ORAL TABLET 150-30-300-150 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 2	
CENTRUM MINIS WOMEN 50 PLUS ORAL TABLET 4 MG IRON-200 MCG-25 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 2	
CENTRUM MULTI MENTAL FOCUS ORAL TABLET,CHEWABLE 80 MCG- 25 MG (multivitamin with minerals/folic acid/caffeine)	Tier 2	
CENTRUM MULTI PLUS BEAUTY ORAL TABLET,CHEWABLE 80-1,250 MCG (multivitamin with minerals/folic acid/biotin)	Tier 2	
CENTRUM MULTI PLUS OMEGA-3 ORAL TABLET,CHEWABLE 80 MCG-12.5 MCG -23.5 MG (multivitamin with min/folic acid/D3/omega-3/dha/epa/fish oil)	Tier 2	
CENTRUM MULTIGUMMIES MEN ORAL TABLET,CHEWABLE 12 MCG, 42 MCG, 80 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM MULTIGUMMIES WOMEN ORAL TABLET,CHEWABLE 42 MCG, 80 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML (multivitamin with minerals/ferrous gluconate)	Tier 1	
CENTRUM POSTNATAL ORAL TABLET,CHEWABLE 115 MCG-35 MG- 25 MG-5 MG (multivit-min no.114/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
CENTRUM PRENATAL ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (multivitamin-min no.115/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	

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CENTRUM WOMEN IMMUNE MINIS ORAL TABLET 9 MG IRON- 200 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 2	
CENTURY MATURE ORAL TABLET 0.4 MG-300 MCG-250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG-250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG (mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha)	Tier 2	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CULTURELLE PROBIOTIC-MULTIVIT ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM (multivitamin with minerals/B. coagulans/B. subtilis/inulin)	Tier 2	
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
DAVIMET WITH IRON ORAL TABLET,CHEWABLE 11 MG IRON- 1,700 MCG DFE (multivitamin combination no.62/iron chelate/levomefolate)	Tier 2	
DAYAVITE ORAL TABLET 1-75-10 MG (multivitamin with minerals no.90/folic acid/ALA/coQ10)	Tier 2	
DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG (multivitamin-minerals no.73/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	

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DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX MULTITAM ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON-500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON-1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENEXA ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENTRIXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITRAMYN ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITRANOL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VITRANOL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITREXATE FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VITREXATE ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX ZINTREXYL-C ORAL TABLET 9 MG IRON-500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	

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DIABETIC MULTIVITAMIN ORAL TABLET,CHEWABLE 120 MCG (multivitamin with minerals/folic acid)	Tier 1	
DIATROL ORAL TABLET 1,700 MCG DFE- 90 MCG (multivitamin-minerals no.105/levomefolate calcium/vit K1)	Tier 2	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 1	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)	Tier 1	
FINAZOL ORAL TABLET 18 MG IRON- 1,700 MCG DFE (multivitamin with min no.109/ferrous fumarate/levomefolate)	Tier 2	
FOLAGENT DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 2	
FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
FOLAMED DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 2	
FOLAPRIME ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.81/folic acid/vit K1/ubidecarenone)	Tier 2	

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GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.82/folic acid/vit K1/ubidecarenone)	Tier 2	
HAIR, SKIN AND NAILS (HERBS) ORAL CAPSULE 120-1,250-60 MCG (multivit-min/folic acid/biotin/vit K1/collagen/herbal no.353)	Tier 2	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 2	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 1	
IMMUNERX ORAL CAPSULE 250 MCG (multivitamin with minerals no.88/folic acid)	Tier 2	
KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) (multivitamin with minerals/ferrous gluconate)	Tier 1	
LIVITA FOR ADULT ORAL LIQUID 1,700 MCG DFE- 500 MG/15 ML (multivitamin-minerals no.103/levomefolate calcium/inulin)	Tier 2	
LUTEIN PLUS WITH ZEAXANTHIN ORAL TABLET 1,500 MCG-60 MG -20 MG-15 MG (betacarotene/vit C/vit E/zinc ox/cupric ox/lutein/zeaxanthin)	Tier 1	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 1	
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	

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MEN'S DAILY MULTIVITAMIN ORAL TABLET 8 MG IRON-200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)	Tier 1	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
MEN'S MULTIVITAMIN ORAL TABLET 200-60-600 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
MULTI PRO ORAL CAPSULE 32 MG IRON-1 MG -315 MG (multivit-mins no.85/iron/folic acid/dha/Lactobacillus casei)	Tier 2	
MULTIA DAILY MULTIVITAMIN ORAL CAPSULE 4.5 MG IRON- 500 MCG (mv-mn/iron,carbonyl/folic/om3/fish/lycopene/lutein/zeaxanth)	Tier 2	
MULTITOL-M ORAL TABLET 2,040 MCG DFE (multivitamin with minerals no.106/levomefolate calcium)	Tier 2	
<i>multivit with min-folic acid oral tablet 0.4 mg</i>	Tier 1	
<i>multivit with min-folic acid oral tablet,chewable 120 mcg, 200 mcg</i>	Tier 1	
<i>multivit,calc,min-fa-k1-lycop oral tablet 240 mcg-30 mcg-300 mcg</i>	Tier 1	
MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 1	
<i>multivit-min-ferrous fumarate oral tablet 15 mg iron</i>	Tier 2	
MVW MODULATOR FORMUL MULTIVIT ORAL CAPSULE 6,000 MCG-400MG -37.5 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	
MVW MODULATR FORM MINI MULTIVT ORAL CAPSULE 3,000 MCG-200MG -18.75 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	

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NANOV M ADULT ORAL POWDER 1 MG-50 MCG DFE - 15.5 MCG (multivit-min/sodium feredetate/levomefolate/vit K1/vit K2)	Tier 2	
NEOVITE ORAL TABLET 1-100-1 MG (multivit-minerals no.67/folic acid/alpha lipoic acid/lutein)	Tier 2	
NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG (levomefolate calc/niacinamide/copper/zinc/selenium/chromium)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
ONE A DAY MEN COMPLETE ORAL TABLET 240-25-300 MCG (multivitamin,calcium,minerals/folic acid/vitamin D3/lycopene)	Tier 2	
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG (multivitamin with minerals/folic acid)	Tier 2	
ONE DAILY MEN'S 50 PLUS W-D3 ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 1	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (multivitamin with minerals/ferrous sulfate)	Tier 1	
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON (multivitamin/ferrous sulfate)	Tier 2	
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG (multivit with minerals/folic acid/calcium carbonate/vit K1)	Tier 1	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	

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ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY MEN'S 50 PLUS ORAL TABLET 400-370 MCG (multivitamin with minerals/folic acid/lycopene)	Tier 2	
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 2	
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY WOMEN'S 50 PLUS ORAL TABLET 0.4 MG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG IRON- 400 MCG (multivitamin with minerals/ferrous fumarate/folic acid)	Tier 2	
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG (multivitamin-minerals/folic acid/co Q10/lycopene/lutein)	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil)	Tier 1	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin)	Tier 2	
PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG (multivitamin with minerals/iron succinyl-protein/folic acid)	Tier 2	

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SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
SPECTRAVITE MEN 50 PLUS ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 1	
SPECTRAVITE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)	Tier 1	
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 1	
SUPERIOR MEN'S MULTI ORAL TABLET 400 MCG DFE-30 MCG-30 MG (multivit-min/levomefolate calc/K2/saw palm/ginkgo leaf/herbs)	Tier 2	
SUPERIOR WOMEN'S MULTI ORAL TABLET 2.5 MG IRON-400 MCG DFE-30 MCG (multivit-min/iron gly/levomefolate calc/K2/ginkgo leaf/herbs)	Tier 2	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (multivitamin/ferrous sulfate/folic acid)	Tier 2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
Thera-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)	Tier 1	
Therapeutic-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)	Tier 1	
Thera-Vite Max-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)	Tier 1	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)	Tier 2	

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VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)	Tier 2	
VITAFUSION PRENATAL ORAL TABLET,CHEWABLE 180 MCG-32.5 MG (25 MG-7.5 MG) (mv-min no.110/folic acid/om-3/dha/other omega-3s/fish oil)	Tier 2	
VITAJOY ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
VITREXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
VITREXYL PLUS IRON ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
WELLFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
WESCAP-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG (multivitamin,calcium,minerals/folic acid/phytonadione(vit K))	Tier 1	
WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
WOMEN'S DAILY MULTIVITAMIN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
WOMEN'S MULTIVITAMIN COLLAGEN ORAL TABLET,CHEWABLE 200 MCG- 25 MG (multivitamin with minerals/folic acid/collagen, hydrolyzed)	Tier 2	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multivitamins - Drugs For Nutrition		
ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-18.75 MCG-67MG-400MCG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 2	
ALTRIXA ORAL TABLET 1,000 MCG (multivitamin combination no.61/folic acid)	Tier 2	
CENTRUM ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
CENTURY ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
DAILY MULTIVITAMIN-MINERALS ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
DAVIMET-M ORAL TABLET,CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)	Tier 2	
DERMACINRX DAVIMET ORAL TABLET,CHEWABLE 1,000 MCG (multivitamin combination no.58/folic acid)	Tier 2	
DERMACINRX MULTIVITAMIN ORAL TABLET,CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)	Tier 2	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha)	Tier 2	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HI-D ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-62.5 MCG-67 MG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 2	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
MICRONEX ORAL CAPSULE 400 MCG (multivitamin combination no.63/folic acid)	Tier 1	
<i>multivitamin oral tablet</i>	Tier 1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (multivit 42/iron b-g che,carbonyl/methyltetrahydrofolate/dha)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG (multivitamin comb no.42/iron,carbonyl/levomefolate/dha)	Tier 2	
ONE DAILY MULTIVITAMIN ORAL TABLET (multivitamin)	Tier 1	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG (multivit no.38/methyltetrahydfolate glucos,folic acid/ginger)	Tier 2	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (multivitamin no.36/methyltetrahydrofolate gluc,folic acid)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (multivitamin no.45/iron fumarate/folate comb no.6/dha)	Tier 2	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (multivitamin no.46/iron fumarate/folate comb. no.6/dha)	Tier 2	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (multivitamin no.40/iron asparto glycinate/folate no.1/dha)	Tier 2	
PREV-RX ORAL TABLET 1,000-25-20 MCG (folic acid/vit B12/D3/vit E succ/calcium/phosphatidylcholine)	Tier 2	
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
THEREMS MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
TRIVIA COMPLETE ORAL CAPSULE 400 MCG (multivitamin combination no.63/folic acid)	Tier 1	
WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
WOMEN'S DAILY MULTIVITAMIN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs For Nutrition		
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	
Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs For Nutrition		
I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for isoaleric acidemia with iron)	Tier 2	
Nutritional Product - Lipid Others - Drugs For Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)	Tier 2	PA
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)	Tier 2	
<i>medium chain triglycerides oral oil 14 gram-130 kcal/15 ml</i>	Tier 1	
Nutritional Product - Medical Condition Specific Formulation - Drugs For Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 2	PA
<i>ribose oral powder 10 kcal /2 gram (scoop)</i>	Tier 1	
Nutritional Product - Methionine-Free Specific Formulation - Drugs For Nutrition		
HCU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 2	
HCU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 2	
Nutritional Product - Msud Specific Formulation - Drugs For Nutrition		
ISOLEUCINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
ISOLEUCINE AMINO ACID SUPPLMNT ORAL POWDER IN PACKET 50 MG/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for MSUD with iron)	Tier 2	
METHIONINE ORAL POWDER IN PACKET 100 MG/4 GRAM (methionine supplement in carbohydrate base)	Tier 1	
MSUD GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy for MSUD with iron)	Tier 2	
Nutritional Product - Nutritional Therapy - Drugs For Nutrition		
ALFAMINO JUNIOR ORAL POWDER 14 GRAM-480 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 2	
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 2	
ELECARE JR ORAL POWDER 14.4 GRAM-493 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 2	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (nutritional therapy for impaired digestive function)	Tier 2	

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ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM-KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 2	
ENSURE SURGERY PERIOP BUNDLE ORAL LIQUID 0.08 GRAM- 1.4 KCAL/ML (nut.tx.compromised immune system, reg-maltodextrin-fructose)	Tier 2	
FRUITIVITS ORAL POWDER IN PACKET (nut.tx. metabolic disorder,reg/multivit with iron, minerals)	Tier 1	
GLUCERNA 1.5 CAL ORAL LIQUID 0.08-1.5 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 2	
GLUCERNA HUNGER SMART ORAL LIQUID (nutritional therapy, glucose intolerance,lactose-free,soy)	Tier 2	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (nutritional therapy, glucose intolerance,soy)	Tier 2	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	
IMPACT ADVANCED RECOVERY ORAL LIQUID 0.1 GRAM-1.12 KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 2	
MCT PRO-CAL ORAL PACKET (nutritional therapy for impaired digestive function)	Tier 2	
NEOCATE JUNIOR WITH PREBIOTICS ORAL POWDER 14.8 GRAM-472 KCAL/100 GRAM (nut.tx.impaired digest fxn/fiber)	Tier 2	
NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 2	
OPTICLEANSE GHI ORAL POWDER IN PACKET 26 GRAM-210 KCAL, 26 GRAM-230 KCAL (nutritional therapy for impaired digestive function)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEPTAMEN JUNIOR PHGG ORAL LIQUID 0.036 GRAM-1.2 KCAL/ML (nutritional therapy for impaired digestive function)	Tier 2	
PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM (nutritional supplement)	Tier 2	
RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (nutritional therapy, impaired renal function)	Tier 2	
RESTORE FUSION RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 2	
RESTORE RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 2	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 2	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 2	
VITAL PEPTIDE 1.5 CAL ORAL LIQUID 0.07 GRAM- 1.5 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 2	
VIVONEX PEDIATRIC ORAL POWDER 12 GRAM-412 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 1	
Nutritional Product - Phenylketonuria (Pku) Specific Formulation - Drugs For Nutrition		
GLYTACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM (nutritional therapy for PKU no.64)	Tier 2	
NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU), no.38)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (nutritional therapy for phenylketonuria (PKU) with iron no.1)	Tier 2	
Nutritional Product - Propionic Acidemia Specific Formulation - Drugs For Nutrition		
MMA-PA GEL ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy for propionic acidemia with iron)	Tier 1	
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for propionic acidemia with iron)	Tier 2	
Nutritional Product - Protein Replacements - Drugs For Nutrition		
GI PROTECT ORAL POWDER 2 GRAM-25 KCAL /SCOOP (whey protein concentrate)	Tier 2	
IGG 2000 CWP ORAL CAPSULE 500 MG (whey protein concentrate)	Tier 2	
IGG 2000 CWP ORAL POWDER 4 GRAM-20 KCAL /5 GRAM (whey protein concentrate)	Tier 2	
IGG PURE ORAL POWDER 8 GRAM-40 KCAL /SCOOP (whey protein concentrate)	Tier 2	
JUVEN (WITH COLLAGEN) ORAL POWDER IN PACKET 7-7-1.5 GRAM (arginine/glutamine/calcium HMB/collagen/multivitamin-mineral)	Tier 2	
NEW ZEALAND WHEY PROTEIN ORAL POWDER 15 GRAM-70 KCAL/16.9 GRAM (whey protein isolate)	Tier 2	
PROCEL SINGLES ORAL POWDER IN PACKET 5 GRAM-26 KCAL (whey protein concentrate)	Tier 2	
PROSOURCE ORAL PACKET 7.5 GRAM (calcium caseinate/whey)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Tyrosinemia Specific Formulation - Drugs For Nutrition		
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for tyrosinemia with iron)	Tier 2	
Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs For Nutrition		
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)	Tier 2	
EAA UCD ORAL POWDER IN PACKET 40 GRAM-310 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)	Tier 1	
Pediatric Vitamins - Drugs For Nutrition		
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)	Tier 1	
INFANT-TODDLER MULTIVIT ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (pediatric multivitamin no.192)	Tier 1	
INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.212)	Tier 1	
<i>pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml</i>	Tier 1	
PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.197)	Tier 1	
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG - 400 UNIT/ML (vitamin A palmitate/ascorbic acid/cholecalciferol (vit D3))	Tier 1	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (pediatric multivitamin no.171)	Tier 2	
<i>vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pediatric Vitamins And Mineral Combinations - Drugs For Nutrition		
ALIVE KIDS CHEWABLE ORAL TABLET,CHEWABLE 75-15 MG (pediatric multivit no.235/herbal no.293/bioflavonoids,cit)	Tier 2	
ALIVE KIDS MULTIVITAMIN ORAL TABLET,CHEWABLE 50 MG (pediatric multivitamin no.252/herbal complex no.293)	Tier 2	
CENTRUM KIDS MULTIGUMMY ORAL TABLET,CHEWABLE (pediatric multivitamin no.258)	Tier 2	
CHILDREN'S MULTIVITAMIN GUMMY ORAL TABLET,CHEWABLE (pediatric multivitamin no.209)	Tier 1	
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)	Tier 1	
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 5 BILLION CELL (pediatric multivitamin no.193/Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET,CHEWABLE 500 MILLION CELL (pediatric multivitamin no.210/Bacillus subtilis/lutein)	Tier 2	
EMERGEN-C KIDZ DAILY IMMUNE ORAL TABLET,CHEWABLE (pediatric multivitamin no.262)	Tier 2	
EMERGEN-C KIDZ IMMUNE PLUS ORAL TABLET,CHEWABLE (pediatric multivitamin no.261)	Tier 2	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON (pediatric multivitamin no.227/ferrous sulfate)	Tier 2	
FLINTSTONES IMMUNITY SUPPORT ORAL TABLET,CHEWABLE 10 MG IRON (pediatric multivitamin no.239/ferrous sulfate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLINTSTONES WITH EXTRA IRON ORAL TABLET,CHEWABLE 18 MG IRON (pediatric multivitamin no.226/ferrous sulfate)	Tier 2	
GENADEK ORAL DROPS 19 MCG-500 MCG /ML (pediatric multivitamin no.196/vitamin D3/vit K1)	Tier 2	
GUMMY DINOS ORAL TABLET,CHEWABLE (pediatric multivitamin no.76)	Tier 1	
HI-D DROP ORAL DROPS 76-1,000 MCG/ML (pediatric multivitamin no.216/vitamin D3/vit K1)	Tier 2	
INFANT-TODDLER MULTIVIT-IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.207/ferrous sulfate)	Tier 1	
JUST 4 KIDZ MULTIVIT-PROBIOTIC ORAL TABLET,CHEWABLE 1.25 MG (pediatric multivitamin no.200/Bacillus coagulans)	Tier 2	
KIDS MULTI ZERO ORAL TABLET,CHEWABLE (pediatric multivitamin no.229)	Tier 1	
LIVITA FOR CHILDREN ORAL LIQUID (pediatric multivitamin no.245)	Tier 2	
MVW MODULATR FORMLTN PEDIATRIC ORAL DROPS 2,000 MCG-150 MG-19 MCG/3 ML (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	Tier 1	
PEDIATRIC POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.197/ferrous sulfate)	Tier 1	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML (pediatric multivitamin no.160/ferrous sulfate)	Tier 2	
Pediatric Vitamins With Fluoride Combinations - Drugs For Nutrition		
DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE (pediatric multivitamin no.247/sodium fluoride)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLORAFOL FE PEDIATRIC ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML (pediatric multivitamin no.257/sodium fluoride/iron sulfate)	Tier 2	
FLORAFOL PEDIATRIC MULTIVITAMI ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.257 with sodium fluoride)	Tier 2	
FLORAFOL PEDIATRIC ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.251 with sodium fluoride)	Tier 2	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML (pediatric multivitamin no.2/sodium fluoride)	Tier 1	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins no.17 with sodium fluoride)	Tier 1	
MULTI-VIT-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.228 with sodium fluoride)	Tier 2	
MULTIVIT-FLUORIDE (METAFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.219 with sodium fluoride)	Tier 1	
POLY-VI-FLOR (ARCOFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.175 with fluoride)	Tier 2	
POLY-VI-FLOR DROPS (ARCOFOLIN) ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)	Tier 2	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)	Tier 2	
POLY-VI-FLOR IRON DROP(ARCOFO) ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML (pediatric multivitamin no.220/sodium fluoride/iron sulfate)	Tier 2	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-VI-FLOR W-IRON(ARCOFOLIN) ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON (pediatric multivitamin no.175 with fluoride and iron)	Tier 2	
SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.25 MG/ML (pediatric multivitamin no.82 with sodium fluoride)	Tier 1	
SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.5 MG/ML (pediatric multivitamin no.82 with sodium fluoride)	Tier 2	
TRI-VITAMIN (A-D-FOL)-FLUORIDE ORAL DROPS 0.25 MG/ML FLUORIDE (pediatric multivitamin no.265 with sodium fluoride)	Tier 1	
Prenatal Vitamins And Minerals - Drugs For Nutrition		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (prenatal vit no.100/iron ps cplex,sod EDTA/folic acid/omega3)	Tier 1	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (prenatal vit no.81/iron ps,sod.feredetate/folic acid/omega-3)	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (prenatal vitamins no.83/iron fumarate/folate no.6/dha)	Tier 2	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate)	Tier 2	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.72/iron carbonyl,gluc/folic acid/docusate/dha)	Tier 2	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.73/iron carbonyl,gluc/folic acid/docusate/dha)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (prenatal vits no.76/iron carbon,gluc/folic acid/docusate/dha)	Tier 2	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha)	Tier 2	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamins no.52/iron/folic acid/omega-3/dha)	Tier 2	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.14/ferrous fumarate/folic acid)	Tier 1	
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 2	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)	Tier 2	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (prenatal vitamins no.108/iron,carbonyl/folic acid)	Tier 1	
KPN ORAL TABLET 9 MG IRON- 267 MCG (prenatal vits with calcium no.98/ferrous fumarate/folic acid)	PV	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (prenatal vits with calcium no.65/iron polysacchar/folic acid)	Tier 1	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (prenatal vitamins no.49/ferrous fumarate/folic acid)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (prenatal vit with calcium 15/iron/folic acid/docusate sodium)	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium/iron,carb/docusate/folic acid)	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (prenatal vitamins with calcium/ferrous fum/docusate/folic ac)	Tier 1	
NEONATAL COMPLETE ORAL TABLET 29-1 MG (prenatal vitamins no.175/ferrous fumarate/folic acid)	Tier 2	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.154/ferrous fumarate/folic acid)	Tier 2	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (prenatal vit no.175/iron fum/folic acid/dha/Schiz. algal oil)	Tier 2	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.154/ferrous fumarate/folic acid)	Tier 1	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG - 120 MG-180 MG (prenatal vitamins no.86/iron ps complex/folic acid/dha/epa)	Tier 2	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (prenatal vits with calcium no.87/iron bisgly/folic acid/dha)	Tier 2	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (prenatal vitamins no.86/iron bis-glycinate/folic acid)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (prenatal vits no.53/iron fum/folic acid/docusate calcium/dha)	Tier 2	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil)	Tier 2	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (prenatal 56/iron carbonyl,asparto glycinate/folic acid/dha)	Tier 2	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid)	Tier 2	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3)	Tier 2	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron,carb/folic acid/docusate/omega-3)	Tier 1	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha)	Tier 1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron,carbonyl/levomefolate calcium)	Tier 2	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (prenatal vitamins no.127/iron,carbonyl/folic acid/docusate)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)	Tier 2	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron,carb/folic acid/docusate/omega-3)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa)	PV	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa)	PV	
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	PV	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG (prenatal vits with calcium no.40/iron fumarate/folate no.1)	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (prenatal vit no.19/iron bg HCl,suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (prenatal vit 55/iron bisgly HCl,suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3)	Tier 1	
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (prenatal vit no.174/iron/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (prenatal vits with calcium no.80/iron fum/folic acid/dss/dha)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (prenatal vit with calcium no.69/iron/folic acid/docusate/dha)	Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.37/ferrous fumarate/folic acid)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATABS FA ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha)	PV	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (prenatal vit with calcium 95/ferrous fumarate/folic acid/dha)	PV	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vits no.115/iron fumarate/folic acid/docusate sod.)	Tier 1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 2	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (prenatal vits with calcium no.115/iron fumarate/folic acid)	Tier 1	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (prenatal vits with calcium no.21/ferrous fumarate/folic acid)	PV	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (prenatal vits no.173/iron bisglycinate/folate no.11)	Tier 2	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (prenatal vits with calcium no.93/ferrous fumarate/folic acid)	PV	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (prenatal vitamins no.116/iron fumarate/folic acid/dha)	PV	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (prenatal vit with calcium no.122/ferrous fumarate/folic acid)	PV	

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PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (prenatal vitamins no.40/ferrous fumarate/folic acid/dha)	PV	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish)	Tier 2	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vits with calcium 95/ferrous fumarate/folic acid)	PV	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (prenatal vit with calcium no.129/ferrous fumarate/folic acid)	PV	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (prenatal vits with calcium 95/ferrous fumarate/folic acid)	PV	
PRENATAL ORAL TABLET 28-800 MG-MCG (prenatal vits with calcium 133/ferrous fumarate/folic acid)	PV	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (PNV no.72/ferrous fumarate/folic acid/omega-3/dha)	Tier 2	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (prenatal vits with calcium no.72/iron,carbonyl/folic acid)	Tier 1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.180/ferrous fumarate/folic acid)	Tier 1	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	PV	
<i>prenatal vit no. 179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	PV	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (prenatal vit with calcium no.130/ferrous fumarate/folic acid)	PV	

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PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (prenatal vits with calcium no.124/ferrous fumarate/folic acid)	PV	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	PV	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	PV	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (prenatal vitamins no.103/folic acid/omega-3s/dha/fish oil)	PV	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (prenatal vitamins no.68/iron fumarate/folate no.6/dha)	Tier 2	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (prenatal vitamins no.69/iron fumarate/folate no.6/dha)	Tier 2	
PRIMACARE ORAL CAPSULE 30-1-300 MG (prenatal vits no.118/iron asparto glycinate/folate no.6/dha)	Tier 2	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (prenatal vits no.65/ferrous fumarate,iron polysac/folic acid)	Tier 2	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits no.128/iron polysaccharide complex/folic acid)	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (prenatal vitamins no.33/iron polysach complex/folic acid/dha)	Tier 2	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.13/iron polysaccharides/folate no.1)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits with calcium 118/ferrous fumarate/folic acid)	Tier 1	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 2	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut)	PV	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (prenatal vitamins no.63/iron,carbonyl/folic acid/dha)	PV	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (prenatal vitamins no.32/ferrous fumarate/folic acid/dha)	PV	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (prenatal vitamins no.100/iron fumarate/folic acid/dha/epa)	PV	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.28/ferrous fumarate/folic acid)	PV	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG (prenatal vitamins no.74/ferrous fumarate/folic acid/dha)	PV	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 2	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium 103/ferrous fumarate/folic acid)	Tier 2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (prenatal vitamin 27 with calcium/ferrous fumarate/folic acid)	Tier 2	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (prenatal vits with calcium no.73/ferrous fumarate/folic acid)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate no.9/dha)	Tier 2	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/dha)	Tier 2	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/docusate/dha)	Tier 2	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vitamins no.67/iron polysaccharides/folate no.1/dha)	Tier 2	
VITAFOL-OB ORAL TABLET 65-1 MG (prenatal vits with calcium no.10/ferrous fumarate/folic acid)	Tier 2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (prenatal vits with calcium no.10/ferrous fum/folic acid/dha)	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vits no.26/iron polysaccharide cplex/folic acid/dha)	Tier 2	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (prenatal vitamins no.25/ferrous fumarate/folate no.6/dha)	Tier 2	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha)	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamins no.52/iron/folic acid/omega-3/dha)	Tier 2	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
WESTGEL DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate no.9/dha)	Tier 1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (prenatal vit with calcium no.61/iron fumarate/folic acid/dha)	PV	
Prenatal Vitamins With Low Or No Iron (Less Than 27 Mg) - Drugs For Nutrition		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE (prenatal vitamins no.181/ferrous fumarate/folate)	Tier 2	
AZESCO ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (prenatal vitamins no.164/ferrous gluconate/folate no.6)	Tier 1	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (prenatal vitamins no.167/folic acid/docosahexaenoic acid)	Tier 2	
PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.163/iron bis-glycinate/folate no.10)	Tier 2	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil)	PV	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (prenatal vitamins no.144/folic acid)	PV	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (prenatal vitamins no.78/iron asparto glycine/folate no.1/dha)	Tier 2	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (prenatal vits no.114/ferrous aspart glycinate/folate no.1)	Tier 2	

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PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (prenatal vitamins no.36/ferrous fumarate/folate no.6)	Tier 2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vits no.87/iron asp.glycinate,carb/folate no.1/dha)	Tier 2	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (prenatal vitamins no.85/iron aspato glycin/folate no.1/dha)	Tier 2	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77/ferrous aspato glycinate/folic acid)	Tier 2	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (prenatal vitamins no.66/iron,carbonyl/folic acid/dha)	Tier 1	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (prenatal vitamins no.74/ferrous fumarate/folic acid/coQ10)	PV	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa)	Tier 1	
ZALVIT ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
Sodium Chloride Flushes - Drugs For Nutrition		
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
AQUASTAT SFR 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	

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MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 4	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 4	
<i>sodium chloride 0.9 % injection solution</i>	Tier 4	
Sodium Chloride, Parenteral - Drugs For Nutrition		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 4	
Vitamin C Combinations - Drugs For Nutrition		
EMERGEN-C APPLE CIDER VINEGAR ORAL POWDER EFFERVESCENT IN PACKET 250 MG (ascorbic acid/multivitamin with minerals/herbal drugs)	Tier 2	
EMERGEN-C ASHWAGANDHA ORAL POWDER EFFERVESCENT IN PACKET 250 MG (ascorbic acid/multivitamin with minerals/herbal drugs)	Tier 2	
EMERGEN-C ELDERBERRY ORAL TABLET,CHEWABLE 133.3-16.7 MG, 250-16.7 MG (ascorbic acid/multivit with minerals/elderberry fruit)	Tier 2	
EMERGEN-C IMMUNE PLUS ORAL TABLET,CHEWABLE 250 MG (ascorbic acid/multivit with minerals)	Tier 2	
EMERGEN-C ORAL TABLET,CHEWABLE 500 MG (ascorbic acid/ascorbate sodium/multivitamin with minerals)	Tier 2	
EMERGEN-C TURMERIC GINGER ORAL POWDER EFFERVESCENT IN PACKET 250-100-150 MG (ascorbic acid/multivit with minerals/turmeric/ginger root)	Tier 2	

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EMERGEN-C TURMERIC GINGER ORAL TABLET,CHEWABLE 83.3-33.3-16.6 MG (ascorbic acid/multivit with minerals/turmeric/ginger root)	Tier 2	
SAMBUCUS ELDERBERRY-VITAMIN C ORAL LOZENGE 250-12.5 MG (ascorbic acid/ascorbate sodium/elderberry fruit)	Tier 2	
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)	Tier 1	
Vitamin D And Folic Acid Combinations - Drugs For Nutrition		
CHOLECAL DF ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX DOTREMIN ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLDITAM ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLIXAPURE ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLIXATE ORAL TABLET 125 MCG- 1,700 MCG DFE (cholecalciferol (vit D3)/levomefolate calcium)	Tier 2	
DERMACINRX FOLTAMIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLTREXYL ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
FOLIC D3 ORAL CAPSULE 94.38 MCG(3,775 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 1	
OSTACHOL ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	

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Vitamin E Combinations - Drugs For Nutrition		
XCELLENT E ORAL CAPSULE 33.5-125-25 MG (vitamin E/vitamin E mixed/tocotrienol)	Tier 2	
Vitamins - A - Drugs For Nutrition		
A-25 (VIT A PALMITATE) ORAL CAPSULE 7,500 MCG (25,000 UNIT) (vitamin A palmitate)	Tier 1	
<i>beta carotene oral capsule 7,500 mcg (25,000 unit)</i>	Tier 1	
PUREVITA VITAMIN A ORAL DROPS 3,000 MCG/2 ML (vitamin A palmitate)	Tier 1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
<i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
Vitamins - B Preparation Combinations - Drugs For Nutrition		
B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG (thiamine HCl/riboflavin/niacinamide/cyanocobalamin/papain)	Tier 2	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 2	
<i>folic acid-vitamin b6-vit b12 oral tablet 400 mcg-50 mg- 100 mcg</i>	Tier 1	
FOLICORE B COMPLEX ORAL TABLET 1,000 MCG-10 MG -400 MCG (folic acid/pyridoxine HCl (B6)/cyanocobalamin)	Tier 2	
KIDS BRAIN BUILDER ORAL TABLET,CHEWABLE 27.5 MG-0.2 MG- 0.25 MCG (choline bitartrate/pyridoxine HCl (vitamin B6)/vit B12)	Tier 2	
METANX FC ORAL CAPSULE 2-3-35 MG (mecobalamin/levomefolate calcium/pyridoxal phosphate)	Tier 2	
METHYL PROTECT ORAL CAPSULE 1,000 MCG-3,400 MCG DFE-10 MG (mecobalamin/folate no.11/pyridoxal/vit B2/betaine)	Tier 2	

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MINCORA ORAL TABLET 20 MCG- 1,000 MCG-10 MG (cholecalciferol/folic acid/vit B6/vit B12/acetylcysteine)	Tier 2	
RELCARE ORAL TABLET 20 MCG- 1,000 MCG-10 MG (cholecalciferol/folic acid/vit B6/vit B12/acetylcysteine)	Tier 2	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger)	Tier 1	
Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition		
<i>benfotiamine oral capsule 150 mg</i>	Tier 1	
PUREVITA VITAMIN B1 ORAL DROPS 50 MG/2 ML (thiamine HCl)	Tier 1	
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 4	
<i>thiamine hcl (vitamin b1) oral capsule 100 mg</i>	Tier 1	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 250 mg, 50 mg</i>	Tier 1	
Vitamins - B-12 And Folic Acid Combinations - Drugs For Nutrition		
LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (mecobalamin/levomefolate calcium/turmeric root extract)	Tier 2	
<i>me-thfolate glucos-mecobalamin oral tablet,disintegrating 1,000 mcg dfe- 2,500 mcg</i>	Tier 1	
PAXLYTE ORAL CAPSULE 50 MCG-1 MG- 4.25 MG DFE (cobamamide/folic acid/leucovorin/levomefolate/mv-mins no.111)	Tier 1	

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<i>vitamin b12-folic acid oral tablet,disintegrating 2,500-400 mcg</i>	Tier 1	
Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition		
ADENO-HYDROXO B12 ORAL TABLET,DISINTEGRATING 2,500 MCG (hydroxocobalamin acetate/cobamamide)	Tier 2	
B12 ACTIVE ORAL TABLET,CHEWABLE 1,000 MCG (mecobalamin)	Tier 2	
B12 SUBLINGUAL LOZENGE 5,000-100 MCG (cyanocobalamin/cobamamide)	Tier 1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 4	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral liquid 1,000 mcg/15 ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet,chewable 1,500 mcg, 5,000 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg, 2,500 mcg, 5,000 mcg</i>	Tier 1	
<i>cyanocobalamin-cobamamide sublingual tablet 5,000-100 mcg</i>	Tier 1	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 2	

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cyanocobalamin (vitamin B-12) (Dodox Injection Solution 1,000 Mcg/ML)	Tier 4	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 4	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg	Tier 4	
mecobalamin (vitamin b12) oral tablet, chewable 1,000 mcg	Tier 1	
mecobalamin (vitamin b12) oral tablet, chewable 5,000 mcg, 500 mcg	Tier 1	
mecobalamin (vitamin b12) oral tablet, disintegrating 5,000 mcg	Tier 1	
mecobalamin (vitamin b12) sublingual tablet, disintegrating 1,000 mcg	Tier 2	
PUREVITA VITAMIN B12 ORAL DROPS 3,000 MCG/2 ML (mecobalamin)	Tier 1	
Vitamins - B-2, Riboflavin And Derivatives - Drugs For Nutrition		
PUREVITA VITAMIN B2 ORAL DROPS 25 MG/2 ML (riboflavin (vitamin B2))	Tier 1	
riboflavin (vitamin b2) oral capsule 100 mg	Tier 1	
riboflavin (vitamin b2) oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition		
niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)	Tier 1	
niacin (inositol niacinate) oral capsule 500 mg	Tier 2	
niacin oral capsule 100 mg	Tier 1	
niacin oral tablet 100 mg, 500 mg	Tier 1	
niacin oral tablet extended release 500 mg	Tier 1	
niacinamide oral capsule 500 mg	Tier 1	
niacinamide oral tablet 250 mg, 50 mg	Tier 1	

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<i>niacinamide oral tablet 500 mg</i>	Tier 1	
PUREVITA VITAMIN B3 ORAL DROPS 35 MG/2 ML (niacinamide)	Tier 1	
Vitamins - B-5, Pantothenic Acid And Derivatives - Drugs For Nutrition		
<i>calcium pantothenate oral capsule 250 mg</i>	Tier 1	
PUREVITA VITAMIN B5 ORAL DROPS 20 MG/2 ML (calcium pantothenate)	Tier 1	
Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition		
PUREVITA VITAMIN B6 ORAL DROPS 25 MG/2 ML (pyridoxine HCl (vitamin B6))	Tier 1	
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 4	
<i>pyridoxine (vitamin b6) oral tablet 10 mg</i>	Tier 1	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg, 500 mg</i>	Tier 1	
Vitamins - Bioflavonoids - Drugs For Nutrition		
<i>quercetin oral capsule 500 mg</i>	Tier 2	
Vitamins - Biotin - Drugs For Nutrition		
<i>biotin oral capsule 5 mg</i>	Tier 1	
<i>biotin oral tablet 1 mg</i>	Tier 2	
<i>biotin oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>biotin oral tablet, chewable 2,500 mcg</i>	Tier 1	
<i>biotin oral tablet, chewable 5,000 mcg</i>	Tier 1	
<i>biotin oral tablet, disintegrating 10,000 mcg, 5,000 mcg</i>	Tier 1	
HAIR, SKIN AND NAILS (BIOTIN) ORAL TABLET,CHEWABLE 10,000 MCG (biotin)	Tier 1	
VITAJOY BIOTIN ORAL TABLET,CHEWABLE 2,500 MCG (biotin)	Tier 1	

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Vitamins - C, Ascorbic Acid And Derivatives - Drugs For Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (ascorbic acid)	Tier 4	
ascorbate sodium (vitamin c) oral liquid 1,000 mg/15 ml	Tier 1	
ascorbic acid (vitamin c) injection solution 500 mg/ml	Tier 4	
ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg	Tier 1	
ascorbic acid (vitamin c) oral tablet, chewable 125 mg, 250 mg, 500 mg	Tier 1	
ascorbic acid(vitamin c)(bulk) granules 100 %	Tier 2	
ascorbic acid-ascorbate sodium oral tablet, chewable 500 mg	Tier 1	
ascorbic acid-zinc oxide oral capsule 90-50 mg	Tier 1	
BUFFERED C POWDER ORAL POWDER IN PACKET 3,000 MG (ascorbic acid/minerals)	Tier 2	
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (ascorbate calcium/ascorbyl palmitate)	Tier 1	
LIQUID C ORAL LIQUID 500 MG/5 ML (ascorbic acid)	Tier 1	
PUREVITA VITAMIN C ORAL DROPS 100 MG/ML (ascorbic acid)	Tier 1	
VITAJOY DAILY C ORAL TABLET,CHEWABLE 125 MG (ascorbic acid)	Tier 1	
VITAMIN C WITH ROSE HIPS ORAL CAPSULE 500 MG (ascorbic acid)	Tier 1	
VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG (ascorbic acid)	Tier 1	
XCELLENT C ORAL CAPSULE 750-7.5 MG (ascorbate calcium, magnesium, potassium/black pepper extract)	Tier 2	

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Vitamins - D And K Combinations - Drugs For Nutrition		
DECARA K ORAL CAPSULE 1,250-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
DOSOKAP ORAL TABLET 137.5-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
K2-D3 MAX ORAL CAPSULE 125 MCG (5,000 UNIT)-180 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
<i>vitamin d2-vitamin k1 oral drops 20-120 mcg/4 drops</i>	Tier 1	
<i>vitamin d3-vitamin k2 oral capsule 125 mcg (5,000 unit)-100 mcg, 125-90 mcg, 250 mcg (10,000 unit)-45 mcg</i>	Tier 1	
Vitamins - D Derivatives - Drugs For Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml), 25 mcg/drop (1000 unit/drop)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral syringe 10 mcg/ml (400 unit/ml)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)</i>	Tier 1	

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<i>cholecalciferol (vitamin d3) oral tablet, chewable 25 mcg (1,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral tablet, disintegrating 50 mcg (2,000 unit)</i>	Tier 1	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	Tier 1	
OSTEO-VIT3 ORAL DROPS 1,250 MCG/3 ML (cholecalciferol (vitamin D3))	Tier 2	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin D3))	Tier 1	
PUREVITA VITAMIN D3 ORAL DROPS 10 MCG/2 ML (400 UNIT/2 ML) (cholecalciferol (vitamin D3))	Tier 1	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 2	
<i>ergocalciferol (vitamin D2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))</i>	Tier 1	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	
Vitamins - E - Drugs For Nutrition		
PUREVITA VITAMIN E ORAL DROPS 180 MG/2 ML (vitamin E)	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 90 mg (200 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 2	
Vitamins - Folic Acid And Derivatives - Drugs For Nutrition		
COBALEFOL ORAL CAPSULE 1-1.4-1.6-16.3 MG (folic acid/thiamine/riboflavin/B3/B6/B12/vit C/vit D3/vit E)	Tier 2	
DEPLIN FC ORAL CAPSULE 15 MG (levomefolate calcium)	Tier 2	
FOLETRA ORAL CAPSULE 1-1.4-1.6-16.3 MG (folic acid/thiamine/riboflavin/B3/B6/B12/vit C/vit D3/vit E)	Tier 2	
<i>folic acid injection solution 5 mg/ml</i>	Tier 4	
<i>folic acid oral tablet 1 mg, 400 mcg</i>	Tier 1	
<i>folic acid oral tablet 800 mcg</i>	PV	
HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (folic acid/thiamine/riboflavin/niacin/pyridoxine/B12/C/zinc)	Tier 2	
<i>methyltetrahydrofolate glucos oral capsule 1,700 mcg dfe, 680 mcg dfe, 8,500 mcg dfe</i>	Tier 1	
MI-VITE RX ORAL TABLET 1-1.5-1.7-20-5 MG (folic acid/thiamine/riboflavin/niacin/B5/B6/biotin/B12/vit C)	Tier 1	
PUREVITA FOLIC ACID ORAL DROPS 200 MCG/ML (folic acid)	Tier 1	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (folic acid)	Tier 1	
Vitamins - Folic Acid Combinations - Drugs For Nutrition		
FOLCYTEINE ORAL TABLET 1 MG-47 MG- 20 MCG-16 MG (folic acid/calcium citrate/vitamin D3/mag citrate/a-cysteine)	Tier 2	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	

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Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
K1-1000 ORAL CAPSULE 1,000 MCG (phytonadione (vit K1))	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 4	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 4	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vit K1))	Tier 4	
phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 4	
<i>vitamin k2 (mk-4) oral tablet 100 mcg</i>	Tier 2	
<i>vitamin k2 oral capsule 100 mcg, 45 mcg</i>	Tier 1	
<i>vitamin k2 oral drops 90 mcg/0.5 ml</i>	Tier 2	
Endocrine		
Antihyperglycemic - Dual Sglt1 And Sglt2 Inhibitors		
INPEFA ORAL TABLET 200 MG, 400 MG (sotagliflozin)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days
Corticotropin-Releasing Factor (Crf) Type 1 Receptor Antagonists		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (crinecerfont)	Tier 2	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (crinecerfont)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Menopausal Symptoms Suppressant- Neurokinin 3 (Nk3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (fezolinetant)	Tier 2	
Endocrine - Hormones		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs - Drugs For Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)	Tier 2	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)	Tier 2	
Abortifacients- Progesterone Receptor Antagonist - Drugs For Women		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 2	
<i>mifepristone oral tablet 200 mg</i>	PV	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	Tier 2	PA
RECORLEV ORAL TABLET 150 MG (levoketoconazole)	Tier 2	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 4	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (corticotropin)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 4	PA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (corticotropin)	Tier 4	PA
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (glucagon)	Tier 2	

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diazoxide oral suspension 50 mg/ml	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon HCl)	Tier 4	
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	
glucose oral tablet, chewable 2 gram	Tier 1	
glucose oral tablet, chewable 3.75 gram, 4 gram	Tier 1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (glucagon)	Tier 4	
INSTA-GLUCOSE (WITH DEXTRIN) ORAL GEL 24 GRAM/31 GRAM (dextrose/dextrin/maltose)	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 2	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (dasiglucagon HCl)	Tier 4	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (dasiglucagon HCl)	Tier 4	
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (acoramidis HCl)	Tier 2	PA
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 2	PA
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 2	PA

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Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (eplontersen sodium)	Tier 4	PA
Androgen - Single Agents - Drugs For Men		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone)	Tier 2	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM), 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) (testosterone)	Tier 2	PA
testosterone cypionate (Depo-Testosterone Intramuscular Oil 100 Mg/Ml)	Tier 4	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (testosterone undecanoate)	Tier 2	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (testosterone undecanoate)	Tier 2	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 2	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (testosterone)	Tier 2	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 4	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 4	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA

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<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (testosterone undecanoate)	Tier 2	PA
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 2	PA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Tier 2	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Tier 2	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (testosterone enanthate)	Tier 4	PA
Antidiuretic And Vasopressor Hormones - Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin acetate)	Tier 4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin acetate)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)

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NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 2	
Antihyperglycemic - Amylin Analog-Type - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (pramlintide acetate)	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (pramlintide acetate)	Tier 2	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	Tier 2	
NESINA ORAL TABLET 12.5 MG, 25 MG (alogliptin benzoate)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
saxagliptin oral tablet 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days

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sitagliptin oral tablet 100 mg, 25 mg, 50 mg	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
TRADJENTA ORAL TABLET 5 MG (linagliptin)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
Antihyperglycemic - Dopamine Receptor Agonists - Drugs For Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	Tier 2	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days
Antihyperglycemic - Dual Gip And Glp-1 Receptor Agonists - Drugs For Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (tirzepatide)	Tier 4	PA
Antihyperglycemic - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (exenatide microspheres)	Tier 2	PA

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BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 2	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 1	PA
OZEMPI SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (semaglutide)	Tier 4	PA
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG (semaglutide)	Tier 2	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (dulaglutide)	Tier 2	PA
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA
Antihyperglycemic - Glucocorticoid (Cortisol Receptor Blocker (Gr-II) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 2	PA
<i>mifepristone oral tablet 300 mg</i>	Tier 2	PA
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

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Antihyperglycemic - SglT-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days
INVOKAMET XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (ertugliflozin pidolate/metformin HCl)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (empagliflozin/metformin HCl)	Tier 2	
SYNJARDY XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (empagliflozin/metformin HCl)	Tier 2	
XIGDUO XR ORAL TABLET, IR - ER, BIOPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (dapagliflozin propanediol/metformin HCl)	Tier 2	
Antihyperglycemic - SglT-2 Inhibitor And Dpp-4 Inhibitor Combinations - Drugs For Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin/linagliptin)	Tier 2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (dapagliflozin propanediol/saxagliptin HCl)	Tier 2	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (ertugliflozin pidolate/sitagliptin phosphate)	Tier 2	

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Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	
INVOKANA ORAL TABLET 100 MG, 300 MG (canagliflozin)	Tier 2	
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	Tier 2	
STEGLATRO ORAL TABLET 15 MG, 5 MG (ertugliflozin pidolate)	Tier 2	
Antihyperglycemic - Sulfonylurea And Biguanide Combinations - Drugs For Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glimepiride oral tablet 3 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet 2.5 mg	Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (glipizide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (pioglitazone HCl/metformin HCl)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations - Drugs For Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone HCl/glimepiride)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione - Drugs For Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
<i>OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin benzoate/pioglitazone HCl)</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide - Drugs For Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
<i>JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl)</i>	Tier 2	
<i>JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl)</i>	Tier 2	
<i>JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin HCl)</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (linagliptin/metformin HCl)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin benzoate/metformin HCl)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
Antihyperglycemic-Insulin, Long Acting And Glp-1 Receptor Agonist Comb - Drugs For Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (insulin glargine,human recombinant analog/lixisenatide)	Tier 2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (insulin degludec/liraglutide)	Tier 2	
Antihyperglycemic-Sglt-2 Inhibitor, Dpp-4 Inhibitor And Biguanide Comb - Drugs For Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (empagliflozin/linagliptin/metformin HCl)	Tier 2	
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs For Menopause And Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs For Menopause And Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (abaloparatide)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)	Tier 4	PA
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (teriparatide)	Tier 4	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	Tier 4	PA
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations - Drugs For Menopause And Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (alendronate sodium/cholecalciferol (vitamin D3))	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss		
ACTONEL ORAL TABLET 150 MG (risedronate sodium)	Tier 2	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG (risedronate sodium)	Tier 2	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG (risedronate sodium)	Tier 2	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (alendronate sodium)	Tier 2	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (4 EA per 28 days)
FOSAMAX ORAL TABLET 70 MG (alendronate sodium)	Tier 2	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risedronate oral tablet 150 mg	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet, delayed release (dr/ec) 35 mg	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 2	QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	Tier 2	QL (4 EA per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet HCl)	Tier 2	QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG (cinacalcet HCl)	Tier 2	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcitonins - Drugs For Menopause And Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	Tier 4	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin,salmon,synthetic)	Tier 4	
Estrogen And Progestin With Antimineralocorticoid Activity,Combination - Drugs For Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone/estradiol)	Tier 2	
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations - Drugs For Women		
DUAVEE ORAL TABLET 0.45-20 MG (estrogens, conjugated/bazedoxifene acetate)	Tier 2	
Estrogen-Androgen - Drugs For Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	

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Estrogen-Progestin - Drugs For Women		
estradiol/norethindrone acetate (Abigale Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	
estradiol/norethindrone acetate (Abigale Oral Tablet 1-0.5 Mg)	Tier 1	
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol/norethindrone acetate)	Tier 2	
BIJUVA ORAL CAPSULE 0.5-100 MG (estradiol/progesterone)	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (estradiol/progesterone)	Tier 2	QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (estradiol/levonorgestrel)	Tier 2	ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (estradiol/norethindrone acetate)	Tier 2	QL (2 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
norethindrone acetate/ethynodiol diacetate (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate/ethynodiol diacetate (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	

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PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
Estrogens - Drugs For Women		
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (1 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML (estradiol valerate)	Tier 4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 4	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%) (estradiol)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %) (estradiol)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
estradiol (Estrace Oral Tablet 0.5 Mg, 1 Mg, 2 Mg)	Tier 2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (2 EA per 7 days)

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estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 4	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (estradiol)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (estrogens, esterified)	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (estradiol)	Tier 2	QL (1 EA per 7 days)
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	Tier 2	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type - Drugs For Women		
CRINONE VAGINAL GEL 8 % (progesterone, micronized)	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG (progesterone, micronized)	Tier 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-Fsh) - Drugs For Women		
clomiphene citrate (Clomid Oral Tablet 50 Mg)	Tier 2	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
Follicle-Stimulating And Luteinizing Hormones - Drugs For Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)	Tier 4	
Follicle-Stimulating Hormone (Fsh) - Drugs For Women		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (follitropin beta,recombinant)	Tier 4	ST: Requires prior prescription for Gonal-F or Gonal-F-RFF within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML (follitropin alfa, recombinant)	Tier 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin alfa, recombinant)	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin alfa, recombinant)	Tier 4	
Glucocorticoid Salt Combinations - Drugs For Inflammation		
BETALOAN SUIK KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Glucocorticoids - Drugs For Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (vamorolone)	Tier 2	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (hydrocortisone)	Tier 2	PA
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Tier 2	
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 2	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 2	PA
dexamethasone (Dexabliss Oral Tablets,Dose Pack 1.5 Mg (39 Tabs))	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone sodium phosphate)	Tier 2	
DMT SUIK KIT 10 MG/ML (dexamethasone/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 2	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 2	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (budesonide)	Tier 2	PA
HEMADY ORAL TABLET 20 MG (dexamethasone)	Tier 2	QL (2 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	Tier 4	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetonide)	Tier 4	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (triamcinolone acetonide)	Tier 4	
KHINDIVI ORAL SOLUTION 1 MG/ML (hydrocortisone)	Tier 2	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (methylprednisolone)	Tier 2	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (methylprednisolone)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Tier 2	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) (prednisolone sodium phosphate)	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone oral tablet 5 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic Prednisone tablets, generic Methylprednisolone tablets, or Prednisolone 15mg/5mL oral solution within the past 365 days
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (prednisone)	Tier 2	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (hydrocortisone sodium succinate/PF)	Tier 4	
dexamethasone (Taperdex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs), 1.5 Mg (49 Tabs))	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days

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TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS) (dexamethasone)	Tier 1	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (budesonide)	Tier 2	PA
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	Tier 4	
TRILOAN II SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
TRILOAN SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
prednisolone sodium phosphate (Veripred 20 Oral Solution 20 Mg/5 MI (4 Mg/MI))	Tier 2	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (dexamethasone)	Tier 2	ST: Requires prior prescription for Dexamethasone 1.5mg tablets within the past 120 days
Gonadotropin Inhibitor Pituitary Suppressants - Drugs For Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs For Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	Tier 4	
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (tesamorelin acetate)	Tier 4	PA

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EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (tesamorelin acetate)	Tier 4	PA
Growth Hormones - Drugs For Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (somatropin)	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (somatropin)	Tier 4	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (somatrogon-ghla)	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 4	PA

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SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	Tier 4	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somapacitan-beco)	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)	Tier 4	PA
Human Chorionic Gonadotropin (Hcg) - Drugs For Women		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 4	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (chorionic gonadotropin, human)	Tier 4	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)	Tier 4	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 4	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Human Insulins - Fixed Combinations - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	

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NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	ST: Requires prior prescription for Humulin 70-30 within the past 120 days
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	ST: Requires prior prescription for Humulin 70-30 within the past 120 days
Human Insulins - Intermediate Acting - Drugs For Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	ST: Requires prior prescription for Humulin N within the past 120 days
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	ST: Requires prior prescription for Humulin N within the past 120 days
Human Insulins - Rapid Acting - Drugs For Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (insulin regular, human)	Tier 2	PA
Human Insulins - Short Acting - Drugs For Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 2	

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HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular, human)	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (insulin regular, human)	Tier 2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (insulin regular, human in 0.9 % sodium chloride)	Tier 2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin regular, human)	Tier 2	ST: Requires prior prescription for Humulin R within the past 120 days
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 2	ST: Requires prior prescription for Humulin R within the past 120 days
Insulin Analogs - Fixed Combinations - Drugs For Diabetes		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (insulin lispro protamine and insulin lispro)	Tier 2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro)	Tier 2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro)	Tier 2	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 2	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 2	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days

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<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (insulin aspart protamine human/insulin aspart)	Tier 2	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin aspart protamine human/insulin aspart)	Tier 2	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days
Insulin Analogs - Long Acting - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	ST: Requires prior prescription for Semglee (ygfn), Toujeo, or Tresiba within the past 120 days
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-aglr)	Tier 2	ST: Requires prior prescription for Semglee (ygfn), Toujeo, or Tresiba within the past 120 days
SEMLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	Tier 2	
SEMLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	Tier 2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine,human recombinant analog)	Tier 2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	

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TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	Tier 2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	Tier 2	
Insulin Analogs - Rapid Acting - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin glulisine)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glulisine)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (insulin aspart (niacinamide)/pump cartridge)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart (niacinamide))	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (insulin lispro)	Tier 2	

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HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (insulin lispro)	Tier 2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)	Tier 2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 2	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro-aabc)	Tier 2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro-aabc)	Tier 2	

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MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart-szjj)	Tier 2	ST: Must meet any of the following requirements. 5 DS Lyumjev Kwikpen U-100 IN 120 DAYS;5 DS Lyumjev Kwikpen U-200 IN 120 DAYS;5 DS Lyumjev Tempo Pen U-100 IN 120 DAYS;5 DS Lyumjev IN 120 DAYS
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart-szjj)	Tier 2	ST: Must meet any of the following requirements. 5 DS Lyumjev Kwikpen U-100 IN 120 DAYS;5 DS Lyumjev Kwikpen U-200 IN 120 DAYS;5 DS Lyumjev Tempo Pen U-100 IN 120 DAYS;5 DS Lyumjev IN 120 DAYS
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart)	Tier 2	ST: Requires prior prescription for Lyumjev within the past 120 days
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
DM2 COMBO PACK, TABLET AND STRIP 500 MG (metformin HCl/blood sugar diagnostic)	Tier 2	
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	

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<i>metformin oral tablet 625 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Tier 1	ST: Requires prior prescription for generic Glucophage XR within the past 120 days
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin HCl)	Tier 2	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone HCl)	Tier 2	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)	Tier 4	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 4	QL (1 EA per 1 day)
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (nafarelin acetate)	Tier 2	PA
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations - Drugs For Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix/estradiol/norethindrone acetate)	Tier 2	

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ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (elagolix sodium/estradiol/norethindrone acetate)	Tier 2	
Lhrh (GnRH) Antagonists - Drugs For Women		
cetrorelix subcutaneous kit 0.25 mg	Tier 4	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetrorelix acetate)	Tier 4	
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 ML)	Tier 4	
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 4	
ORILISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)	Tier 2	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type - Drugs For Women		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Mineralocorticoids - Drugs For Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs For Women		
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones And Analogs - Drugs For Menopause And Bone Loss		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (palopeptideratide)	Tier 4	PA
Progestins - Drugs For Women		
norethindrone acetate (Gallifrey Oral Tablet 5 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 4	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone, micronized)	Tier 2	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	Tier 2	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs For Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss		
EVISTA ORAL TABLET 60 MG (raloxifene HCl)	Tier 2	
<i>raloxifene oral tablet 60 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
Somatostatic Agents - Drugs For Growth		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (octreotide acetate)	Tier 2	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide diaspartate)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Hormones - Animal Source (Porcine) - Drugs For Thyroid		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid,pork)	Tier 2	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 30 MG, 32.5 MG, 65 MG, 90 MG, 97.5 MG (thyroid,pork)	Tier 2	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid,pork)	Tier 2	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid,pork)	Tier 2	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid,pork)	Tier 1	
RENTHYROID ORAL TABLET 120 MG, 15 MG (thyroid,pork)	Tier 2	ST: Requires prior prescription for NP Thyroid tablets within the past 120 days
RENTHYROID ORAL TABLET 30 MG, 90 MG (thyroid,pork)	Tier 2	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine sodium)	Tier 2	ST: Requires prior prescription for generic Liothyronine tablets within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (levothyroxine sodium)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 1	QL (2 EA per 1 day)
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 2	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 2	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 2	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYQUIDITY ORAL SOLUTION 20 MCG/ML (levothyroxine sodium)	Tier 2	ST: Must meet any of the following requirements. 5 DS Levothyroxine Sodium IN 120 DAYS; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 2	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	Tier 2	PA
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 2	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (2 EA per 1 day)
Fdb Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (homeopathic drugs)	Tier 2	
CANTHARIS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
CRALONIN ORAL DROPS (homeopathic drugs)	Tier 2	
EYE ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
LAMIOFLUR ORAL DROPS (homeopathic drugs)	Tier 2	
PLANTAGO-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 2	
POPULUS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
PSORINOHEEL ORAL DROPS (homeopathic drugs)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENEEL ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
SABAL-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 2	
SYZYGIUM COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
VERTIGOHEEL ORAL DROPS (homeopathic drugs)	Tier 2	
VERTIGOHEEL ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
Gastrointestinal Therapy Agents		
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML (fecal microbiota, live-jslm)	Tier 2	PA
VOWST ORAL CAPSULE (fecal microbiota spores, live-brpk)	Tier 2	PA
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (vonoprazan fumarate)	Tier 2	PA
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antacid - Calcium - Drugs For Ulcers And Stomach Acid		
PRELIEF ORAL TABLET 65 MG (calcium glycerophosphate)	Tier 2	
Antacid - Magnesium - Drugs For Ulcers And Stomach Acid		
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs For Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (crofelemer)	Tier 2	ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs For Diarrhea		
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	Tier 2	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs For Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate HCl/atropine sulfate)	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG (difenoxin HCl/atropine sulfate)	Tier 2	ST: Requires prior prescription for Diphenoxylate/Atropine within the past 120 days; QL (8 EA per 1 day)
Antidiarrheal Gi Adsorbent-Intestinal Flora Modifiers Combinations - Drugs For Diarrhea		
ACIDOPHILUS-PECTIN ORAL CAPSULE 75 MILLION CELL -100 MG (Lactobacillus acidophilus/pectin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal Miscellaneous Combinations - Drugs For Diarrhea		
BANATROL PLUS ORAL POWDER IN PACKET (banana flakes/transgalactooligosaccharides)	Tier 1	
Antidiarrheal Opioid Agents - Drugs For Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antiemetic - Anticholinergics - Drugs For Vomiting And Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine)	Tier 2	
Antiemetic - Antihistamines - Drugs For Vomiting And Nausea		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiemetic - Antihistamine-Vitamin Combinations - Drugs For Vomiting And Nausea		
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG (doxylamine succinate/pyridoxine HCl (vitamin B6))	Tier 2	QL (60 EA per 30 days)
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine succinate/pyridoxine HCl (vitamin B6))	Tier 2	QL (120 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		
prochlorperazine maleate (Compazine Oral Tablet 10 Mg, 5 Mg)	Tier 2	
prochlorperazine (Compazine Rectal Suppository 25 Mg)	Tier 2	
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)	Tier 4	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 4	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs For Vomiting And Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet,disintegrating 16 mg</i>	Tier 1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (granisetron)	Tier 2	QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL CAPSULE 80 MG (aprepitant)	Tier 2	QL (2 EA per 21 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	Tier 2	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (aprepitant)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (rolapitant HCl)	Tier 2	QL (2 EA per 14 days)

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Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb - Drugs For Vomiting And Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (netupitant/palonosetron HCl)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	Tier 2	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs For The Stomach		
BEVITROL ORAL CAPSULE 9,000-112,500- 112,500 UNIT (lipase/protease/amylase)	Tier 2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (lipase/protease/amylase)	Tier 2	
GASTRACID ORAL CAPSULE 100-350-300-20 MG (pepsin/glutamic acid/betaine HCl/gentian root extract)	Tier 2	

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PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (lipase/protease/amylase)	Tier 2	
PANXYME PH ORAL CAPSULE 10.2-10-45 MG (lipase/protease/amylase)	Tier 2	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (lipase/protease/amylase)	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase)	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (lipase/protease/amylase)	Tier 2	
Digestive Enzymes - Drugs For The Stomach		
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT (lactase)	Tier 1	
<i>lactase oral tablet 3,000 unit, 9,000 unit</i>	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 2	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
CTEXLI ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 2	PA
URSO FORTE ORAL TABLET 500 MG (ursodiol)	Tier 2	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Tier 1	PA

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<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>famotidine (Pepcid Oral Tablet 20 Mg, 40 Mg)</i>	Tier 2	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (rabeprazole sodium)	Tier 2	QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (rabeprazole sodium)	Tier 2	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG, 60 MG (dexlansoprazole)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexlansoprazole oral capsule,biphasic delayed release 30 mg, 60 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (esomeprazole magnesium)	Tier 2	QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)	Tier 2	QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium)	Tier 2	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (lansoprazole)	Tier 2	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (omeprazole magnesium)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole sodium)	Tier 2	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole sodium)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor And Antacid Comb - Drugs For Ulcers And Stomach Acid		
KONVOME ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML (omeprazole/sodium bicarbonate)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 ML per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	Tier 2	QL (1 EA per 1 day)
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastrointestinal Antiflatulents - Drugs For The Stomach		
<i>activated charcoal oral capsule 260 mg</i>	Tier 1	
<i>activated charcoal oral capsule 280 mg</i>	Tier 2	
BEANAID ORAL CAPSULE 300 UNIT (alpha-D-galactosidase)	Tier 1	
BEANO ORAL TABLET 400 UNIT (alpha-D-galactosidase)	Tier 2	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (alpha-D-galactosidase)	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs For The Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (metoclopramide HCl)	Tier 2	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
LEVIBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 2	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	
Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (glycopyrrolate)	Tier 2	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 1	ST: Requires prior prescription for Glycopyrrolate 1mg or 2mg within the past 120 days; QL (3 EA per 1 day)
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate/PF)	Tier 4	
ROBINUL FORTE ORAL TABLET 2 MG (glycopyrrolate)	Tier 2	
ROBINUL ORAL TABLET 1 MG (glycopyrrolate)	Tier 2	
Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<i>dicyclomine oral tablet 40 mg</i>	Tier 1	QL (4 EA per 1 day)
Gi Antispasmodic And Benzodiazepine Combinations - Drugs For Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)</i>	Tier 2	
Gi Antispasmodic And Opioid Combinations - Drugs For Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
Gi Antispasmodic Combinations Other - Drugs For Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML) (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)</i>	Tier 2	ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (1200 ML per 30 days)
<i>DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)</i>	Tier 2	ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (8 EA per 1 day)
<i>LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	Tier 2	ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	Tier 1	ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (8 EA per 1 day)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	ST: Requires prior prescriptions for Dicyclomine and Hyoscyamine within the past 365 days; QL (8 EA per 1 day)
H. Pylori Therapy - Bismuth And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
PYLERA ORAL CAPSULE 140-125-125 MG (colloidal bismuth subcitrate/metronidazole/tetracycline HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H. Pylori Therapy - Proton Pump Inhibitor And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (omeprazole/clarithromycin/amoxicillin trihydrate)	Tier 2	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (omeprazole magnesium/amoxicillin trihydrate/rifaxitin)	Tier 2	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker And Antibiotics - Drugs For The Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (vonoprazan fumarate/amoxicillin trihydrate)	Tier 2	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (vonoprazan fumarate/amoxicillin trihydrate/clarithromycin)	Tier 2	PA
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 2	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist - Drugs For Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 2	
Ibs Agent - Selective 5-HT3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)	Tier 2	
Ibs Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs For Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (tenapanor HCl)	Tier 2	PA
Inflammatory Bowel Agent - Interleukin-12 And IL-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab-kfce)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-kfce)	Tier 4	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, Mc Ab - Drugs For Inflammatory Bowel Disease		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) (mirikizumab-mrkz)	Tier 4	PA

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OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML) (mirikizumab-mrkz)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (risankizumab-rzaa)	Tier 4	PA
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (guselkumab)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (guselkumab)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	Tier 2	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 2	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 2	
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	Tier 2	
COLAZAL ORAL CAPSULE 750 MG (balsalazide disodium)	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	Tier 2	ST: Requires prior prescription for Lialda within the past 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 2	

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<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (mesalamine)	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipes)	Tier 2	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease		
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	Tier 1	ST: Requires prior prescription for Balsalazide within the past 120 days
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)	Tier 2	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG (budesonide)	Tier 2	PA
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)	Tier 2	ST: Requires prior prescription for Balsalazide within the past 120 days
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	Tier 2	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, Mc Antibody - Drugs For Inflammatory Bowel Disease		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (vedolizumab)	Tier 4	PA
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (upadacitinib)	Tier 2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (tofacitinib citrate)	Tier 2	PA
Inflammatory Bowel Agent - Sphingosine 1- Phosphate Receptor Modulator - Drugs For Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (etrasimod arginine)	Tier 2	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
Intestinal Flora Modifiers - Drugs For Diarrhea		
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)	Tier 1	
<i>acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)-100 mg</i>	Tier 1	
<i>acidophilus-pectin, citrus oral tablet 25 million cell -100 mg</i>	Tier 1	
ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL (Lactobacillus combination no.9)	Tier 1	
ADVANCED PROBIOTIC ORAL CAPSULE 625 MG (10 BILLION CELL) (L.acidophilus/L.casei/L.lactis/L.rhamnosus/B.lactis/B.longum)	Tier 2	
ALIGN DUALBIOTIC ORAL TABLET,CHEWABLE 500 MILLION CELL-1.25 GRAM (Bacillus coagulans/inulin)	Tier 2	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
AZO DUAL PROTECTION ORAL CAPSULE 5 BILLION CELL- 15 MG (L.crispatus/L.gasseri/L.jensenii/L.rhamnosus/bacteriophages)	Tier 2	

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AZO VAGINAL HEALTH PROBIOTIC ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
BACICAP ORAL CAPSULE 20 BILLION CELL (Lactobacillus acidophilus,paracasei,plantarum/B.animalis)	Tier 2	
BACID WITH LACTOSPORE ORAL CAPSULE 1 BILLION CELL (Bacillus coagulans)	Tier 2	
BENEFIBER ADVANCED ORAL POWDER IN PACKET 1 BILLION CELL- 4 GRAM (Bacillus coagulans/maltodextrin/guar gum)	Tier 2	
BENEFIBER DUAL ACTION ORAL TABLET,CHEWABLE 500 MILLION CELL-1.5 GRAM (Bacillus coagulans/inulin)	Tier 2	
BENEFIBER DUAL ACTION-THEANINE ORAL POWDER IN PACKET 1 BILLION CELL- 3 GRAM-200 MG (Bacillus coagulans/inulin/theanine)	Tier 2	
BILAC ORAL CAPSULE 33 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
BIOMEPRO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 2	
BIOMEPRO ORAL LIQUID 100 BILLION CELL/104 ML (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 2	
BIOTINEX ORAL CAPSULE 700 MILLION CELL (Lactobacillus acidophilus)	Tier 2	
BIOZEN ORAL CAPSULE 15.5 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
CHILD PROBIOTIC DIGEST-IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)	Tier 2	
CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET,CHEWABLE 1.5 BILLION CELL (L. acidophilus/L. rhamnosus/B. breve/S. thermophilus)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CILDREN'S DAILY PROBIOTIC ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 1	
CILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (L.acidophilus,casei,rhamnosus/B.breve,longum)	Tier 1	
CLAIRVEE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL- 400 MCG DFE (L. acidophilus/L. rhamnosus/levomefolate sodium/lactoferrin)	Tier 2	
CULTURELLE ABDOMINAL SUPP-CMFT ORAL POWDER IN PACKET 2 BILLION CELL- 4 GRAM (Bacillus coagulans/fucosyllactose)	Tier 2	
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)	Tier 2	
CULTURELLE BABY COLIC-SOOTHING ORAL DROPS 250 MM CELL-10 MCG/5 DROPS (Lactobacillus reuteri/Lactobacillus rhamnosus GG/vitamin D3)	Tier 2	
CULTURELLE BABY DIGESTIVE CALM ORAL DROPS 2 BILLION CELL/5 DROPS (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 2	
CULTURELLE BABY HEALTH DEVELOP ORAL POWDER IN PACKET 2 BILLION CELL- 50 MG-300 MG (L. rhamnosus/B. animalis/dha/fucosyllactose/vitamin D3)	Tier 2	
CULTURELLE BLOATING GAS ORAL CAPSULE 5 BILLION CELL- 285 MG-50 MG (Lactobacillus rhamnosus GG/enzymes,digestive/ginger/minerals)	Tier 2	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 2	
CULTURELLE GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 2	

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CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 2	
CULTURELLE KIDS 4 IN 1 IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-20 MCG (L. rhamnosus/ascorbic acid/vitamin D3/zinc oxide/elderberry)	Tier 2	
CULTURELLE KIDS GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-1 GRAM (Lactobacillus rhamnosus/Bifidobac animalis/fucosyllactose/D3)	Tier 2	
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 2	
CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-1.88 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 2	
CULTURELLE KIDS PROBIO-FIBER ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM (Lactobacillus rhamnosus GG/fiber)	Tier 2	
CULTURELLE KIDS PROBIOT-FIBER ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE KIDS PROBIOTICS ORAL TABLET,CHEWABLE 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE MEN'S DAILY HEALTH ORAL CAPSULE 10 BILLION CELL -90 MG (L. rhamnosus/vit C/vit D3/vit B6/vit B12/magnesium ox/selen)	Tier 2	
CULTURELLE METABOLISM-WT MGMT ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus rhamnosus/Bifido animalis/vit B6/vit B12)	Tier 2	
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	

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CULTURELLE PROBIOTIC-PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
CULTURELLE SLIMBIOTICS ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus fermentum/Lactobacillus rhamnosus/vit B6/B12)	Tier 2	
CULTURELLE WOMEN'S 4-IN-1 ORAL CAPSULE 15 BILLION CELL -15 MG (L.crispatus/L.gasseri/L.jensenii/L.rhamnosus/bacteriophages)	Tier 2	
CULTURELLE WOMEN'S WELLNESS ORAL TABLET,CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
DAILY PROBIOTIC (4 STRAINS) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)	Tier 1	
DAILY PROBIOTIC (B.INFANTIS) ORAL CAPSULE 1 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum)	Tier 1	
DAILY PROBIOTIC (S. BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
DERMACINRX LACTEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBINATE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBISOL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBITRAN ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBITROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROMEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (Bacillus coagulans/digestive enzymes combination no.10)	Tier 2	
DIGEST PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (Bacillus coagulans/protease/amylase/lipase)	Tier 2	
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE LACTOS SUP ORAL CAPSULE 500 MILLION CELL-3,000 UNIT (Bacillus coagulans/lactase)	Tier 2	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)	Tier 2	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum)	Tier 1	
ENVIVE ORAL CAPSULE 12 BILLION CELL (Lactobacillus acidophilus,paracasei,Bifidobacterium animalis)	Tier 2	
ESTROVEN SLIMBIOTICS ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus fermentum/Lactobacillus rhamnosus/vit B6/B12)	Tier 2	
FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 2	
FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 2	

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FLORASAVE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL -15 MG (Lactobacillus no.65/Bifidobac no.7/B.subtilis/bacteriophages)	Tier 2	
FLORASTART ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
FLORASTOR ADVANCED ORAL CAPSULE 250-62.5-30 MG (S.boulardii/enzymes/ginger/peppermint leaf/fennel)	Tier 2	
FLORASTOR DIGEST-METABOLIC ORAL TABLET,CHEWABLE 500MILLION CELL -1 GRAM-125 MCG (Bacillus coagulans/inulin/cyanocobalamin)	Tier 2	
FLORASTOR WOMAN'S PROBIOTIC ORAL CAPSULE 11 BILLION CELL -200 MG (L.acidophilus/L.paracasei/L.rhamnosus/theanine)	Tier 2	
FLORASTORBABY ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 2	
FLORASTORKIDS ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 2	
FLORASTORSELECT GUT BOOST ORAL CAPSULE 250-300 MG (Saccharomyces boulardii/inulin)	Tier 2	
FLORASTORSELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG (Saccharomyces boulardii/vitamin C/vitamin D3/zinc gluconate)	Tier 2	
FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL (Lactobacillus reuteri/Bifidobacterium infantis/FOS)	Tier 2	
FORTIFY OPT ADV (L. SALIVARUS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL-75 MG (Lactobacillus no.83/Bifido animal,bifid,infant/inulin/acacia)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL -75 MG (Lactobac no.108/B.animal,bifid,infant/S.therm/inulin/acacia)	Tier 2	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/B.animalis/B.bifidum/B.infantis)	Tier 2	
FORTIFY OPTIMA WOMEN ADVANCED ORAL CAPSULE,DELAYED RELEASE(DR/EC) 90 BILLION CELL -75 MG (Lactobacillus no.102/Bifid anim,bifid/L.lactis/inulin/acacia)	Tier 2	
FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (L.acidophilus,gasseri/Bifidobact animalis,bifidum,infantis)	Tier 2	
FORTIFY PROBIOTIC 50 PLUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.21/Bifidobacterium combo no.7/inulin)	Tier 2	
FORTIFY PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.51/Bifido animalis, bifidum/inulin)	Tier 2	
FORTIFY WOMEN PROBIO(L.SALIV.) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL-50 MG (Lactobacillus combo no.32/Bifidobacterium animalis/inulin)	Tier 2	
FORTIFY WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL -50 MG (Lactobacillus combo no.51/Bifidobacterium animalis/inulin)	Tier 2	
IDEAL BOWEL SUPPORT ORAL CAPSULE 10 BILLION CELL (Lactobacillus plantarum)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARRO-DOPHILUS ALLERGEN FREE ORAL CAPSULE 10 BILLION CELL (L.acidoph,paracasei,plantarum,rhamn/B.animalis,breve)	Tier 2	
JARRO-DOPHILUS BABY ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (Lactobacillus casei/L. rhamnosus/Bifido no.4/GOS)	Tier 2	
JARRO-DOPHILUS EPS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25 BILLION CELL, 5 BILLION CELL (Lactobac no.19/Bifidobac breve,longum/Lactoc lactis/P. acidi)	Tier 2	
JARRO-DOPHILUS PLUS FOS ORAL CAPSULE 3.4 BILLION CELL-210 MG (Lactobacillus no.33/Bifido animalis,longum/FOS/inulin)	Tier 2	
JARRO-DOPHILUS WOMEN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
<i>I. acidophilus-b. coagulans oral tablet 35 million- 25 million cell</i>	Tier 1	
LACTEOL DIARRHEASE KIDS ORAL POWDER IN PACKET 10 BILLION CELL (Lactobacillus fermentum/Lactobacillus lactis)	Tier 2	
LACTEOL DIARRHEASE ORAL CAPSULE 10 BILLION CELL (Lactobacillus fermentum/Lactobacillus lactis)	Tier 2	
<i>lactobacillus acidophilus oral capsule 500 million cell</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 1 billion cell</i>	Tier 1	
<i>lactobacillus acidoph-l.bulgar oral tablet 1 million cell</i>	Tier 1	
LACTOVIVE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
MAGE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 BILLION CELL -15 MG (L. acidoph,rhamn/Bifido animalis/B. subtilis/bacteriophages)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MVW COMPLETE FORM PROBIOT MINI ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -15 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophage)	Tier 2	
MVW COMPLETE FORMUL PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -7.5 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophage)	Tier 2	
NEWFLORA ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
NUGUT BOWEL SUPPORT PROBIOTIC ORAL CAPSULE 5 BILLION CELL (Lactobacillus plantarum)	Tier 1	
OMNI-BIOTIC AB-10 ORAL POWDER IN PACKET 5 BILLION CELL (L.acid,parac,plant,rhamn,saliv-B.anim,bifid,long-E.faecium)	Tier 2	
OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL (L.acidoph,casei,salivar/B.animalis/Lactococ.lactis/E.faecium)	Tier 2	
OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL (L.acidophil,brevis,casei,sal/B.anim,bifid/Lactococcus lactis)	Tier 2	
OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL (Bifidobacterium animalis, bifidum/Lactococcus lactis)	Tier 2	
OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL (L.acido,casei,para,plant,sali/B.anim,bif/Lactococcus lactis)	Tier 2	
ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREBIOMAX ORAL TABLET,CHEWABLE 1.4 GRAM (xylooligosaccharides)	Tier 2	
PRIMADOPHILUS BIFIDUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifidobact.breve,longum)	Tier 2	
PRIMADOPHILUS ORIGINAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 2	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
PROBACAP ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)	Tier 2	
PROBIO DEFENSE ORAL CAPSULE 2 BILLION CELL- 2 MG-12.5 MCG (L. helveticus,rhamnosus/B. longum/zinc yeast/selenium yeast)	Tier 2	
PROBIOFLEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/herb)	Tier 2	
PROBIOMAX 350 DF ORAL POWDER IN PACKET 350 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 2	
PROBIOMAX COMPLETE DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 2	
PROBIOMAX DAILY DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum)	Tier 2	
PROBIOMAX DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOMAX IG 26 DF ORAL CAPSULE 500 MILLION CELL-500 MG (Bacillus coagulans/hyperimmune egg)	Tier 2	
PROBIOMAX LEAN DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL (Bifidobacterium animalis)	Tier 2	
PROBIOMAX PLUS DF ORAL POWDER IN PACKET 40 BILLION CELL -1.5 GRAM (L.acidophilus,plantarum/B.animalis,longum/S.boulardii/larch)	Tier 2	
PROBIOMAX SB DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL (L.acidophilus/L.plantarum/B.animalis/B.longum/S.boulardii)	Tier 2	
PROBIOMAX SERENITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 17.5 BILLION CELL (Lactobacillus paracasei)	Tier 2	
PROBIONEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/herb)	Tier 2	
PROBIOTIC (B. COAGULANS) ORAL TABLET,CHEWABLE 1 BILLION CELL, 2.5 BILLION CELL (Bacillus coagulans)	Tier 1	
PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET,CHEWABLE 2 BILLION CELL- 5 MCG (Bacillus coagulans/cholecalciferol (vit D3))	Tier 1	
PROBIOTIC ACIDOPHILUS (4 STRN) ORAL TABLET 1 BILLION CELL- 250 MG (Lactobac acidophilus/L.bulgaricus/B.bifidum/S.thermophilus)	Tier 1	
PROBIOTIC ACIDOPHILUS(14-STRN) ORAL TABLET,CHEWABLE 3 BILLION CELL (Lactobacillus no.66/Bifidobacterium no.4/S.thermophilus)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOTIC COLON SUPPORT ORAL CAPSULE 1.5 BILLION CELL (Lactobacillus gasseri/Bifidobacterium bifidum/Bifido longum)	Tier 1	
PROBIOTIC DIGEST SUPP (4-STRN) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)	Tier 1	
PROBIOTIC DIGEST SUPP (6-STRN) ORAL CAPSULE 10 BILLION CELL -100 MG (L.acidoph,bulgar,paracasei,rhamnosu/B.animalis,longum/inulin)	Tier 1	
PROBIOTIC DIGEST(L.RHAM,INULN) ORAL CAPSULE 20 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 1	
PROBIOTIC DIGEST(LACTO,BIFIDO) ORAL CAPSULE 1.5 BILLION CELL (L.acidophilus/L.gasseri/L.rhamnosus/B.bifidum/B.longum)	Tier 1	
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG (Bacillus coagulans/inulin)	Tier 1	
PROBIOTIC ORAL CAPSULE 20 BILLION CELL (Lactobacillus combination no.10)	Tier 1	
PROBIOTIC ORAL CAPSULE 3 BILLION CELL (Lactobacillus combination no.4)	Tier 1	
PROBIOTIC PEARLS ACIDOPHILUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium longum)	Tier 2	
PROBIOTIC PEARLS COMPLETE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobacillus combination no.13)	Tier 2	
PROBIOTIC PEARLS WOMEN'S ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobac acidophilus/Lactobac plantarum/Lactobac rhamnosus)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOTIC-10 ORAL CAPSULE 20 BILLION CELL (L.acid,brev,bulg,casei,parac,plant,saliv/Bifidobac animalis)	Tier 1	
PROBIOTIC-IMMUNE ORAL TABLET,CHEWABLE 1 BILLION CELL- 45 MG-25 MCG (Bacillus coagulans,subtilis/vitamin C/vit D3/zinc gluconate)	Tier 2	
PROBIZEN ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
PROMELLA ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
REJUVAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
RELIBIOTIC ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
REPHRESH PRO-B ORAL CAPSULE 5 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 2	
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL (Saccharomyces boulardii)	Tier 1	
REVITAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
<i>saccharomyces boulardii oral capsule 250 mg</i>	Tier 1	
<i>saccharomyces boulardii-yeast oral capsule,delayed release(dr/ec) 5 billion cell- 200 mg</i>	Tier 1	
SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (Lactobacillus combination no.4)	Tier 1	
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (Bifidobacterium animalis/Bifidobacterium infantis/S.thermoph)	Tier 2	
SUPERIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (Lactobac.acidoph,plantar,rhamn/Bifidobac.animal, breve,lon gum)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUREBIOTIC ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
TRUBIOTICS BABY ORAL DROPS 3 BILLION CELL /0.27 ML (Bifidobacterium animalis)	Tier 2	
TRUBIOTICS GUMMY ORAL TABLET,CHEWABLE 1.5BILLION CELL -7.5 MCG-1.8 G (Bacillus subtilis/cholecalciferol (vit D3)/inulin)	Tier 2	
TRUBIOTICS KIDS CHEWABLE ORAL TABLET,CHEWABLE 6 BILLION CELL (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 2	
TRUBIOTICS KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1.8 GRAM (Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (Lactobacillus acidophilus/Bifidobacterium animalis/vit D2)	Tier 2	
UP4 PROBIOTICS MEN'S ORAL CAPSULE 50 BILLION CELL -90 MG-30 MCG (Lactobac no.21/Bifidobac no.7/vit C/vit D3/vit B6/vit B12)	Tier 2	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (Lactobacillus combination no.51/Bifidobacterium combo no.4)	Tier 2	
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (L.acidophilus/L.gasseri/L.plant/L.rham/B.animalis/cranberry)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
WELLPRO-31 ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
XYBIOTIC ORAL CAPSULE 15 BILLION CELL -1,000 MCG-25MG (L. acidophilus/Bacillus coagulans/folic acid/inulin)	Tier 2	
YUM-YUM DOPHILUS ORAL TABLET,CHEWABLE 2.5 BILLION CELL-50 MG, 500 MILLION CELL-50 MG (L.acidophilus,plantarum/B.animalis,breve/FOS/inulin)	Tier 2	

Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome

alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 2	QL (2 EA per 1 day)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 2	

Laxative - Bulk Forming - Drugs To Prevent Constipation

BENEFIBER (INULIN-CORN FIBER) ORAL TABLET,CHEWABLE 2 GRAM (soluble corn fiber/inulin)	Tier 2	
BENEFIBER (WHEAT DEXTRIN) ORAL TABLET 1 GRAM (wheat dextrin)	Tier 2	
BENEFIBER CLEAR SF (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/3.5 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER 3 GRAM/4 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (wheat dextrin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENEFIBER SUGAR FREE (DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (INULIN) ORAL POWDER IN PACKET 3 GRAM (inulin)	Tier 2	
BEST FIBER ORAL POWDER 3 GRAM/3.5 GRAM (wheat dextrin)	Tier 1	
CHILDRENS FIBER GUMMY BEAR ORAL TABLET,CHEWABLE 1.5 GRAM (polydextrose)	Tier 1	
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM (dextrin)	Tier 1	
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM (psyllium husk)	Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
EASY FIBER (WHEAT DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM-100 MG CALCIUM (wheat dextrin/calcium carbonate)	Tier 1	
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM (dextrin)	Tier 1	
FIBER (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (dextrin)	Tier 1	
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3 GRAM/11 GRAM (psyllium husk (with sugar))	Tier 2	
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
FIBER GUMMIES (WITH B-COMPLEX) ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose/vitamin B complex)	Tier 1	
FIBER GUMMIES ORAL TABLET,CHEWABLE 1.7 GRAM (inulin)	Tier 1	
FIBER SUPPLEMENT(WHEATDEXTRIN) ORAL POWDER 3 GRAM/3.8 GRAM (wheat dextrin)	Tier 1	

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FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
FIBERWELL ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose)	Tier 2	
KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM (psyllium husk)	Tier 2	
METAMUCIL (INULIN-CORN FIBER) ORAL TABLET,CHEWABLE 1.7 GRAM (soluble corn fiber/inulin)	Tier 2	
NUTRISOURCE FIBER ORAL PACKET (guar gum)	Tier 1	
NUTRISOURCE FIBER ORAL POWDER (guar gum)	Tier 1	
PREBIOTIC FIBER (FOS) ORAL TABLET,CHEWABLE 2.5 GRAM (fructooligosaccharides)	Tier 1	
PREBIOTIC FIBER ORAL TABLET,CHEWABLE 2 GRAM (inulin)	Tier 1	
PREBIOTIC INULIN-FOS ORAL POWDER 3 GRAM/ 3.8GRAM (SCOOP) (fructooligosaccharides/inulin)	Tier 2	
<i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i>	Tier 1	
<i>psyllium husk oral capsule 0.4 gram</i>	Tier 1	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM, 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM (psyllium husk (with sugar))	Tier 2	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
lactulose (Kristalose Oral Packet 20 Gram)	Tier 2	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (2 EA per 1 day)
<i>lactulose oral packet 10 gram</i>	Tier 1	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (3 EA per 1 day)
<i>lactulose oral packet 20 gram</i>	Tier 1	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (2 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>sorbitol solution 70 %</i>	Tier 2	
Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 1	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

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sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	Tier 1	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 2	QL (4000 ML per 1 FILL)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	Tier 2	QL (1 EA per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 1	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 1	\$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	Tier 2	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 1	\$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (peg 3350/sodium sulfate,chloride/potassium chlor/magnesium)	Tier 2	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium sulfate/potassium sulfate/magnesium sulfate)	Tier 2	QL (354 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (sodium sulfate/potassium chloride/magnesium sulfate)	Tier 2	\$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Laxative - Stimulant - Drugs To Prevent Constipation		
cascara sagrada oral tablet 450 mg	Tier 1	
senna leaf oral capsule 450 mg	Tier 1	
SENOKOT KIDS ORAL TABLET,CHEWABLE 8.7 MG (senna leaf extract)	Tier 2	
SENOKOT ORAL TABLET,CHEWABLE 8.7 MG (senna leaf extract)	Tier 2	
SENOKOT-CHAMOMILE ORAL TEA 1,400 MG- 1,100 MG (senna leaf/herbal complex no.324)	Tier 2	
Laxative - Stimulant And Saline/Osmotic Combinations - Drugs To Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (sodium picosulfate/magnesium oxide/citric acid)	Tier 2	\$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid		
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Tier 2	
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Tier 2	
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog - Drugs For The Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 4	PA
Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach		
glutamine oral powder 100 %	Tier 1	
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	Tier 4	
Genitourinary Therapy - Drugs For The Urinary System		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb - Drugs For The Prostate		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days

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JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride/tamsulosin HCl)	Tier 2	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Bph Agent- 5-Alpha-Reductase And Phosphodiesterase-5 (Pde5) Inhibitors - Drugs For The Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (finasteride/tadalafil)	Tier 2	
Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	Tier 2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (cysteamine bitartrate)	Tier 2	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (cysteamine bitartrate)	Tier 2	PA
G.U. Irrigants - Anti-Infective - Drugs For The Urinary System		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	Tier 1	
G.U. Irrigants - Drugs For The Urinary System		
acetic acid irrigation solution 0.25 %	Tier 1	
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)	Tier 2	
glycine urologic solution irrigation solution 1.5 %	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (citric acid/gluconolactone/magnesium carbonate)	Tier 2	
sorbitol irrigation solution 3 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
Interstitial Cystitis Agents - Drugs For The Urinary System		
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	Tier 2	
Kidney Stone Agents - Drugs For The Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 2	
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 2	
<i>tiopronin oral tablet 100 mg</i>	Tier 2	
<i>tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 2	
tiopronin (Venxxiva Oral Tablet,Delayed Release (Dr/Ec) 100 Mg, 300 Mg)	Tier 2	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
GEMTESA ORAL TABLET 75 MG (vibegron)	Tier 2	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (mirabegron)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Oxalosis Agent - Oxalate Inhibitor, Small Interfering Rna Directed - Drugs For The Urinary System		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (nedosiran sodium)	Tier 4	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (nedosiran sodium)	Tier 4	
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
Phosphate Binders - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ferric citrate oral tablet 210 mg iron</i>	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (lanthanum carbonate)	Tier 2	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum carbonate)	Tier 2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
RENELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (sevelamer carbonate)	Tier 2	
RENELA ORAL TABLET 800 MG (sevelamer carbonate)	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphate Binders - Iron-Based - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
<i>ferric citrate oral tablet 210 mg iron</i>	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs For The Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	Tier 2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (tolvaptan)	Tier 2	PA
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	Tier 2	QL (30 EA per 365 days)
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>	Tier 2	QL (60 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	Tier 2	PA
Prostatic Hypertrophy Agent - Alpha-1- Adrenoceptor Antagonists - Drugs For The Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin HCl)</i>	Tier 2	
<i>RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)</i>	Tier 2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
<i>UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin HCl)</i>	Tier 2	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>PROSCAR ORAL TABLET 5 MG (finasteride)</i>	Tier 2	
Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor - Drugs For The Prostate		
<i>CIALIS ORAL TABLET 5 MG (tadalafil)</i>	Tier 2	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
<i>AVODART ORAL CAPSULE 0.5 MG (dutasteride)</i>	Tier 2	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs For Infections		
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	Tier 2	
Urinary Acidifier - Phosphates - Drugs For Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (sodium phosphate,monobasic/potassium phosphate,monobasic)	Tier 2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (potassium phosphate,monobasic)	Tier 2	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)	Tier 1	
Urinary Alkalizer - Citrates - Drugs For Infections		
CITRATABS ORAL TABLET EXTENDED RELEASE 7.5 MEQ (magnesium citrate/potassium citrate)	Tier 2	
LITHOLYTE ORAL POWDER IN PACKET 15 MEQ (magnesium citrate/potassium citrate)	Tier 2	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (citric acid/sodium citrate)	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml, 500-334 mg/5 ml</i>	Tier 1	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML (sodium/potassium/potassium citrate/sodium citrate/cit ac)	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate)	Tier 2	

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UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)	Tier 2	
Urinary Analgesics - Drugs For Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine HCl)	Tier 2	
Urinary Antibacterial - Methenamine And Salts - Drugs For Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 2	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs For Infections		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)	Tier 2	PA
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohydrate/macrocrysrtals)	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	
Urinary Antibacterials Other - Drugs For Infections		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Anti-Infective Methenamine-Antispas-Analg Combinations - Drugs For Infections		
(URELLE ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
(URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
(URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin)	Tier 2	
(URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
(URIMAR-T ORAL TABLET 120-10.8-0.12 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
(URNEVA ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
(URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
(URO-SP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
Urinary Anti-Infective Methenamine-Antispasmodic Combinations - Drugs For Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	

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UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 1	
URYL ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 2	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs For The Bladder		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (solifenacin succinate)	Tier 2	
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin succinate)	Tier 2	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 2	
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX-SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 2	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (oxybutynin)	Tier 2	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine fumarate)	Tier 2	QL (1 EA per 1 day)
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Tier 2	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (colchicine)	Tier 2	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>allopurinol oral tablet 200 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Tier 2	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG (allopurinol)	Tier 2	
Hematological Agents		
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh		
VAFSEO ORAL TABLET 150 MG, 300 MG (vadadustat)	Tier 2	PA
Hemophilia Treatment Agents - Small Interfering Rna (Sirna)		
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (fitusiran sodium)	Tier 4	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML (fitusiran sodium)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pnh - Complement Factor B Inhibitors		
FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)	Tier 2	PA
Pnh - Complement Factor D Inhibitors		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (danicopan)	Tier 2	PA
Hematological Agents - Drugs For The Blood		
Agents To Treat Attp- Anti Von Willebrand Factor (Vwf) A1 Domain - Drugs For The Blood		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	Tier 4	PA
Agents To Treat Paroxysmal Nocturnal Hemoglobinuria (Pnh) - Drugs For The Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)	Tier 4	PA
FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)	Tier 2	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (danicopan)	Tier 2	PA
Anticoagulants - Citrate-Based - Drugs To Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 2	
ACD-A SOLUTION (citrate dextrose solution)	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 2	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticoagulants - Coumarin - Drugs To Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Anti-Inhibitor Coagulation Complex - Drugs To Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (anti-inhibitor coagulant complex)	Tier 4	
Blood Cell And Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	Tier 2	PA
C1 Esterase Inhibitor Agents - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 4	PA
Cxcr4 Chemokine Receptor Antagonists - Drugs For The Blood		
XOLREMDI ORAL CAPSULE 100 MG (mavorixafor)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (apixaban)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (apixaban)	Tier 2	QL (74 EA per 30 days)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)	Tier 2	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (rivaroxaban)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Erythropoietins - Drugs For The Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa in polysorbate 80)	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (darbepoetin alfa in polysorbate 80)	Tier 4	PA

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EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (epoetin alfa)	Tier 4	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML (methoxy polyethylene glycol-epoetin beta)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa-epbx)	Tier 4	PA
Factor IX Preparations - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (factor IX recombinant, Fc fusion protein)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 4	
IDEVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX recombinant, albumin fusion protein)	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant, threonine 148)	Tier 4	

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PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX complex, prothrombin complex conc no.4, 3-factor)	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX (human) recombinant, pegylated)	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 4	
Factor VII Preparations - Drugs To Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor VIIa (recombinant))	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (coagulation factor VIIa recombinant-jncw)	Tier 4	
Factor VIII Preparations (Ahf) - Drugs To Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length, peg)	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor VIII recomb,single-chn,B-dom truncated)	Tier 4	

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ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
ALTUVIPIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rFVIII Fc-VWF-XTEN,BDD-ehtl)	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (FVIII) recombinant, Fc fusion protein)	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-dom truncated peg-exei)	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-domain deleted peg-aucl)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII recombinant, B-domain truncated)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (antihemophilic factor VIII rec HEK cell, B-domain deleted)	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII, recombinant porcine sequence)	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII, human recombinant)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb,B-domain deleted)	Tier 4	

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XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb,B-domain deleted)	Tier 4	
Factor X Preparations - Drugs To Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)	Tier 4	
Factor XIII Preparations - Drugs To Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)	Tier 4	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)	Tier 4	
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-jmdb)	Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-pbbk)	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (tbo-filgrastim)	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (tbo-filgrastim)	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim)	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim)	Tier 4	PA

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NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim)	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim-aafi)	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-aafi)	Tier 4	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-txid)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-apgf)	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-ayow)	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (eflapegrastim-xnst)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-fpgk)	Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-bmez)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hematorheologic Agents - Drugs For The Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemophilia Treatment Agents - Monoclonal Antibody - Drugs For The Blood		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (concizumab-mtcI)	Tier 4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (emicizumab-kxwh)	Tier 4	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (marstacimab-hncq)	Tier 4	PA
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Tier 2	
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 2	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hemostatic Systemic- Von Willebrand Factor (Vwf) Preparations - Drugs To Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (von Willebrand factor (recombinant))	Tier 4	
Hemostatic Topical Agents - Drugs To Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (ferric subsulfate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVITENE FLOUR TOPICAL POWDER (microfibrillar collagen)	Tier 2	
AVITENE TOPICAL POWDER IN PACKET (microfibrillar collagen)	Tier 2	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (microfibrillar collagen)	Tier 2	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (microfibrillar collagen)	Tier 2	
GELFILM IMPLANT FILM (gelatin)	Tier 2	
GEL-FLOW NT TOPICAL SYRINGE (gelatin sponge,absorbable)	Tier 2	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM MUCOUS MEMBRANE POWDER (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100 (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50 (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM TOPICAL SPONGE 4 (gelatin sponge,absorbable/porcine skin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (ferric subsulfate)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (thrombin (recombinant))	Tier 2	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (recombinant))	Tier 2	
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50 (gelatin sponge,absorbable/porcine skin)	Tier 2	
SYRINGE AVITENE TOPICAL POWDER (microfibrillar collagen)	Tier 2	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic)	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (thrombin (bovine))	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " (thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic)	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (microfibrillar collagen)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hemostatic Topical Combinations - Drugs To Prevent Bleeding		
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 2	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (fibrinogen/thrombin (human plasma derived))	Tier 2	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 2	
Heparin Flush Formulations - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 4	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 4	

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Heparins - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 4	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 4	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 4	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 4	
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML (fondaparinux sodium)	Tier 4	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (fondaparinux sodium)	Tier 4	QL (15 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARIIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML (fondaparinux sodium)	Tier 4	QL (12 ML per 30 days)
ARIIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML (fondaparinux sodium)	Tier 4	QL (18 ML per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 4	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 4	
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (enoxaparin sodium)	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin sodium,porcine)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin sodium,porcine)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin sodium,porcine)	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (dalteparin sodium,porcine)	Tier 4	QL (12 ML per 30 days)

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FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)	Tier 4	QL (18 ML per 30 days)
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin sodium)	Tier 4	QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML (enoxaparin sodium)	Tier 4	
Plasma Proteins Which Facilitate Anticoagulation - Drugs For The Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (plasminogen, human-tvmh)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor) <i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 2 Tier 1	QL (2 EA per 1 day) QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide HCl) <i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2 Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet,chewable 81 mg</i>	PV	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	PV	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	PV	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 2	PA
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	

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EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel HCl)	Tier 2	QL (1 EA per 1 day)
PLAVIX ORAL TABLET 75 MG (clopidogrel bisulfate)	Tier 2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb - Drugs For The Blood		
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin/omeprazole)	Tier 2	PA
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitir - Drugs For The Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	Tier 2	QL (1 EA per 1 day)
Pnh - Complement (C3) Inhibitors - Drugs For The Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)	Tier 4	PA
Pyruvate Kinase (Pk) Activators - Drugs For The Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	Tier 2	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (mitapivat sulfate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sickle Cell Anemia Agents, Others - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine) <i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 2	PA
SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)	Tier 2	ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG (hydroxyurea)	Tier 2	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML (hydroxyurea)	Tier 2	PA
Thrombin Inhibitor - Selective Direct And Reversible - Drugs To Prevent Blood Clots		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate mesylate)	Tier 2	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (dabigatran etexilate mesylate)	Tier 2	PA
Thrombopoietin Receptor Agonists - Drugs For The Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (eltrombopag choline)	Tier 2	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	Tier 2	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 2	PA
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	Tier 2	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 2	PA
Hepatobiliary System Treatment Agents		
Agents To Treat Cerebrotendinous Xanthomatosis (Ctx)		
CHENODAL ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
CTEXLI ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
Non-Alcoholic Steatohepatitis (Nash) Agents - Thr-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetriom)	Tier 2	PA
Peroxisome Proliferator-Activated Receptor (Ppar) Agonist		
IQIRVO ORAL TABLET 80 MG (elafibranor)	Tier 2	PA
LIVDELZI ORAL CAPSULE 10 MG (seladelpar lysine)	Tier 2	PA
Hepatobiliary System Treatment Agents - Drugs For The Liver		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ileal Bile Acid Transporter (Ibat) Inhibitor - Drugs For The Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (odevixibat)	Tier 2	PA
BYLVAY ORAL PELLET 200 MCG, 600 MCG (odevixibat)	Tier 2	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (maralixibat chloride)	Tier 2	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (maralixibat chloride)	Tier 2	PA
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 2	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus)	Tier 2	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/MI)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	Tier 2	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Tier 2	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (mycophenolate mofetil)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs For Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (satralizumab-mwge)	Tier 4	PA
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus)	Tier 2	
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	Tier 2	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 2	
Locomotor System		
Duchenne Muscular Dystrophy - Histone Deacetylase (Hdac) Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (givinostat hydrochloride)	Tier 2	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Friedreich Ataxia-Nuclear Factor Erythroid-Rel.Factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	Tier 2	PA
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs For Muscles, Ligaments, Tendons, And Bones		
dichlorphenamide oral tablet 50 mg	Tier 2	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 2	PA
dichlorphenamide (Ormalvi Oral Tablet 50 Mg)	Tier 2	PA
Als Agents - Antioxidants/Anti-Inflammatories - Drugs For Nerves And Muscles		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (edaravone)	Tier 2	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (edaravone)	Tier 2	
Amyotrophic Lateral Sclerosis (Als) Agents - Benzathiazoles - Drugs For Nerves And Muscles		
RILUTEK ORAL TABLET 50 MG (riluzole)	Tier 2	
riluzole oral tablet 50 mg	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 2	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antimyasthenic Agent - Neonatal Fc Receptor (Fcrn) Inhibitor - Drugs For Nerves And Muscles		
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (efgartigimod alfa-hyaluronidase-qvfc)	Tier 4	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 2	
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Tier 2	
MESTINON TIMESSPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	Tier 2	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Antimyasthenic Agents Other - Drugs For Nerves And Muscles		
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	Tier 2	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (zilucoplan sodium)	Tier 4	PA
Musculoskeletal Therapy Agent - Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (hyaluronate sodium)	Tier 4	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (hyaluronate sod, cross-linked)	Tier 4	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (hyaluronate sodium)	Tier 4	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (hyaluronate sodium)	Tier 4	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (hyaluronate sodium, modified, non-crosslinked)	Tier 4	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (hyaluronate sodium, stabilized)	Tier 4	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (hyaluronate sodium)	Tier 4	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (hylan G-F 20)	Tier 4	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (hylan G-F 20)	Tier 4	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)</i>	Tier 2	QL (4 EA per 1 day)
<i>orphenadrine citrate/aspirin/caffeine (Norgesic Oral Tablet 25-385-30 Mg)</i>	Tier 2	QL (8 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)</i>	Tier 1	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 15 mg</i>	Tier 1	
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier 1	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYCLOTENS REFILL COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit electrodes)	Tier 2	
CYCLOTENS STARTER COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit/TENS unit electrodes)	Tier 2	
FLEQSUVE ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)	Tier 2	PA
LYVISPANH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG (baclofen)	Tier 2	PA
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 640 mg</i>	Tier 1	
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)	Tier 2	PA
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Tier 2	QL (4 EA per 1 day)
methocarbamol (Tanlor Oral Tablet 1,000 Mg)	Tier 1	
<i>tizanidine oral capsule 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day)
carisoprodol (Vanadom Oral Tablet 350 Mg)	Tier 2	QL (4 EA per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (tizanidine HCl)	Tier 2	QL (18 EA per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (tizanidine HCl)	Tier 2	QL (9 EA per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (tizanidine HCl)	Tier 2	QL (6 EA per 1 day)
ZANAFLEX ORAL TABLET 4 MG (tizanidine HCl)	Tier 2	QL (9 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
DANTRIUM ORAL CAPSULE 25 MG (dantrolene sodium)	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
CYCLOPAK KIT 5 MG-2.5 %- 2.5 % (cyclobenzaprine/lidocaine/prilocaine/glycerin)	Tier 2	
Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier - Drugs For Nerves And Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (risdiplam)	Tier 2	
EVRYSDI ORAL TABLET 5 MG (risdiplam)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment		
Medical Supplies And Dme - Blood Coagulation Testing Supplies - Medical Supplies And Durable Medical Equipment		
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
Medical Supplies And Dme - Blood Collection Needles - Medical Supplies And Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

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EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

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FORA V10 STRIP (blood sugar diagnostic)	Tier 3	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
Medical Supplies And Dme - Blood Glucose-Ketone Comb. Test Supplies - Medical Supplies And Durable Medical Equipment		
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)	Tier 3	
PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)	Tier 3	
Medical Supplies And Dme - Blood Pressure Device Combinations - Medical Supplies And Durable Medical Equipment		
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
Medical Supplies And Dme - Cervical Caps - Medical Supplies And Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	
Medical Supplies And Dme - Compression Stockings - Medical Supplies And Durable Medical Equipment		
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 2	
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 2	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 2	

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Medical Supplies And Dme - Conception Assistance Supplies - Medical Supplies And Durable Medical Equipment		
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 2	
Medical Supplies And Dme - Covid-19 Miscellaneous Testing Supplies - Medical Supplies And Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
BD VERITOR SARS-COV-2, FLU A-B KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)	Tier 2	
BINAXNOW COVID AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 2	
BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX TYFAST FLU-COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
covid19 test adm.by pharmacist	Tier 2	

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ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX PLUS COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 2	
QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)	Tier 2	

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RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
RAPIDGO FLU AND COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 2	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SPEEDYSWAB COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
Medical Supplies And Dme - Dental Supplies		
Other - Medical Supplies And Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (dental suction device/chlorhexidine/dental swab 1/mouthwash)	Tier 2	
Q-CARE RX Q4 KIT 0.12 % (dental suction device/chlorhexidine gl/dental swab comb no.1)	Tier 2	
Medical Supplies And Dme - Diaphragms -		
Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	PV	

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WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	PV	
Medical Supplies And Dme - Drug Application Supplies - Medical Supplies And Durable Medical Equipment		
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 2	
STERILE DROPTAINERS (eye drop dispenser)	Tier 2	
Medical Supplies And Dme - Feeding Tubes And Supplies - Medical Supplies And Durable Medical Equipment		
ENFIT IRRIGATION KIT KIT (feeder irrigation kit)	Tier 2	
<i>enteral connector, enfit</i>	Tier 2	
ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)	Tier 2	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 2	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 2	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 2	
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 2	

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Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment		
FC2 FEMALE CONDOM (condoms, female)	PV	
Medical Supplies And Dme - Gauze Bandages - Medical Supplies And Durable Medical Equipment		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (gauze bandage)	Tier 2	
Medical Supplies And Dme - Gauze Pads And Dressings - Medical Supplies And Durable Medical Equipment		
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 2	
PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment		
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	

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2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
ADJUSTABLE LANCING DEVICE (lancing device)	Tier 3	
ADVANCED ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 3	

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ADVANCED LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCING DEVICE (lancing device)	Tier 3	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 3	
AGAMATRIX CONTROL SOLN-HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT (blood-glucose meter)	Tier 3	
AGAMATRIX PRESTO SYSTEM (blood-glucose meter)	Tier 3	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Tier 3	
ALKALINE BATTERIES (diabetic supplies,miscell)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
AQUA LANCE LANCING DEVICE (lancing device)	Tier 3	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	Tier 3	

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ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 3	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	Tier 3	
AUTOLET LANCING DEVICE (lancing device)	Tier 3	
AUTOLET LITE (lancing device)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)	Tier 2	
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 3	
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Tier 3	
<i>blood glucose contrl hi,normal solution</i>	Tier 3	
<i>blood glucose control, normal solution</i>	Tier 3	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>blood-glucose meter</i>	Tier 3	
<i>blood-glucose meter kit</i>	Tier 3	
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (lancets with blood glucose test strips)	Tier 3	
BLULINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Tier 3	
BLULINK GLUCOSE MONITOR SYSTEM (blood-glucose meter)	Tier 3	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE LANCING DEVICE (lancing device)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N (blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	Tier 3	
CARESENS N PLUS BT KIT (blood-glucose meter)	Tier 3	
CARESENS N VOICE (blood-glucose meter)	Tier 3	

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CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
CARETOUCH LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	PA
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	Tier 3	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 3	
CHOSEN LANCING DEVICE (lancing device)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

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CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)	Tier 3	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	
CONTOUR PLUS BLUE METER (blood-glucose meter)	Tier 3	
DEXCOM G6 RECEIVER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 RECEIVER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
DROPLET GENTEE LANCING DEVICE (lancing device)	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET LANCING DEVICE (lancing device)	Tier 3	
DROPSAFE ACTI-LANCE 23 GAUGE (lancets)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)	Tier 3	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX NG (blood-glucose meter)	Tier 3	

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EASYMAX NG KIT (blood-glucose meter)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX T1 KIT (blood-glucose meter)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 3	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE LANCING DEVICE (lancing device)	Tier 3	
EMBRACE PRO GLUCOSE METER (blood-glucose meter)	Tier 3	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
EVENCARE G2 (blood-glucose meter)	Tier 3	
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVENCARE KIT (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Tier 3	
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 4	PA
EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 4	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G30A (blood-glucose meter)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORA LANCING DEVICE (lancing device)	Tier 3	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	

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FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX (blood-glucose meter)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 READER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	

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FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies,miscell)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPOLANCE AST LANCING KIT (lancing device/lancets)	Tier 3	
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY METER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT (blood-glucose meter)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INSUL-CAP (diabetic supplies,miscell)	Tier 3	
INSUL-EZE (diabetic supplies,miscell)	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS,THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS,ULTRA THIN (lancets)	Tier 3	
<i>lancing device</i>	Tier 3	
LANCING DEVICE WITH LANCETS (lancing device)	Tier 3	
<i>lancing device with lancets kit</i>	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device/lancets)	Tier 3	

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MEDISENSE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	Tier 3	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MINI LANCING DEVICE (lancing device)	Tier 3	
MINIMED QUICK-SERTER (MMT-395) (diabetic supplies,miscell)	Tier 3	
MOBILE LANCETS 30 GAUGE (lancets)	Tier 3	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	

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MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	Tier 3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	Tier 3	
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL LANCING DEVICE (lancing device)	Tier 3	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	

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ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
OVAL TAPE (diabetic supplies,miscell)	Tier 3	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
PRODIGY CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRODIGY LANCING DEVICE (lancing device)	Tier 3	
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Tier 3	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	

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REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM KIT (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELION PRIME METER (blood-glucose meter)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SIMPLERA SENSOR DEVICE (blood-glucose sensor)	Tier 2	
SIMPLERA SYNC SENSOR DEVICE (blood-glucose sensor)	Tier 2	

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SINGLE-LET (lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	

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STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	Tier 3	
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TEL CARE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
TEL CARE LANCETS 30 GAUGE (lancets)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)	Tier 3	
TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)	Tier 2	

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TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUEDRAW LANCING DEVICE (lancing device)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
ULTI-LANCE (lancing device)	Tier 3	

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ULTI-LANCE KIT (lancing device/lancets)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 3	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	

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UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	

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VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
WAVESENSE AMP KIT (blood-glucose meter)	Tier 3	
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 3	
Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 2	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)	Tier 2	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (pessary)	Tier 2	
Medical Supplies And Dme - Infant Diapers - Medical Supplies And Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler,disposable)	Tier 2	

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DIAPERS, UNISEX SIZE 1 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 2	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
Medical Supplies And Dme - Insulin Needles- Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)	Tier 1	

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BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle, insulin disposable, 1 mL)	Tier 1	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EXTENDED RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 1	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
<i>INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)</i>	Tier 1	
<i>MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.3 mL)</i>	Tier 1	
<i>MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)</i>	Tier 1	
<i>MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)</i>	Tier 1	
<i>MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)</i>	Tier 1	
<i>MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)</i>	Tier 1	
<i>MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)	Tier 2	
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"	Tier 1	

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pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"	Tier 1	
pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"	Tier 1	
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 mL)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con disp.unit)	Tier 1	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	

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TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	

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TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (syringe with needle,insulin disposable,0.3 mL/empty containnr)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (syringe with needle, insulin,1 mL and sharps container)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (syringe-needle,insulin,0.5 mL/container,empty)	Tier 1	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	

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UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	
VERIFINE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	

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Medical Supplies And Dme - Iv Sets-Tubing - Medical Supplies And Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (intravenous catheter)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)	Tier 2	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)	Tier 2	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)	Tier 2	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)	Tier 2	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 2	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 2	
Medical Supplies And Dme - Male Condoms - Medical Supplies And Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	PV	
DUREX EXTRA SENSITIVE CONDOM DEVICE (condoms, latex, lubricated)	PV	
DUREX TROPICAL CONDOM DEVICE (condoms, latex, lubricated)	PV	
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO MICROTHIN AQUA LUBE CON DEVICE (condoms, latex, lubricated)	PV	
KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
KIMONO MICROTHIN LARGE CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO TEXTURED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO THIN LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
TROJAN ULTRA RIBBED CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUE COVER CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	

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Medical Supplies And Dme - Male Erectile Dysfunction Aids - Medical Supplies And Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 2	
Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment		
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 2	
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 2	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 2	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	

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BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)	Tier 2	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
ENFIT MEDICAL STRAW (medical supply, miscellaneous)	Tier 2	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 2	
<i>eua patient assessment</i>	Tier 2	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 2	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 2	
RECONSTITUBE KIT (medical supply, miscellaneous)	Tier 2	
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 2	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
VIBRANT ORAL CAPSULE (vibrating transient device for constipation)	Tier 2	
VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)	Tier 2	
Medical Supplies And Dme - Nebulizers - Medical Supplies And Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AEROECLIPSE XL NEBULIZER (nebulizer)	Tier 2	
AERONEB GO NEBULIZER (nebulizer)	Tier 2	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
ALTERA NEBULIZER HANDSET (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
AURA PORTANEBO (nebulizer)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
LC PLUS (nebulizer)	Tier 2	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 2	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)	Tier 2	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 2	
MINI PLUS NEBULIZER (nebulizer)	Tier 2	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 2	
PARI LC SPRINT SINUS (nebulizer)	Tier 2	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIDESTREAM (nebulizer)	Tier 2	
SIDESTREAM NEBULIZER (nebulizer)	Tier 2	
SIDESTREAM PLUS (nebulizer)	Tier 2	
SINUSTAR NEBULIZER (nebulizer)	Tier 2	
SOOTHENE B MESH NEBULIZER (nebulizer)	Tier 2	
Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)	Tier 1	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)	Tier 1	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

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BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD LUER-LOK TIP CONTROL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8" (needles, disposable)	Tier 2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE NEEDLE NEEDLE 23 GAUGE X 1 1/2" (needles, safety)	Tier 2	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	

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BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle, disposable, 1 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle, disposable, 1 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	

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BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle, disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle, disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2" (syringe with needle, disposable, 0.5 mL)	Tier 1	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 mL)	Tier 1	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CAREPOINT LUER SLIP SYRINGE-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, disposable, 1 mL)	Tier 1	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

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CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (needles, disposable)	Tier 2	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 2	

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EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE LUER SLIP TB SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	

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ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	

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MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)	Tier 1	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 2	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 mL)	Tier 1	

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MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 mL and self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
safety needles needle 18 gauge x 1 1/2"	Tier 2	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 2	
SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)	Tier 1	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"</i>	Tier 1	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Parenteral Therapy Supplies - Medical Supplies And Durable Medical Equipment		
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 2	
I-PORT (injection ports)	Tier 2	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 2	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 2	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	Tier 2	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 2	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 2	
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 2	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 2	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 2	
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 3	

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ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 3	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 3	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 3	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 3	
PIKO 1 DEVICE (peak flow meter)	Tier 3	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
A.I.R.S. NEBULIZER REPLACEMENT KIT (nebulizer accessories)	Tier 2	
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 2	

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AEROCHAMBER MECHANICAL VENT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VUL MSK SPACER (inhaler, assist device with large mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VUM MSK SPACER (inhaler, assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VUS MSK SPACER (inhaler, assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler, assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler, assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler, assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AERONEB GO (nebulizer accessories)	Tier 2	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 2	
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 2	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 2	

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ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 2	
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (inhaler, assist device with large mask)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (inhaler, assist device with medium mask)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 2	

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CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	

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EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 2	
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler, assist device with large mask)	Tier 2	

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INSPIRACHAMBER WITH MASK-MED SPACER (inhaler, assist device with medium mask)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler, assist device with small mask)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
MICROSPACER SPACER (inhaler, assist devices) <i>nebulizer and compressor device</i>	Tier 2	
NOSE CLIP (nebulizer accessories)	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler, assist device with large mask)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler, assist device with medium mask)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler, assist device with small mask)	Tier 2	
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 2	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 2	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler, assist device with large mask)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 2	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 2	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 2	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SILICONE MASK (nebulizer accessories)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOOTHENEBO COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler, assist device with large mask)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler, assist device with medium mask)	Tier 2	

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SPACE CHAMBER WITH SMALL MASK SPACER (inhaler, assist device with small mask)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
VORTEX VHC PEDIATRIC MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 2	
Medical Supplies And Dme - Scar Treatments - Medical Supplies And Durable Medical Equipment		
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)	Tier 2	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	

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NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	

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Medical Supplies And Dme - Subcutaneous Administration Supply - Medical Supplies And Durable Medical Equipment		
INSUFLON INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices - Medical Supplies And Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	PA
ILET STARTER KIT CONTACT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
ILET STARTER KIT-INSET KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/L2)	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)	Tier 4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/L2 with controller)	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 4	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWIIST REFILL KT(CSST-NDL-SYR) KIT (insulin pump cartridge/insulin pump syringe/insulin needles)	Tier 2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (insulin pump cartridge/insulin infusion set/syringe/needle)	Tier 2	
TWIIST STARTER KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit,disposable)	Tier 2	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit,disposable)	Tier 2	
Medical Supplies And Dme - Subcutaneous Insulin Pump - Medical Supplies And Durable Medical Equipment		
ILET INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 2	PA
TANDEM MOBI SYSTEM (subcutaneous insulin pump)	Tier 2	PA
Medical Supplies And Dme - Tissue Bulking Implants - Medical Supplies And Durable Medical Equipment		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Urinary Catheters And Related Devices - Medical Supplies And Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR- (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR- (catheter)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR- (catheter)	Tier 2	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
FEMALE CATHETER 14 FR (catheter)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR- (catheter)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR- (catheter)	Tier 2	
LOFRIC ORIGO 14-16 FR- (catheter)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR- (catheter)	Tier 2	
LOFRIC SENSE NELATON CATHETER 14-6 FR- (catheter)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR- (catheter)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
TOUCH-TROL 10 FR (catheter)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)	Tier 2	
Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment		
KETONE CARE STRIP (urine acetone test strips)	Tier 3	
KETONE URINE TEST STRIP (urine acetone test strips)	Tier 3	
KETOSTIX STRIP (urine acetone test strips)	Tier 3	
TRUEPLUS KETONE STRIP (urine acetone test strips)	Tier 3	
Medical Supplies And Dme- Blood Collection Sets With Local Anesthetics - Medical Supplies And Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4"-2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 2	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 2	
Medical Supplies And Dme-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies And Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies - Medical Supplies And Durable Medical Equipment		
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION KIT-INSET 32" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	

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MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	

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2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
A.I.R.S. NEBULIZER REPLACEMENT KIT (nebulizer accessories)	Tier 2	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	

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ACCU TREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
ADJUSTABLE LANCING DEVICE (lancing device)	Tier 3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR- (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 2	
ADVANCED ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 3	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCING DEVICE (lancing device)	Tier 3	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)	Tier 3	

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ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 2	
AEROCHAMBER MECHANICAL VENT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	

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AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler, assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER2GO SPACER (inhaler, assist devices)	Tier 2	
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AEROECLIPSE XL NEBULIZER (nebulizer)	Tier 2	
AERONEB GO (nebulizer accessories)	Tier 2	
AERONEB GO NEBULIZER (nebulizer)	Tier 2	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX CONTROL SOLN-HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT (blood-glucose meter)	Tier 3	
AGAMATRIX PRESTO SYSTEM (blood-glucose meter)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

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AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Tier 3	
AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 2	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
ALKALINE BATTERIES (diabetic supplies,miscell)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 2	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)	Tier 1	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 " (foam bandage)	Tier 2	

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ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (foam bandage)	Tier 2	
ALTERA NEBULIZER HANDSET (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)	Tier 2	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
AQUA LANCE LANCING DEVICE (lancing device)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 2	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	Tier 3	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	Tier 3	

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ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AURA PORTANEBO (nebulizer)	Tier 2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	Tier 3	
AUTOLET LANCING DEVICE (lancing device)	Tier 3	
AUTOLET LITE (lancing device)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "(needles, filter)	Tier 2	
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (intravenous catheter)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)	Tier 1	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	

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BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD LUER-LOK TIP CONTROL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BD PRECISIONGLIDE NEEDLE 27 GAUGE X 3/8" (needles, disposable)	Tier 2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
BD SAFETYGLIDE NEEDLE NEEDLE 23 GAUGE X 1 1/2" (needles, safety)	Tier 2	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	

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BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	

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BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle, disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle, disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (syringe with needle, disposable, 0.5 mL)	Tier 1	
BD VERITOR SARS-COV-2, FLU A-B KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)	Tier 2	
BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)	Tier 2	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)	Tier 2	
BINAXNOW COVID AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 2	
BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Tier 3	
<i>blood glucose contrl hi,normal solution</i>	Tier 3	
<i>blood glucose control, normal solution</i>	Tier 3	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
<i>blood-glucose meter</i>	Tier 3	
<i>blood-glucose meter kit</i>	Tier 3	
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (lancets with blood glucose test strips)	Tier 3	
BLULINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Tier 3	
BLULINK GLUCOSE MONITOR SYSTEM (blood-glucose meter)	Tier 3	
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 2	

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BREATHERITE SPACER-MASK, NEO. SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (inhaler, assist device with large mask)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (inhaler, assist device with medium mask)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CAREONE LANCING DEVICE (lancing device)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

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CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (needles, disposable)	Tier 2	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N (blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	Tier 3	
CARESENS N PLUS BT KIT (blood-glucose meter)	Tier 3	
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CARESENS N VOICE (blood-glucose meter)	Tier 3	
CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CARETOUCH LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	

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CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	PA
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	PA
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	Tier 3	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 3	
CHOSEN LANCING DEVICE (lancing device)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 2	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS (lancets)	Tier 3	
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	

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COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler, assist device with large mask)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler, assist device with small mask)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 2	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	

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CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR PLUS BLUE METER (blood-glucose meter)	Tier 3	
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX TYFAST FLU-COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
covid19 test adm. by pharmacist	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (gauze bandage)	Tier 2	
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 2	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
DEXCOM G6 RECEIVER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 RECEIVER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIAPERS, UNISEX SIZE 1 (diaper/brief, infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 2 (diaper/brief, infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 3 (diaper/brief, infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 4 (diaper/brief, infant-toddler, disposable)	Tier 2	

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DIAPERS, UNISEX SIZE 5 (diaper/brief, infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 6 (diaper/brief, infant-toddler, disposable)	Tier 2	
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig, 60 mL)	Tier 1	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
DROPLET GENTEEEL LANCING DEVICE (lancing device)	Tier 3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin 0.3 mL (half unit mark))	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
DROPLET LANCING DEVICE (lancing device)	Tier 3	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
DROPSAFE ACTI-LANCE 23 GAUGE (lancets)	Tier 3	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	

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DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 2	
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	PV	
DUREX EXTRA SENSITIVE CONDOM DEVICE (condoms, latex, lubricated)	PV	
DUREX TROPICAL CONDOM DEVICE (condoms, latex, lubricated)	PV	
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (syringe with needle, insulin, 0.3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

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EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE LUER SLIP TB SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)	Tier 3	
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle, insulin disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	

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EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

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EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

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EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	
EASymax 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASymax 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EASymax NG (blood-glucose meter)	Tier 3	
EASymax NG KIT (blood-glucose meter)	Tier 3	
EASymax NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASymax STRIP (blood sugar diagnostic)	Tier 3	
EASymax T1 KIT (blood-glucose meter)	Tier 3	
EASymax V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 3	
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)	Tier 2	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, disposable, 1 mL)	Tier 1	

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ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE LANCING DEVICE (lancing device)	Tier 3	
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EMBRACE PRO GLUCOSE METER (blood-glucose meter)	Tier 3	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

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EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
ENFIT IRRIGATION KIT KIT (feeder irrigation kit)	Tier 2	
ENFIT MEDICAL STRAW (medical supply, miscellaneous)	Tier 2	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 2	
<i>enteral connector, enfit</i>	Tier 2	
ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)	Tier 2	
<i>eua patient assessment</i>	Tier 2	
EVENCARE G2 (blood-glucose meter)	Tier 3	
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE KIT (blood-glucose meter)	Tier 3	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	

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EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 4	PA
EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 4	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	

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EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
EXTENDED RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	PV	
FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FC2 FEMALE CONDOM (condoms, female)	PV	
FEMALE CATHETER 14 FR (catheter)	Tier 2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	
FINGERSTIX LANCETS (lancets)	Tier 3	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	

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FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	
FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX PLUS COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	
FORA G30A (blood-glucose meter)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORA LANCING DEVICE (lancing device)	Tier 3	

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FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 READER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GIRLS TRAINING PANTS 4T-5T (diaper/brief, infant-toddler, disposable)	Tier 2	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies,miscell)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	Tier 3	
GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 2	
HYPOLANCE AST LANCING KIT (lancing device/lancets)	Tier 3	
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)	Tier 3	
IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION KIT-INSET 32" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
ILET STARTER KIT CONTACT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
ILET STARTER KIT-INSET KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 3	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY METER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler, assist device with large mask)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler, assist device with medium mask)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler, assist device with small mask)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	
INSUFLO INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
INSUL-CAP (diabetic supplies, miscell)	Tier 3	
INSUL-EZE (diabetic supplies, miscell)	Tier 3	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 2	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
I-PORT (injection ports)	Tier 2	

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I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 2	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)	Tier 2	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)	Tier 2	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 2	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 2	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 2	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR- " (catheter)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KERAGELT TOPICAL GEL (gel dressing)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KETONE CARE STRIP (urine acetone test strips)	Tier 3	
KETONE URINE TEST STRIP (urine acetone test strips)	Tier 3	
KETOSTIX STRIP (urine acetone test strips)	Tier 3	
KIMONO LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO MICROTHIN AQUA LUBE CON DEVICE (condoms, latex, lubricated)	PV	
KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
KIMONO MICROTHIN LARGE CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO TEXTURED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO THIN LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS, ULTRA THIN (lancets)	Tier 3	
<i>lancing device</i>	Tier 3	
LANCING DEVICE WITH LANCETS (lancing device)	Tier 3	
<i>lancing device with lancets kit</i>	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
LC PLUS (nebulizer)	Tier 2	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUGH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUGH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 2	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 2	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)	Tier 2	
LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (catheter)	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)	Tier 2	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDISENSE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	Tier 3	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 2	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MICROSPACER SPACER (inhaler, assist devices)	Tier 2	
MINI LANCING DEVICE (lancing device)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINI PLUS NEBULIZER (nebulizer)	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK-SERTER (MMT-395) (diabetic supplies,miscell)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 2	

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MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MOBILE LANCETS 30 GAUGE (lancets)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)	Tier 1	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 2	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
MONOJECT INSULIN SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	Tier 2	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REGULAR LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	

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MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	Tier 3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
<i>nebulizer and compressor device</i>	Tier 2	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 2	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 2	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
NOSE CLIP (nebulizer accessories)	Tier 2	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	

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NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/L2)	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)	Tier 4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/L2 with controller)	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 4	
OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)	Tier 2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)	Tier 4	

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ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL LANCING DEVICE (lancing device)	Tier 3	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler, assist device with large mask)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler, assist device with medium mask)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler, assist device with small mask)	Tier 2	
OPTION EZ STRIP (blood sugar diagnostic)	Tier 3	
OPTION TEST STRIP (blood sugar diagnostic)	Tier 3	
OVAL TAPE (diabetic supplies, miscell)	Tier 3	
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 2	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 2	
PARI LC SPRINT SINUS (nebulizer)	Tier 2	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Tier 1	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	Tier 1	
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	

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PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 2	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 2	
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 2	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 2	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 2	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 2	
PIKO 1 DEVICE (peak flow meter)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 2	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 2	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	

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PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 2	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 2	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

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PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler, assist device with large mask)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 2	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
PRODIGY CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRODIGY LANCING DEVICE (lancing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 2	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 3	

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PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 2	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (pessary)	Tier 2	
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	

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PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Tier 3	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 2	
QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)	Tier 2	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
RAPIDGO FLU AND COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 2	
RECONSTITUBE KIT (medical supply, miscellaneous)	Tier 2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	

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RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELION PRIME METER (blood-glucose meter)	Tier 3	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 2	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 " (hydrocolloid dressing)	Tier 2	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 2	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	

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RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 mL)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con disp.unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 mL and self-contained disposal unit)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)	Tier 1	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
safety needles needle 18 gauge x 1 1/2"	Tier 2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCIINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

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SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SIDESTREAM (nebulizer)	Tier 2	
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SIDESTREAM NEBULIZER (nebulizer)	Tier 2	
SIDESTREAM PLUS (nebulizer)	Tier 2	
SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SILICONE MASK (nebulizer accessories)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SIMPLERA SENSOR DEVICE (blood-glucose sensor)	Tier 2	
SIMPLERA SYNC SENSOR DEVICE (blood-glucose sensor)	Tier 2	
SINGLE-LET (lancets)	Tier 3	
SINUSTAR NEBULIZER (nebulizer)	Tier 2	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 2	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SOOTHENEBO COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOOTHENEBO MESH NEBULIZER (nebulizer)	Tier 2	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler, assist device with large mask)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler, assist device with small mask)	Tier 2	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
SPEEDYSWAB COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
STERILE DROPTAINERS (eye drop dispenser)	Tier 2	
STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRIT TOPICAL GEL (gel dressing)	Tier 2	
STRATAXRT TOPICAL GEL (gel dressing)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	Tier 3	
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 2	
SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)	Tier 1	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	

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SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"	Tier 1	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	
SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 2	
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 2	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 2	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI SYSTEM (subcutaneous insulin pump)	Tier 2	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)	Tier 3	
TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)	Tier 2	
TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)	Tier 2	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)	Tier 2	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (honey)	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 2	
TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TOUCH-TROL 10 FR (catheter)	Tier 2	
TROJAN ULTRA RIBBED CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
TRUE COVER CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUEDRAW LANCING DEVICE (lancing device)	Tier 3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUEPLUS KETONE STRIP (urine acetone test strips)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEX LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (condoms, latex, lubricated)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 1	
TWIIST REFILL KT(CSST-NDL-SYR) KIT (insulin pump cartridge/insulin pump syringe/insulin needles)	Tier 2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (insulin pump cartridge/insulin infusion set/syringe/needle)	Tier 2	
TWIIST STARTER KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (syringe with needle,insulin disposable,0.3 mL/empty containnr)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (syringe with needle, insulin,1 mL and sharps container)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (syringe-needle,insulin,0.5 mL/container,empty)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	
ULTI-LANCE (lancing device)	Tier 3	
ULTI-LANCE KIT (lancing device/lancets)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 3	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	

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VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 2	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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VERIFINE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit, disposable)	Tier 2	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	
VIBRANT ORAL CAPSULE (vibrating transient device for constipation)	Tier 2	
VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
VORTEX VHC PEDIATRIC MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
WAVENSENSE AMP KIT (blood-glucose meter)	Tier 3	
WAVENSENSE PRESTO KIT (blood-glucose meter)	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	PV	

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WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	PV	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (pessary)	Tier 2	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)	Tier 2	
ZENPHOR TOPICAL GEL (gel dressing)	Tier 2	
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease		
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs For Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (asfotase alfa)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs For Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (fosdenopterin hydrobromide)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs For Metabolic Disease		
REVCORI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (elapegademase-lvrl)	Tier 4	PA
Metabolic Modifiers		
Metabolic Modifier - Niemann Pick Disease Type C (Npc)		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (levacetylleucine)	Tier 2	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (arimoclomol citrate)	Tier 2	PA
Metabolic Modifier - Pompe Disease - Gcs Inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (miglustat)	Tier 2	PA
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (calcifediol)	Tier 2	QL (2 EA per 1 day)
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 2	
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Tier 2	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Tier 2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs That Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	Tier 2	
<i>miglustat oral capsule 100 mg</i>	Tier 2	PA
miglustat (Yargesa Oral Capsule 100 Mg)	Tier 2	PA
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Tier 2	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine triacetate)	Tier 2	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 2	PA
CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Phosphatidylinositol-3-Kinase (Pi3k) Inhibitors - Drugs That Alter Metabolism		
JOENJA ORAL TABLET 70 MG (leniolisib phosphate)	Tier 2	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG (alpelisib)	Tier 2	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (alpelisib)	Tier 2	PA
Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs That Alter Metabolism		
HARLIKU ORAL TABLET 2 MG (nitisinone)	Tier 2	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	Tier 2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	Tier 2	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents - Drugs That Alter Metabolism		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)	Tier 2	PA
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	Tier 2	PA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (sodium phenylbutyrate)	Tier 2	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (sodium phenylbutyrate)	Tier 2	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (glycerol phenylbutyrate)	Tier 2	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium phenylbutyrate oral tablet 500 mg	Tier 2	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator - Drugs That Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 2	PA
carglumic acid oral tablet, dispersible 200 mg	Tier 2	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs That Alter Metabolism		
TYBOST ORAL TABLET 150 MG (cobicistat)	Tier 2	
Pharmacological Chaperone Tx - Alpha-Galactosidase A Enzyme Stabilizer - Drugs That Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (migalastat HCl)	Tier 2	PA
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 2	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 2	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	Tier 2	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin dihydrochloride)	Tier 2	
sapropterin oral powder in packet 100 mg, 500 mg	Tier 2	
sapropterin oral tablet,soluble 100 mg	Tier 2	
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (sepiapterin)	Tier 2	PA

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Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase - Drugs That Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (pegvaliase-pqpz)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs That Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (lonafarnib)	Tier 2	PA
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat		
Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PV	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	

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FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (sodium fluoride/hydroxyapatite)	Tier 2	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 % (sodium fluoride/potassium nitrate)	Tier 2	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 2	
PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	

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SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 1	
Mouth And Throat - Antifungals - Drugs For The Mouth And Throat		
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth And Throat - Anti-Infective Mixtures - Drugs For The Mouth And Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (sulfuric acid/sulfonated phenol)	Tier 2	
Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth And Throat - Artificial Saliva - Drugs For The Mouth And Throat		
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY (saliva substitute combo no.3)	Tier 2	
CAPHOSOL MUCOUS MEMBRANE SOLUTION (saliva substitute combo no.2)	Tier 2	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	

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NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos)	Tier 2	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
lidocaine HCl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth And Throat - Mucositis-Stomatitis Agents - Drugs For The Mouth And Throat		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic)	Tier 2	
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 2	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (potassium sorbate/maltodextrin/aloe vera/mann ps)	Tier 2	
ORAPEUTIC MUCOUS MEMBRANE GEL (xylitol/pectin/acemannan/sodium bicarbonate)	Tier 2	

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Mouth And Throat - Protectants - Drugs For The Mouth And Throat		
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 2	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 2	
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
EVOXAC ORAL CAPSULE 30 MG (cevimeline HCl)	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine HCl)	Tier 2	
THERABREATH MUCOUS MEMBRANE LOZENGE (saliva stimulant combination no.10)	Tier 2	
XYLIGEL MUCOUS MEMBRANE GEL (saliva stimulant combination no.9)	Tier 2	
XYLIMELTS MUCOUS MEMBRANE MUCO-ADHESIVE BUCCAL TABLET 500 MG (xylitol)	Tier 2	
Periodontal Product - Tetracycline Antiinfective, Local - Drugs For The Mouth And Throat		
ARESTIN DENTAL CARTRIDGE 1 MG (minocycline HCl microspheres)	Tier 2	PA
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs For The Mouth And Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic - Drugs For The Mouth And Throat		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	Tier 2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
Multiple Sclerosis Agents - Drugs For The Nervous System		
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (ofatumumab)	Tier 4	PA
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (interferon beta-1a)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	Tier 2	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA

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PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA
Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (monomethyl fumarate)	Tier 2	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)	Tier 2	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/MI, 40 Mg/MI)	Tier 1	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	Tier 2	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (diroximel fumarate)	Tier 2	PA

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Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (dalfampridine)	Tier 2	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 1	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	Tier 2	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 1	PA

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GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (fingolimod HCl)	Tier 2	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (siponimod)	Tier 2	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (siponimod)	Tier 2	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 2	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (ponesimod)	Tier 2	PA
PONVORY ORAL TABLET 20 MG (ponesimod)	Tier 2	PA
TASCENO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (fingolimod lauryl sulfate)	Tier 2	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 2	PA
Ophthalmic Agents		
Ophthalmic - Trpm8 Agonist		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % (acoltremon)	Tier 2	PA
Ophthalmic Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (lotilaner)	Tier 2	PA

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Ophthalmic Agents - Drugs For The Eye		
Artificial Tears And Lubricant Single Agents - Drugs For The Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (chondroitin sulfate A sodium/PF)	Tier 2	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (perfluorohexyloctane/PF)	Tier 2	
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	Tier 2	
Miotics - Direct Acting - Drugs For Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic And Cycloplegic Combinations - Drugs For The Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate HCl/phenylephrine HCl)	Tier 2	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 2	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (phenylephrine HCl/tropicamide)	Tier 2	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	

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Ophth - Beta Blocker-Adrenerg-Carbonic Anhyd Inh-Prostaglandin Analog - Drugs For Glaucoma		
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %-2 %-0.01 %</i>	Tier 1	
<i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>	Tier 1	
<i>timolol-brimonidine-dorzolamide ophthalmic (eye) drops 0.5-0.1-2 %</i>	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs For The Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (oxymetazoline HCl/PF)	Tier 2	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (brinzolamide/brimonidine tartrate)	Tier 2	
Ophthalmic - Agents For Corneal Collagen Cross-Linking - Drugs For The Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 2	
Ophthalmic - Agents For Presbyopia - Drugs For The Eye		
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	Tier 1	PA
<i>QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (pilocarpine HCl)</i>	Tier 2	PA

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VUITY OPHTHALMIC (EYE) DROPS 1.25 % (pilocarpine HCl)	Tier 2	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (sulfacetamide sodium/prednisolone acetate)	Tier 2	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (neomycin/polymyxin B sulfate/dexamethasone)	Tier 2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin B/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (gentamicin sulfate/prednisolone acetate)	Tier 2	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 2	

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TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (tobramycin/dexamethasone)	Tier 2	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin/loteprednol etabonate)	Tier 2	
Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Tier 1	
Ophthalmic - Antibacterial-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Tier 1	
Ophthalmic Antibiotic - Vancomycin And Derivatives - Anti-Infective/Anti-Inflammatories		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs For The Eye		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	

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atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
cyclopentolate HCl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %, 1 %, 2 %)	Tier 2	
cyclopentolate ophthalmic (eye) drops 1 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine Hbr)	Tier 1	
tropicamide (Mydriacyl Ophthalmic (Eye) Drops 1 %)	Tier 2	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs For The Eye		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 2	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)	Tier 2	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	Tier 1	ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 2	ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)

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<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (cetirizine HCl)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (dexamethasone)	Tier 2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 2	QL (10 ML per 14 days)

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EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (loteprednol etabonate)	Tier 2	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone acetate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (fluorometholone)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone)	Tier 2	QL (10 ML per 14 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (loteprednol etabonate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	Tier 2	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)	Tier 2	QL (20 ML per 14 days)

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LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (loteprednol etabonate)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (loteprednol etabonate)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (prednisolone acetate)	Tier 2	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (prednisolone acetate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)

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<i>prednisolone acetate (pf) ophthalmic (eye) drops, suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops, suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (cyclosporine)	Tier 2	ST: At least 2 prior prescriptions for Cyclosporine/Restasis, Miebo, Tyrvaya, or Xiidra within the past 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (cyclosporine/chondroitin sulfate A sodium)	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (cyclosporine)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (cyclosporine)	Tier 2	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (cyclosporine)	Tier 2	PA
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (lifitegrast)	Tier 2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac tromethamine)	Tier 2	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac tromethamine)	Tier 2	QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (ketorolac tromethamine/PF)	Tier 2	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac sodium)	Tier 2	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (nepafenac)	Tier 2	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (9 ML per 16 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac sodium)	Tier 2	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
Ophthalmic - Beta Blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs For Glaucoma		
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	

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Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs For Glaucoma		
<i>timolol-dorzolam-bimatoprol(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine tartrate/timolol maleate)	Tier 2	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide HCl/timolol maleate/PF)	Tier 2	ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide HCl/timolol maleate)	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Beta Blockers-Prostaglandin Analog Combinations - Drugs For Glaucoma		
<i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	

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Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (cysteamine HCl)	Tier 2	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCl)	Tier 2	PA
Ophthalmic - Decongestants - Drugs For Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	

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<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		
<i>OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bk bj)</i>	Tier 2	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol)</i>	Tier 2	
<i>BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (betaxolol HCl)</i>	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)</i>	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % (timolol maleate/PF)</i>	Tier 2	QL (2 EA per 1 day)
Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye		
<i>ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)</i>	Tier 1	

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<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
proparacaine HCl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine HCl)	Tier 1	
IHEEZOPH (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (chloroprocaine HCl/PF)	Tier 2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs For The Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (lidocaine HCl/PF)	Tier 2	
Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (Iodoxamide tromethamine)	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropicamide/proparacaine/phenylephrine/ketorolac in water)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (netarsudil mesylate/latanoprost)	Tier 2	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs For The Eye		
GELFILM OPHTHALMIC (EYE) FILM (gelatin)	Tier 2	
Ophthalmic - Viscoelastic Agents - Drugs For The Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (hyaluronate sodium)	Tier 4	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (hyaluronate sodium)	Tier 4	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (hyaluronate sodium)	Tier 4	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (hyaluronate sodium)	Tier 4	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (hyaluronate sodium)	Tier 4	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin sulfate/bacitracin/polymyxin B (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin B sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	

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Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (besifloxacin HCl)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (ciprofloxacin HCl)	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin HCl)	Tier 2	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	

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Ophthalmic Antifungals - Tetraene Polyene-Type - Drugs For The Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 2	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	Tier 2	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine tartrate)	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (apraclonidine HCl)	Tier 2	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)

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IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (latanoprost/PF)	Tier 2	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 2	QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)	Tier 2	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (latanoprost)	Tier 2	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (latanoprost)	Tier 2	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost/PF)	Tier 2	QL (1 EA per 1 day)

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Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil mesylate)	Tier 2	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days)
Otic (Ear) - Drugs For The Ear		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (ciprofloxacin HCl/hydrocortisone)	Tier 2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom)	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin HCl/fluocinolone acetonide)	Tier 2	

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Otic (Ear) - Anti-Infectives Other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % (ciprofloxacin HCl)	Tier 2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetonide oil)	Tier 2	
fluocinolone acetonide oil (Flac Otic Oil Otic (Ear) Drops 0.01 %)	Tier 2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (hydrocortisone/pramoxine HCl/chloroxylenol)	Tier 2	
Respiratory Therapy Agents		
Asthma/Copd - Phosphodiesterase-3 And -4 (Pde3 And Pde4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (ensifentribe)	Tier 2	PA
Respiratory Therapy Agents - Drugs For The Lungs		
1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	

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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
1St Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs For Cough And Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (pseudoephedrine HCl/chlorpheniramine maleate/bellad alk)	Tier 1	
2Nd Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (desloratadine/pseudoephedrine sulfate)	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Antihistamine - 1St Generation - Alkylamines - Drugs For Allergies		
dexchlorpheniramine maleate oral solution 2 mg/5 ml	Tier 1	QL (236 ML per 1 FILL)
Antihistamine - 1St Generation - Ethanolamines - Drugs For Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)

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carbinoxamine maleate oral tablet 6 mg	Tier 1	ST: Must meet 2 of the following requirements. 5 DS Carbinoxamine Maleate IN 365 DAYS; QL (4 EA per 1 day); Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 MI)	Tier 1	Age (Min 2 Years)
clemastine oral syrup 0.5 mg/5 ml	Tier 1	
clemastine oral tablet 2.68 mg	Tier 1	
clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)	Tier 1	
diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 2	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
promethazine HCl (Phenergan Injection Solution 25 Mg/MI, 50 Mg/MI)	Tier 4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST: Must meet 2 of the following requirements. 5 DS Carbinoxamine Maleate IN 365 DAYS; QL (4 EA per 1 day); Age (Min 2 Years)
<i>carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 MI)</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)</i>	Tier 1	
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>ciproheptadine oral tablet 4 mg</i>	Tier 1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	Tier 1	QL (236 ML per 1 FILL)
<i>diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 MI)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 2	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)	Tier 4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2Nd Generation - Drugs For Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 2	QL (1 EA per 1 day)
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperazines - Drugs For Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies		
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 2	QL (1 EA per 1 day)
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST: Requires prior prescriptions for Montelukast and Zafirlukast within the past 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYFLO ORAL TABLET 600 MG (zileuton)	Tier 2	ST: Requires prior prescriptions for Montelukast and Zafirlukast within the past 365 days; QL (4 EA per 1 day)
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd		
epinephrine injection syringe 0.1 mg/ml	Tier 4	
Asthma Therapy - Immunoglobulin E (Ige) Inhibitors, Mab - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)	Tier 4	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (ciclesonide)	Tier 2	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (mometasone furoate)	Tier 2	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (13 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (mometasone furoate)	Tier 2	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)	Tier 2	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML (budesonide)	Tier 2	QL (120 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Requires prior prescription for Arnuity Ellipta within the past 120 days; QL (21.2 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Interleukin-4 (II-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
Asthma Therapy - Interleukin-5 (II-5) Inhibitors, Mab - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (mepolizumab)	Tier 4	PA
Asthma Therapy - Interleukin-5 (II-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 4	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	Tier 2	
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast sodium)	Tier 2	
SINGULAIR ORAL TABLET 10 MG (montelukast sodium)	Tier 2	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG (montelukast sodium)	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	

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Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, Mab - Drugs For Asthma/Copd		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (tezepelumab-ekko)	Tier 4	PA
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (theophylline anhydrous)	Tier 2	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 2	QL (1 EA per 1 day)
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium bromide)	Tier 2	ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (tiotropium bromide)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (aclidinium bromide)	Tier 2	ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)	Tier 2	QL (90 ML per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (ipratropium bromide)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs For Asthma/Copd		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol HCl)	Tier 2	QL (4 GM per 30 days)

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Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol tartrate)	Tier 2	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (salmeterol xinafoate)	Tier 2	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	

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<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)	Tier 2	
Asthma/Copd Therapy - Beta Adrenergic Agents - Drugs For Asthma/Copd		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium bromide/vilanterol trifenatate)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (glycopyrrolate/formoterol fumarate)	Tier 2	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium bromide/albuterol sulfate)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (aclidinium bromide/formoterol fumarate)	Tier 2	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (tiotropium bromide/olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propionate/salmeterol xinafoate)	Tier 2	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 2	QL (12 GM per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 2	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (albuterol sulfate/budesonide)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (fluticasone furoate/vilanterol trifenatate)	Tier 2	QL (60 EA per 30 days)

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budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 2	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 2	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 2	ST: Requires prior prescription for Advair HFA or BreoEllipta within the past 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide/formoterol fumarate)	Tier 2	QL (30.9 GM per 30 days)
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)

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Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb, - Drugs For Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (budesonide/glycopyrrolate/formoterol fumarate)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenat)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenat)	Tier 2	QL (2 EA per 1 day)
Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 2	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 2	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin/nebulizer)	Tier 2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % sodium chloride)	Tier 2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)	Tier 2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 2	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	

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Cystic Fibrosis - Inhaled Monobactams - Drugs For Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (aztreonam lysine)	Tier 2	
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs For Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (mannitol)	Tier 2	ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator - Drugs For Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (ivacaftor)	Tier 2	PA
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 2	PA
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb - Drugs For Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (vanzacaftor calcium/tezacaftor/deutivacaftor)	Tier 2	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor/ivacaftor)	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)	Tier 2	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor)	Tier 2	PA

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TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 2	PA
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 4	
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (alpha-1-proteinase inhibitor)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (alpha-1-proteinase inhibitor)	Tier 4	
Lung Surfactants - Drugs For The Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (poractant alfa)	Tier 2	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (calfactant)	Tier 2	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (beractant)	Tier 2	
Mucolytics - Drugs For The Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (dornase alfa)	Tier 2	PA
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	
GOPRELTO NASAL SOLUTION 4 % (cocaine HCl)	Tier 2	
NUMBRINO NASAL SOLUTION 4 % (cocaine HCl)	Tier 1	

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Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
<i>DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY (azelastine HCl/fluticasone propionate)</i>	Tier 2	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
<i>RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY (olopatadine HCl/mometasone furoate)</i>	Tier 2	QL (29 GM per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	QL (17 GM per 30 days)

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OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG (ciclesonide)	Tier 2	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (5 GM per 12 days)
QNDSL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)
QNDSL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone propionate/sodium chloride/sodium bicarbonate)	Tier 2	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (fluticasone propionate)	Tier 2	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (ciclesonide)	Tier 2	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (6.1 GM per 30 days)

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Nasal Post-Surgical Agents - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 2	PA
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs For The Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (varenicline tartrate)	Tier 2	PA
Nasal Wash Combinations - Allergy		
ALKALOL NASAL WASH NASAL SOLUTION (menthol/eucal/thymol/camphor/benz/sod chloride/pot chlorate)	Tier 2	
Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
brompheniramine maleate/pseudoephedrine HCl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (chlorpheniramine maleate/codeine phosphate)	Tier 2	ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (triprolidine HCl/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (chlorpheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (brompheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)	Tier 1	Age (Min 12 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs For Cough And Cold		
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG (hydrocodone bitartrate/homatropine methylbromide)	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)

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hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 MI)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 2	PA
<i>pirfenidone oral capsule 267 mg</i>	Tier 2	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 2	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 2	PA

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Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA
Vaginal Products - Drugs For Women		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	Tier 2	ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % (clindamycin phosphate)	Tier 2	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	Tier 2	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole nitrate)	Tier 1	

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Vaginal Antifungal - Triazoles - Drugs For Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	
<i>NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)</i>	Tier 2	
<i>VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)</i>	Tier 2	
Vaginal Antiseptic Mixtures - Drugs For Infections		
<i>FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)</i>	Tier 2	
<i>RELAGARD VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)</i>	Tier 2	
<i>TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (oxyquinoline sulfate/sodium lauryl sulfate)</i>	Tier 2	
Vaginal Estrogens - Drugs For Women		
<i>estradiol (Estrace Vaginal Cream 0.01 % (0.1 Mg/Gram))</i>	Tier 2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (estradiol)	Tier 2	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (estradiol acetate)	Tier 2	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)	Tier 2	
VAGIFEM VAGINAL TABLET 10 MCG (estradiol) estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 2	
Vaginal Lubricants And Moisturizers - Drugs For Women		
REPLENS EXTERNAL COMFORT VAGINAL GEL (glycerin/mineral oil/polycarbophil)	Tier 2	
Vaginal Products Miscellaneous - Drugs For Women		
AZO BORIC ACID VAGINAL SUPPOSITORY 600 MG (boric acid)	Tier 2	
MONISTAT MAINTAIN VAGINAL SUPPOSITORY 600 MG (boric acid)	Tier 1	
Vaginal Progestins - Drugs For Women		
CRINONE VAGINAL GEL 4 % (progesterone, micronized)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME | Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal-Cervical Care And Treatment Agents - Drugs For Women		
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (pessary)	Tier 2	
Weight Loss/Gain Agents		
Anti-Obesity - Dual Gip And Glp-1 Receptor Agonists		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (tirzepatide)	Tier 4	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome (Pws)		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (diazoxide choline)	Tier 2	PA
Weight Loss/Gain Agents - Drugs For Eating Disorders		
Anti-Obesity - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists - Drugs For Eating Disorders		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (semaglutide)	Tier 4	PA
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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This Drug Formulary was updated: 09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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This Drug Formulary was updated: 09/01/2025

Index of Drugs

1ST TIER UNIFINE	ACCU-CHEK GUIDE TEST	ACTICOAT FLEX 3
PENTIPS.....592, 655	STRIPS.....550, 656	DRESSING.....352
1ST TIER UNIFINE	ACCU-CHEK SAFE-T-PRO	ACTICOAT FLEX 7
PENTIPS PLUS.....592, 655564, 656	DRESSING.....352
2-IN-1 LANCET DEVICE	ACCU-CHEK SAFE-T-PRO	ACTIFLOVIT.....359
.....563, 655	PLUS.....564, 656	ACTI-LANCE LANCETS
2TEK CONTROL (HIGH-NORMAL).....564, 655	ACCU-CHEK SMARTVIEW564, 657
2TEK GLUCOSE/BLOOD PRESSURE.....558, 564, 656	CTRL SOL.....564, 656	ACTIMMUNE.....56
A.I.R.S. NEBULIZER REPLACEMENT.....639, 656	ACCU-CHEK SMARTVIEW	<i>activated charcoal</i>474
A-25 (VIT A PALMITATE)....414	TEST STRIP.....550, 656	ACTIVELLA.....440
abacavir.....62	ACCU-CHEK SOFT DEV	ACTIVNUTRIENTS.....374
abacavir-lamivudine.....64	LANCETS.....564, 656	ACTIVNUTRIENTS (NO IRON).....374
ABC COMPLETE SENIOR WOMEN'S.....374	ACCU-CHEK SOFTCLIX	ACTIVNUTRIENTS CHEWABLE.....374
ABENOR.....265	LANCETS.....564, 656	ACTIVNUTRIENTS
ABENOR HP.....265	ACCUPRIL.....118	PERFORMANCE.....374
Abigale.....440	ACCURETIC.....118	ACTIVNUTRIENTS(NO COPPER-IRON).....374
Abigale Lo.....440	Accutane.....264	ACTONEL.....437
ABILIFY.....192, 209	ACCUTREND GLUCOSE	ACTOPLUS MET.....433
abiraterone.....85, 87	CONTROL.....564, 656	ACTOS.....457
Abirtega.....85, 87	ACCUTREND GLUCOSE	ACUICYN.....310
ABLYSINOL.....150	TEST STRIPS 550, 657	ACULAR.....780
ABRYYSVO (PF).....103	ACD SOLUTION A.....521	ACULAR LS.....780
ABSORICA LD.....264	ACD-A.....521	ACUVAIL (PF).....780
ACAI BERRY DIET.....5	ACE AEROSOL CLOUD	acyclovir.....71, 299
acamprostate.....238	ENHANCER.....639, 657	ACZONE.....265, 266
ACANYA.....270	acebutolol.....140	ADACEL(TDAP
acarbose.....428	ACESO AG.....351	ADOLESN/ADULT)(PF).....109
ACCOLATE.....800	<i>acetaminophen-caff-dihydrocod</i>19, 20	ADAINZOXIA.....276
ACCRUFER.....364	<i>acetaminophen-codeine</i>19	adalimumab-adaz....29, 30, 484
ACCUCAINE KIT.....45, 335	<i>acetazolamide</i>147	ADALINA.....280
ACCU-CHEK AVIVA CONTROL SOLN.....564, 656	<i>acetic acid</i>508, 792	adapalene.....278
ACCU-CHEK AVIVA PLUS TEST STRP.....550, 656	<i>acetylcysteine</i>48, 809	adapalene-benzoyl peroxide.....276
ACCU-CHEK FASTCLIX LANCET DRUM.....564, 656	ACIDOPHILUS PROBIOTIC BLEND.....485	ADASUVE.....190
ACCU-CHEK FASTCLIX LANCING DEV.....564, 656	ACIDOPHILUS-PECTIN.....464	ADBRY.....284
ACCU-CHEK GUIDE GLUCOSE METER.....564, 656	<i>acidophilus-pectin, citrus</i>485	ADCIRCA.....153
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....564, 656	ACIOXIA.....326	Adderall.....193, 211, 229
ACCU-CHEK GUIDE ME GLUCOSE MTR.....564, 656	ACIOXIAY.....265	ADDERALL XR.....193, 211
	ACIPHEX.....470	adefovir.....69
	ACIPHEX SPRINKLE.....470	ADEINZDE.....273
	<i>acitretin</i>294	ADEK GUMMIES PLUS
	ACTEMRA.....35	ZINC.....388
	ACTEMRA ACTPEN.....35	ADEMPAS.....153
	ACTHAR.....424	ADENO-HYDROXO B12....416
	ACTHAR SELFJECT.....424	ADERMICA.....273
	ACTICOAT 7 DRESSING....351	
	ACTICOAT DRESSING.....352	

ADERMICA HP	273	ADVOCATE PEN NEEDLE	592, 657	AFLURIA 2025-2026 (3YR UP)(PF)	113
ADJUSTABLE LANCING DEVICE	564, 657	ADVOCATE REDI-CODE		AFLURIA 2025-2026 (6MO UP)	113
ADLARITY	244	PLUS	550, 565, 657, 658	AFREZZA	451
ADMELOG SOLOSTAR U-100 INSULIN	454	ADVOCATE REDI-CODE		AFSTYLA	525
ADMELOG U-100 INSULIN LISPRO	454	PLUS CTRL L	565, 657	AFTER PILL	262
ADMIRAZOL	269	ADVOCATE REDI-CODE+		AFTERA	262
ADMIRAZOL HP	269	CTRL HIGH	565, 658	AGAMATRIX AMP GLUC MONITOR SYS	565, 659
ADTHYZA	460	ADVOCATE SYRINGES	592, 593, 658	AGAMATRIX AMP TEST STRIPS	550, 659
ADULT 50 PLUS EYE HEALTH	2, 374	ADYNOVATE	525	AGAMATRIX CONTROL SOLN-HIGH	565, 659
ADULT 50 PLUS PROBIOTIC	485	ADZENYS XR-ODT	194, 211	AGAMATRIX CONTROL SOLN-NORMAL	565, 659
ADULT ASPIRIN REGIMEN	43, 537	AEROBIKA OSCILLATING PEP SYSTM	639, 658	AGAMATRIX CONTROL SOLN-NORM-HI	565, 659
ADULT LOW DOSE ASPIRIN	43, 537	AEROCHAMBER MECHANICAL VENT ..	640, 658	AGAMATRIX JAZZ TEST STRIPS	551, 659
ADULT MULTIVITAMIN GUMMIES	374	AEROCHAMBER MINI 640, 658		AGAMATRIX JAZZ WIRELESS 2 MNTR	565, 659
ADULTS 50 PLUS	374	AEROCHAMBER MV ..	640, 658	AGAMATRIX PRESTO SYSTEM	565, 659
ADULTS MULTIVITAMIN	375	AEROCHAMBER PLUS FLOW-VU	640, 658	AGAMATRIX PRESTO TEST STRIPS	551, 659
ADVAIR DISKUS	805	AEROCHAMBER PLUS FLOW-VUL MSK	640, 658	AGAMATRIX ULTRA-THIN LANCET	565, 660
ADVAIR HFA	805	AEROCHAMBER PLUS FLOW-VUM MSK	640, 658	AGAMREE	445
ADVANCE PLUS INTERMITTENT	651, 657	AEROCHAMBER PLUS Z STAT	640, 659	AGRYLIN	536
ADVANCED ALLERGY COLLECT KIT	310	AEROCHAMBER PLUS Z STAT LG MSK	640, 658	AIMOVIG AUTOINJECTOR 221 AIMSCO LATEX CONDOM	615, 660
ADVANCED ALL-IN-ONE METER	564, 657	AEROCHAMBER PLUS Z STAT MD MSK	640, 658	AIRDUO RESPICLICK	805
ADVANCED GLUC METER TEST STRIP	550, 657	AEROCHAMBER PLUS Z STAT SM MSK	640, 659	AIRS ADULT AEROSOL MASK	640, 660
ADVANCED GLUCOSE METER	564, 657	AEROCHAMBER Z-STAT PLUS-FLW SG	640, 659	AIRS DISPOSABLE NEBULIZER	619, 660
ADVANCED HERBALS GINGER	5	AEROCHAMBER2GO .640, 659		AIRS PEDIATRIC DISPOSABLE MASK	617, 640, 660
ADVANCED LANCING DEVICE	565, 657	AEROCLIPSE II NEBULIZER	619, 659	AIRSUPRA	805
ADVANCED PROBIOTIC	485	AEROCLIPSE XL NEBULIZER	619, 659	AIRZONE PEAK FLOW METER	638, 660
ADVANCED SKIN CARE	305	AEROTRACH PLUS	640, 659	AJOVY AUTOINJECTOR	220
ADVANCED TRAVEL LANCETS	565, 657	AEROVENT PLUS	640, 659	AJOVY SYRINGE	220
ADVATE	525	AFINITOR	94	AKEEGA	84
ADVIN COVID-19 AG HOME TEST	559, 657	AFINITOR DISPERZ	94	AKLIEF	278
ADVOCATE LANCET	565, 657	Afirmelle	249	AKTEN (PF)	785
ADVOCATE LANCING DEVICE	565, 657			AKYNZEO (NETUPITANT)	468

Ala-Cort.....	310	ALIVE PREMIUM ADULT	376	<i>alogliptin-metformin</i>	434
ALAMAX CR.....	2	ALIVE PREMIUM		<i>alogliptin-pioglitazone</i>	434
ALAMAX PROTECT.....	3	PRENATAL.....	376	ALOMIDE.....	785
Ala-Scalp.....	311	ALIVE WOMEN'S 50 PLUS		ALOMIRA.....	273
<i>albendazole</i>	52	COMPLETE.....	376	ALOMIRA HP.....	273
<i>albuterol sulfate</i>	803, 804	ALIVE WOMEN'S 50 PLUS		ALOMIRA LP.....	273
Alcaine.....	785	GUMMY.....	376	<i>alosetron</i>	480, 500
<i>alclometasone</i>	311	ALIVE WOMEN'S ENERGY	376	ALPHA BETIC.....	377
ALCORTIN A.....	286	ALIVE WOMEN'S GUMMY		<i>alpha lipoic acid</i>	3
ALDACTONE.....	120, 147	VITAMIN.....	376	<i>alpha lipoic acid-biotin</i>	3
ALECENSA.....	86	ALIVE WOMEN'S		ALPHAGAN P	789
<i>alendronate</i>	437	MULTIVITAMIN.....	377	ALPHANATE.....	526
ALFA-MAX ALFALFA.....	5	ALIVE WOMEN'S ULTRA		ALPHANINE SD.....	524
ALFAMINO JUNIOR.....	392	POTENCY.....	377	<i>alprazolam</i>	155, 204
ALFERON N.....	330	ALIXI.....	269	ALPRAZOLAM INTENSOL	
<i>alfuzosin</i>	513	ALIXI HP	269	155, 204
ALHEMO PEN.....	530	ALKALINE BATTERIES		ALPROLIX.....	524
ALIGN DUALBIOTIC.....	485	565, 660	ALREX.....	776
ALINIA.....	58	ALKALOL NASAL WASH....	812	ALTABAX.....	286
<i>aliskiren</i>	154	ALKERAN.....	86	ALTACAINE.....	785
ALIVE ADULT ULTRA		ALKINDI SPRINKLE.....	445	ALTACE.....	118
POTENCY	375	ALL FLOW 1000 KIT ...	640, 660	ALTAFLUOR BENOX..	783, 784
ALIVE CALCIUM-VITAMIN		ALL FLOW 1000 PFT		Altavera (28).....	249
D3.....	363	FILTER.....	641, 660	ALTERA NEBULIZER	
ALIVE COMPLETE		ALL FLOW 3000 KIT ...	641, 660	HANDSET	619, 661
PREMIUM PRENATL.....	375	ALL FLOW 3000 PFT		ALTERA NEBULIZER	
ALIVE DAILY ENERGY	375	FILTER.....	641, 660	SYSTEM.....	619, 661
ALIVE DIABETIC		ALL FLOW 4000 KIT ...	641, 660	ALTERNATE SITE LANCET	
MULTIVITAMIN.....	375	ALL FLOW 4000 PFT		565, 661
ALIVE ENERGY 50 PLUS...375		FILTER.....	641, 660	ALTERNATE SITE	
ALIVE KIDS CHEWABLE....397		ALL FLOW 5000 KIT ...	641, 660	LANCING DEVICE.....	565, 661
ALIVE KIDS MULTIVITAMIN		ALL FLOW 5000 PFT		ALTOPREV	129
.....	397	FILTER.....	641, 660	ALTRENO	278
ALIVE MAX POTENCY.....375		ALL FLOW 6000 PFT		ALTRIXA.....	388
ALIVE MAX6 POTENCY		FILTER.....	641, 660	ALTRIXA OB	410
COMPLETE	375	ALLERGIST TRAY 1/2 ML		ALTUVIIIO.....	526
ALIVE MEN 50 PLUS		27GX3/8".....	620, 660	<i>alum, ammonium (bulk)</i>	240
ULTRA-LUTEIN.....375		ALLERGIST TRAY		ALUNBRIG.....	86, 87
ALIVE MEN'S 50 PLUS		INTRADERMAL BEV ...	620, 660	ALURIS	276
MULTIVIT	375	ALLERGIST TRAY		ALURIS HP	276
ALIVE MEN'S 50 PLUS MV		REGULAR BEVEL.....	620, 660	ALURIS HP PLUS	276
(VIT K).....	375	ALLERGY SYRINGE...620, 660		ALURIS LP	276
ALIVE MEN'S 50 PLUS		ALLEVYN ADHESIVE		ALURIS LP PLUS.....	276
ULTRA.....	376	DRESSING.....	352, 660	ALURIS PLUS	276
ALIVE MEN'S ENERGY.....376		ALLEVYN AG ADHESIVE...352		ALUXOF	273
ALIVE MEN'S GUMMY.....376		ALLEVYN LIFE DRESSING		ALUXOF HP	273
ALIVE MEN'S MAX3		352, 661	ALVAIZ.....	539
POTENCY	376	<i>allopurinol</i>	520	ALVESCO	798
ALIVE MEN'S ULTRA		<i>almotriptan malate</i>	222	<i>alvimopan</i>	50
POTENCY	376	<i>alogliptin</i>	428	ALVOX.....	278

ALVOX HP	278	ANAFRANIL	182	AQINJECT PEN NEEDLE
Alyacen 1/35 (28).....	249	<i>anagrelide</i>	536 593, 661
Alyacen 7/7/7 (28).....	259	Analpram-Hc.....	47	AQNEURSA
ALYFTREK.....	808	ANALPRAM-HC	47, 328	AQUA LANCE LANCING
Alyq.....	154	ANAPROX DS.....	41	DEVICE..... 565, 661
<i>amantadine hcl</i>	186	ANASCORP	104	AQUASTAT 0.9% SODIUM
AMBIEN	235	ANASPAZ	475, 517	CHLORIDE
AMBIEN CR	235	ANASTIA	344	411
<i>ambrisentan</i>	153	<i>anastrozole</i>	89	AQUASTAT SFR 0.9%
<i>amcinonide</i>	311	ANCOBON	54	SODIUM CHLOR..... 411
AMELUZ	339	ANDEMBRY		AQUORAL
Amethia.....	247	AUTOINJECTOR	117	764
Amethyst (28).....	249	ANDROGEL	426	ARAKODA
AMICAR	530	ANGELIQ	439	57
AMIELLE VAGINAL		ANNOVERA	261	ARALAST NP
TRAINER	617, 661	ANODYNE LPT	334	809
<i>amiloride</i>	148	ANORO ELLIPTA	804	Aranelle (28)
<i>amiloride-</i>		<i>anticoag citrate phos</i>		259
<i>hydrochlorothiazide</i>	148	<i>dextrose</i>	521	ARANESP (IN
<i>aminocaproic acid</i>	530	ANTIOXIDANT FORMULA		POLYSORBATE)
<i>amiodarone</i>	126	(SELENIUM)	3, 377	523
AMITIZA	479, 500	ANUCORT-HC	46	ARAVA
<i>amitriptyline</i>	181	ANUSOL-HC	46	37
<i>amitriptyline-</i>		Anusol-Hc	46, 311	ARAZLO
<i>chlordiazepoxide</i>	180, 204	ANZUPGO	284	123
AMLACTIN	309	APADAZ	20	ARCALYST
<i>amlodipine</i>	143	Apexicon E	311	28
<i>amlodipine-atorvastatin</i>	138	APEXOL	270	ARESTIN
<i>amlodipine-benazepril</i>	117	APEXOL HP	270	766
<i>amlodipine-olmesartan</i>	121	APHORIA	276	AREXVY (PF)
<i>amlodipine-valsartan</i>	121	APIDRA SOLOSTAR U-100		103
<i>amlodipine-valsartan-</i>		INSULIN	454	<i>arformoterol</i>
<i>hcthiazid</i>	121	APIDRA U-100 INSULIN	454	803
<i>ammonium lactate</i>	309	APLENZIN	181	<i>arginine (l-arginine)</i>
Amnesteem	264	APLIGRAF	350	356
<i>amoxapine</i>	182	APOGEE IC INTERMIT		<i>arginine hcl (l-arginine)</i>
<i>amoxicil-clarithromy-</i>		CATHETER	651, 661	356
<i>Iansopraz</i>	479	APOGEE PLUS INTERMITT		ARGYLE TRACHEOSTOMY
<i>amoxicillin</i>	51	CATHETER	651, 661	CARE TRAY
<i>amoxicillin-pot clavulanate</i>	52	APOKYN	186	617, 661
<i>amphetamine sulfate</i>		<i>apomorphine</i>	186	ARICEPT
.....	194, 212, 229	APORIX	266, 269	244
<i>ampicillin</i>	51	<i>apraclonidine</i>	789	ARIKAYCE
AM-PM MENOPAUSE		<i>aprepitant</i>	467	51
FORMULA	6	APRETUDE	60	ARIMIDEX
AMPYRA	769	Apri	249	89
AMVISC	786	APRISO	481	ARIXTRA
AMVISC PLUS	786	APTENSIO XR	194	534, 535
AMZEEQ	266	APTIOM	161	<i>armodafinil</i>
ANACAINE	346	APTIVUS	76	228
				ARMOUR THYROID
				460
				ARNURITY ELLIPTA
				798
				AROMASIN
				89
				ARTHROTEC 50
				38
				ARTHROTEC 75
				38
				ARTICHOKE PREMIUM
				EXTRACT
				6
				ARTILIS
				270
				ARTILIS HP
				270
				ARTISS
				344
				Ascomp With Codeine
				19
				ASCOR
				419
				<i>ascorbate sodium (vitamin c)</i>
			 419
				<i>ascorbic acid (vitamin c)</i>
				419
				<i>ascorbic acid(vitamin c)(bulk)</i>
				241, 419

ascorbic acid-ascorbate sodium	419	ATACAND HCT	121	AUTOLET LANCING DEVICE	566, 662
ascorbic acid-zinc oxide	419	atazanavir	76	AUTOLET LITE	566, 662
asenapine maleate	187, 209	ATELVIA	437	AUTOPEN 1 TO 21 UNITS	
Ashlyna	247	atenolol	139	593, 662
ashwagandha extract	6	atenolol-chlorthalidone	144	AUTOPEN 2 TO 42 UNITS	
ashwagandha root extract	6	ATIVAN	155, 204	593, 662
ASHWAGANDHA ROOT LEAF EXTRACT	6	atomoxetine	202	AUTOSHIELD DUO PEN NEEDLE	
ASMANEX HFA	798	ATORVALIQ	129	593, 662
ASMANEX TWISTHALER	799	atorvastatin	129	AUTOSOFT 30	653, 662
aspirin	44, 537	atovaquone	58	AUTOSOFT 90	653, 663
ASPIRIN CHILDRENS..	44, 537	atovaquone-proguanil	56	AUTOSOFT XC INFUSION SET 23"	653, 663
aspirin-dipyridamole	536	ATRALIN	279	AUTOSOFT XC INFUSION SET 32"	653, 663
ASPRUZY SPRINKLE	125	ATRANTIL	6	AUTOSOFT XC INFUSION SET 43"	653, 663
ASSURE 4 CONTROL SOLUTION	565, 661	ATRAPRO CP	306	AUVELITY	175
ASSURE 4 STRIPS	551, 661	ATRAPRO DERMAL		AUVI-Q	145
ASSURE DOSE NORMAL CONTROL	566, 661	SPRAY	101, 350	AVALIDE	122
ASSURE DOSE NORM-HI CONTROL	566, 661	ATRAPRO HYDROGEL	306	AVAPRO	123
ASSURE ID DUO PRO SFTY PEN NDL	593, 661	ATRIPLA	64	AVAR	270
ASSURE ID PEN NEEDLE	593, 661	ATROPEN	150	AVAR LS	270
ASSURE ID PRO PEN NEEDLE	593, 661	atropine	774, 775	AVEIDA	341
ASSURE PLATINUM GLUCOSE METER	566, 662	ATROVENT HFA	802	AVEIDAOXIA	341
ASSURE PLATINUM TEST STRIP	551, 662	ATTRUBY	425	AVENOVA	310
ASSURE PRISM CONTROL 1-2 SOLN	566, 662	AUBAGIO	769	AVERI	250
ASSURE PRISM MULTI METER	566, 662	Aubra	249	Aviane	250
ASSURE PRISM MULTI STRIP	551, 662	AUGMENTIN	52	AVIDORA	273
ASTAGRAF XL	541	AUGMENTIN ES-600	52	AVIDORA HP	273
ASTERO	344	AUGMENTIN XR	52	Avidoxy	78
ASTHMA CHECK METER	638, 662	AUGTYRO	96	AVIDOX DK	78
ASTHMAPACK CHILDREN'S	639, 662	AUGUSTIL	273	AVITA	279
astragalus root	6	AURA PORTANEBS	619, 662	AVITENE	531
ASTRINGYN	530	auranofin	34	AVITENE FLOUR	531
ATACAND	123	Aurovela 1.5/30 (21)	249	AVMAPKI-FAKZYNJA	84
		Aurovela 1/20 (21)	249	AVO CREAM	306
		Aurovela 24 Fe	249	AVODART	513
		Aurovela Fe 1.5/30 (28)	249	AVONEX	767
		Aurovela Fe 1-20 (28)	249	AWANIS	274
		AURUMHEEL	462	Ayuna	250
		AURYXIA	365, 510, 512	AYVAKIT	97
		AUSTEDO	226, 227	AZALTA	276
		AUSTEDO XR	226, 227	AZALTA HP	276
		AUSTEDO XR TITRATION		Azasan	34, 543
		KT(WK1-4)	226, 227	AZASITE	788
		AUTOJECT 2 INJECTION DEVICE	593, 662	azathioprine	34, 543
		AUTO-LANCET MINI	566, 662	azelaic acid	266, 341
		AUTOLET IMPRESSION		azelastine	775, 810
		LANC DEV	566, 662	azelastine-fluticasone	810

AZELEX.....	267, 341	BANATROL PLUS.....	465	BD POSIFLUSH NORMAL
AZESCO.....	410	BANZEL.....	173	SALINE 0.9.....411
AZILECT.....	185	BAQSIMI.....	424	BD PRECISIONGLIDE 622, 665
<i>azithromycin</i>	72	BARACLUDE.....	69	BD SAFETYGLIDE
AZO BORIC ACID.....	817	BARIATRIC		ALLERGIST TRAY..... 622, 665
AZO COMPLETE		MULTIVITAMINS.....	377	BD SAFETYGLIDE INSULIN
FEMININE BALANCE.....	485	BARRIGEL.....	650	SYRINGE..... 593, 665
AZO CRANBERRY PLUS		BASADROX.....	285	BD SAFETYGLIDE NEEDLE
PROBIOTIC.....	6	BASAGLAR KWIKPEN U-	622, 665
AZO CRANBERRY PLUS		100 INSULIN.....	453	BD SAFETYGLIDE
VIT C.....	6	BATIZIA.....	285	SHIELDING REG 622, 665, 666
AZO DUAL PROTECTION..	485	BAXDELA.....	68	BD SAFETYGLIDE
AZO MENOPAUSE NIGHT-		BAXONIL.....	341	SYRINGE..... 594, 622, 666
MELATONIN.....	218	BAYER ASPIRIN.....	44, 537	BD SAFETYGLIDE TB REG
AZO VAGINAL HEALTH		BAYER LOW DOSE		BEVEL.....622, 666
PROBIOTIC.....	486	ASPIRIN.....	44, 537	BD SAFETYGLIDE
AZOPT.....	783	B-COMPLEX INJECTION...	358	TUBERCULIN.....623, 666
AZOR.....	121	B-COMPLEX PLUS B-12....	414	BD SAF-T-INTIMA.....615, 666
AZSTARYS.....	194	<i>b-complex with vitamin c</i>	357	BD SLIP TIP SYRINGE
AZULFIDINE.....	36, 481	BD ALLERGIST TRAY REG	623, 666
AZULFIDINE EN-TABS.	36, 481	BEVEL.....	620, 663	B-D SLIP TIP SYRINGE
Azurette (28).....	247	BD ALLERGY SYRINGE	623, 666
B ACTIV.....	357		620, 663	BD SPECIALTY USE
B COMPLEX 100.....	358	BD BLUNT PLASTIC		NEEDLES.....623, 666
<i>b complex-vitamin c-folic acid</i>	357	CANNULA.....	620, 663	BD SYRINGE..... 624, 667
B-100 COMPLEX.....	357	BD BULK SYRINGE SLIP		BD SYRINGE CATH TIP
B12.....	416	TIP.....	620, 663	NONSTERILE.....623, 666
B12 ACTIVE.....	416	BD ECCENTRIC TIP		BD SYRINGE CATHETER
B-50 COMPLEX WITH INOSITOL.....	357	SYRINGE.....	620, 663	TIP.....623, 666
BABY COUGH.....	4	BD ECLIPSE LUER-LOK		BD SYRINGE LUER-LOK
BABY COUGH-MUCUS.....	5		593, 621, 663	NONSTERILE.....623, 666, 667
BACICAP.....	486	BD FILTER NEEDLE-5		BD SYRINGE LUER-LOK
BACID WITH LACTOSPORE.....	486	MICRON.....	621, 664	STERILE.....623, 667
<i>bacitracin</i>	787	BD INSYTE AUTOGUARD		BD SYRINGE SLIP TIP
<i>bacitracin-polymyxin b</i>	787		615, 664	NONSTERILE.....623, 624, 667
<i>baclofen</i>	547	BD INTEGRA SYRINGE		BD SYRINGE-DUAL
BACTRIM.....	53		621, 664	CANNULA..... 624, 667
BACTRIM DS.....	53	BD INTERLINK BLUNT		BD TUBERCULIN SLIP-TIP
BAFIERTAM.....	768	PLASTIC CAN.....	621, 664624, 667
BAL-CARE DHA.....	400	BD INTERLINK SYRINGE		BD TUBERCULIN SYRINGE
BAL-CARE DHA ESSENTIAL.....	400		621, 664624, 667
BALCOLTRA.....	250	BD LUER-LOK BULK		BD VERITOR SARS-COV-2,
<i>balsalazide</i>	481	SYRINGE.....	621, 664	FLU A-B.....559, 667
<i>balsam peru-castor oil</i>	354	BD LUER-LOK SYRINGE		BD VERITOR SYSTEM
BALVERSA.....	91		621, 622, 664, 665	SARS-COV-2.....559, 668
Balziva (28).....	250	BD LUER-LOK TIP		BEANAID.....474
		CONTROL SYRING....	622, 665	BEANO.....474
		BD MICROTAINER		BELBUCA.....25
		LANCET	566, 665	<i>belladonna alkaloids-opium</i> . 477
				BELSOMRA.....236

benazepril	118	BETADINE OPHTHALMIC PREP	789	BIGFOOT UNITY PEN CAP-TRESIBA	618, 668
benazepril-		<i>betaine</i>	759	BIJUVA	440
hydrochlorothiazide	118	BETALOAN SUIK	444	BIKTARVY	64
BENEFIBER (INULIN-CORN FIBER)	500	<i>betamethasone dipropionate</i>	311	BILAC	486
BENEFIBER (WHEAT DEXTRIN)	500	<i>betamethasone valerate</i>	311, 312	BILTRICIDE	53
BENEFIBER ADVANCED	486	<i>betamethasone, augmented</i>	312	bimatoprost	789
BENEFIBER CLEAR SF (DEXTRIN)	500	BETAPACE	126, 140	BIMZELX	283
BENEFIBER DUAL ACTION	486	BETAPACE AF	126, 140	BIMZELX AUTOINJECTOR	283
BENEFIBER DUAL ACTION-THEANINE	486	BETASERON	767	BINAXNOW COVID AG	
BENEFIBER SUGAR FREE (DEXTRIN)	500, 501	<i>betaxolol</i>	139, 784	CARD HOME TST	559, 668
BENEFIBER SUGAR FREE (INULIN)	501	<i>bethanechol chloride</i>	519	BINAXNOW COVID-19 AG	
BENEFIX	524	BETHKIS	807	SELF TEST	559, 669
benfotiamine	415	BETIMOL	784	BINOSTO	437
BENICAR	123	BETOPTIC S	784	BIO C 1:1	359
BENICAR HCT	122	BEVESPI AEROSPHERE	804	BIOLON	786
BENLYSTA	37	BEVITROL	468	BIOLYTE	369
BENTIVITE BX	366	<i>bexarotene</i>	100, 293	BIOMEPRO	486
BENZAMYCIN	270	BEXZERO	111	BIONIME RIGHTEST	
BENZEPRO	275	BEYAZ	250	GM300 SYSTEM	566, 669
BENZEPRO (MICROSPHERES)	275	BEYFORTUS	104	BIONIME RIGHTEST TEST	
benzhydrocodone-acetaminophen	20	<i>bicalutamide</i>	87	STRIPS	551, 669
benznidazole	58	BIDIL	154	BIPETIT	357
BENZODOX 30	78	BIGFOOT UNITY	566, 668	BIOSTEP	352, 669
BENZODOX 60	78	BIGFOOT UNITY PEN CAP-		BIOSTEP AG	352
benzoin (bulk)	241, 340	ADMELOG	617, 668	BIOTEL CARE BGM-4	
benzonatate	797	BIGFOOT UNITY PEN CAP-		METER	566, 669
benzoyl peroxide	275	APIDRA	617, 668	<i>biotin</i>	418
benztropine	185	BIGFOOT UNITY PEN CAP-		BIOTINEX	486
bepotastine besilate	775	ASPART	617, 668	BIOZEN	486
BEPREVE	775	BIGFOOT UNITY PEN CAP-		<i>bismuth subcit k-metronidz-tcn</i>	478
berberine chloride	77	BASAGLAR	617, 668	<i>bisoprolol fumarate</i>	139
BERBERINE ES-5	77	BIGFOOT UNITY PEN CAP-		<i>bisoprolol</i>	
BERGACOR	6	FIASP	617, 668	<i>hydrochlorothiazide</i>	145
BERGACOR PLUS	6	BIGFOOT UNITY PEN CAP-		<i>bitter melon extract</i>	6
BERINERT	522	HUMALOG	617, 668	<i>black cohosh</i>	6
Beser	311	BIGFOOT UNITY PEN CAP-		<i>black walnut hull</i>	6
BESER KIT	327	LANTUS	617, 668	BLANCHE	301
BESIVANCE	788	BIGFOOT UNITY PEN CAP-		BLEPHAMIDE S.O.P.	773
BESREMI	92	LISPRO	617, 668	Blisovi 24 Fe	250
BEST FIBER	501	BIGFOOT UNITY PEN CAP-		Blisovi Fe 1.5/30 (28)	250
<i>beta carotene</i>	414	NOVOLOG	618, 668	Blisovi Fe 1/20 (28)	250
		BIGFOOT UNITY PEN CAP-		<i>blood glucose contrl</i>	
		TOUJEOMX	618, 668	<i>hi,normal</i>	566, 669
				<i>blood glucose control,</i>	
				<i>normal</i>	566, 669

BLOOD GLUCOSE	BREATHERITE VALVED	<i>butalbital-acetaminop-cafe-</i>
MONITORING.....566, 669	MDI CHAMBER.....641, 670	<i>cod.....19</i>
BLOOD GLUCOSE TEST	BREATHERITE VALVED	<i>butalbital-acetaminophen.....28</i>
.....551, 669	MDI SPACER.....641, 670	<i>butalbital-acetaminophen-</i>
<i>blood-glucose meter....567, 669</i>	BREEZE 2 CONTROL	<i>caff.....28</i>
BLULINK BG SYSTEM	SOLUTION, LOW.....567, 670	<i>butalbital-aspirin-caffeine.....43</i>
REFILL.....567, 669	BREEZE 2 CONTROL	<i>butorphanol.....27</i>
BLULINK DIABETIC TEST	SOLUTION, NML.....567, 670	BUTTRANS.....27
BUNDLE.....567, 669	BREEZE 2 CONTROL	BUTTERFLY TOUCH
BLULINK GLUCOSE	SOLUTION,HIGH.....567, 670	LANCET.....567, 670
MONITOR SYSTEM....567, 669	BRENZAVVY.....432	<i>butylated hydroxytoluene....241</i>
BLULINK GLUCOSE TEST	BREO ELLIPTA.....805	BYDUREON BCISE.....429
STRIP551, 669	BREXAFEMME.....54	BYETTA.....430
<i>blunt needle, disposable</i>	Breyna.....806	BYLVAY.....541
.....624, 669	BREZTRI AEROSPHERE...807	BYSTOLIC.....139
BONEUP.....361	Briellyn.....250	<i>cabergoline.....459</i>
BONEUP (CALCIUM	BRILINTA.....536	CABLIVI.....521
ASCORBATE).....361	<i>brimonidine.....341, 789</i>	CABOMETYX.....95
BONJESTA.....465	<i>brimonidine-dorzolamide....772</i>	CABTREO.....274
BONSITY.....436	<i>brimonidine-dorzolamide (pf)</i>	<i>ca-d3-mag ox-zinc-cop-</i>
BOOST GLUCOSE772	<i>mang-bor.....361</i>
CONTROL.....392	<i>brimonidine-timolol.....782</i>	<i>ca-d3-mag-zinc-cop-mang-</i>
BOOSTNOW IMMUNE	<i>brinzolamide.....783</i>	<i>bor.....361</i>
SUPPORT.....377	BRIVIACT.....171	CADEAU DHA.....400
BOOSTRIX TDAP	Bromfed Dm.....812	CADIRA COMPLIANT
109	bromfenac.....780	BLOOD STAT.....652
BORON COMPLEX.....372	bromocriptine.....185	CADUET.....138
<i>bosentan.....153</i>	<i>brompheniramine-</i>	<i>caffeine.....214</i>
BOSULIF	<i>pseudoeph-dm.....812</i>	<i>caffeine citrate.....214</i>
<i>boswellia serrata extract.....6</i>	BROMSITE.....781	<i>calc carb-mag ox-d3-zinc</i>
BOWEL SUPPORT-	BRONCHIAL SOOTHE.....7	<i>gluc.....361</i>
IRRITABLE BOWEL.....6	BRONCHITOL.....808	<i>calc-d3-magnes-b6-zn-cu-</i>
BOYS TRAINING PANTS	BROVANA.....803	<i>mangan.....361</i>
4T-5T	BRUKINSA.....90, 97	<i>calcipotriene.....294, 295</i>
BP 10-1.....270	BRYHALI.....294, 312	<i>calcipotriene-betamethasone</i>
BP MANAGER.....6	BUCAPSOL.....157281
BPCO.....354	<i>budesonide.....482, 799</i>	<i>calcitonin (salmon).....439</i>
BPO.....275	<i>budesonide-formoterol.....806</i>	<i>calcitriol.....295, 420, 758</i>
BRAFTOVI.....90	BUFFERED C POWDER....419	<i>calcium acetate.....360</i>
BREATHERITE MDI	BULLSEYE MINI SAFETY	<i>calcium acetate(phosphat</i>
SPACER.....641, 669	LANCETS.....567, 670	<i>bind).....510</i>
BREATHERITE SPACER-	<i>bumetanide.....147</i>	<i>calcium carb, citrate, malate</i>
MASK, NEO.....641, 670	BUPHENYL.....760	361
BREATHERITE SPACER-	<i>buprenorphine.....27</i>	<i>calcium carb-d3-mag ox-zinc</i>
MASK,ADULT	<i>buprenorphine hcl....26, 27, 237</i>	<i>ox.....361</i>
BREATHERITE SPACER-	<i>buprenorphine-naloxone.....237</i>	<i>calcium carb-mag ox-zinc</i>
MASK,CHILD	<i>bupropion hcl.....181</i>	<i>sulf.....361</i>
BREATHERITE SPACER-	<i>bupropion hcl (smoking</i>	<i>calcium carbonate.....361</i>
MASK,INFANT	<i>deter).....238</i>	<i>calcium carbonate-vitamin</i>
BREATHERITE SPACER-	<i>buspirone.....157</i>	<i>d3.....363</i>
MASK,S.CHLD		<i>calcium citrate.....361</i>

calcium citrate-vitamin d3....	363	carbidopa	184	CARETOUCH CONTROL	
calcium no.38-d3-mag-boron	362	carbidopa-levodopa.....	183	SOLN L2-L3.....568, 672	
calcium pantothenate	418	carbidopa-levodopa-		CARETOUCH GLUCOSE	
calcium phos-d3-		entacapone.....	182	MONITORING.....568, 672	
magnesium-zinc.....	362	carbinoxamine maleate		CARETOUCH INSULIN	
calcium phosphate-vitamin	793, 794, 795		SYRINGE.....594, 672	
d3.....	364	Carbzah.....	794, 795	CARETOUCH LANCING	
calcium-d3-zinc-copper-		CARDIZEM.....	142	DEVICE.....568, 672	
mangan.....	362	CARDIZEM CD.....	142	CARETOUCH LUER LOCK	
calcium-vitamin d3-vitamin k	362	CARDIZEM LA.....	142	SYRINGE.....625, 672	
CALMAID	7	CARDURA.....	151	CARETOUCH LUER LOCK	
CALQUENCE		CARDURA XL.....	151	SYR-NEEDLE.....625, 672	
(ACALABRUTINIB MAL). 90, 97		CAREFINE PEN NEEDLE		CARETOUCH LUER SLIP	
CALTRATE 600 PLUS D....	364594, 670		SYRINGE.....625, 672	
CALTRATE GUMMY BITES	364	CAREONE LANCING		CARETOUCH PEN	
CALTRATE-D3 PLUS		DEVICE.....	567, 670	NEEDLE.....594, 673	
MINERALS	362	CAREONE ULTRA THIN		CARETOUCH SAFETY	
Camila.....	258	LANCET	567, 670	LANCETS.....568, 673	
CAMRESE	248	CAREPOINT LUER LOCK		CARETOUCH TEST STRIP	
CAMRESE LO	248	SYRINGE	624, 670551, 673	
CAMZYOS	144	CAREPOINT LUER LOCK		CARETOUCH TWIST	
CANASA.....	481	SYR-NEEDLE	624, 671	LANCET	568, 673
candesartan	123	CAREPOINT LUER SLIP		carglumic acid.....761	
candesartan-		SYRING-NDL.....	624, 671	carisoprodol.....547	
hydrochlorothiazid	122	CAREPOINT PRECISION		carisoprodol-aspirin.....547	
CANDICIDAL	7	LUER LOCK.....	624, 671	carisoprodol-aspirin-codeine	549
cantharidin in acetone	332	CAREPOINT PRECISION		CARNITEX	355
CANTHARIS		NEEDLE	625, 671	CARNITOR	759
COMPOSITUM.....	462	CAREPOINT PRECISION		CARNITOR (SUGAR-FREE)	
capecitabine	88	SAFETY	625, 671759	
CAPEX.....	312	CAREPOINT SAFETY LL		CARRASYN HYDROGEL	
CAPHOSOL.....	764	SYR-NEEDLE	625, 671	WOUND DRESS	352, 673
CAPLYTA	189	CARESENS CONTROL A		carteolol.....784	
CAPRELSA	97	AND B.....	567, 671	Cartia Xt.....142	
CAPSfenac PAK	336	CARESENS LANCETS		carvedilol.....120	
CAPSINAC	336567, 671		carvedilol phosphate.....120	
CAPSUBLEND-H	241	CARESENS N	567, 671	cascara sagrada.....506	
CAPSULE #3		CARESENS N FELIZ BT		CASODEX.....87	
(HYDROMELLOSE)	242	GLUC METER.....	567, 671	CATAPRES-TTS-1	146
captopril	118	CARESENS N FELIZ		CATAPRES-TTS-2	146
captopril-hydrochlorothiazide		GLUCOSE METER.....	567, 671	CATAPRES-TTS-3	146
.....118		CARESENS N PLUS BT		CAYA CONTOURED	561, 673
CAPVAXIVE	110567, 671		CAYSTON	808
CARAC	292	CARESENS N TEST		Caziant (28)	259
CARAFATE	506	STRIPS	551, 671	cefaclor.....66	
CARBAGLU	761	CARESENS N VOICE	567, 671	cefadroxil.....66	
carbamazepine		CARESTART COVID-19 AG		CEFALY	618, 673
.....161, 162, 206, 207		HOME TST	559, 671	cefdinir.....67	
CARBATROL	162, 207			cefixime.....67	
				cefpodoxime	67

cefprozil.....	66, 67	CEQUR SIMPLICITY	CHILDRENS FIBER
cefuroxime axetil.....	67	INSERTER.....	GUMMY BEAR..... 501
CELACYN.....	306, 647	CERACADE.....	CHILDREN'S
CELEBREX.....	39	CERAMAX.....	MULTIVITAMIN..... 396, 397
celecoxib.....	39	ceramides 1,3,6-ii.....	CHILDREN'S
CELEXA.....	176	CERASPORT ENDURANCE	MULTIVITAMIN GUMMY ... 397
CELLCEPT.....	34, 542	CHILDREN'S PROBIOTIC.. 487
CELLPAD.....	647, 673	CERASPORT EX1.....	CHILDREN'S SLEEP
cellulose (bulk).....	243	CERASPORT PLUS.....	(MELATONIN)..... 217
CELONTIN.....	172	CERAWE.....	CHLOHUX..... 326
CEM-UREA.....	332	CERAWE AM.....	CHLOOXIA..... 326
CENTANY.....	285	CERAWE DAILY	<i>chlordiazepoxide hcl</i> 156, 204
CENTANY AT.....	285	MOISTURIZING.....	<i>chlordiazepoxide-clidinium</i>
CENTRUM.....	378, 388 204, 477
CENTRUM ADULT 50 PLUS	CERAWE FOAMING FACIAL	<i>chlorhexidine gluconate</i> 764
.....	377	<i>chloroquine phosphate</i> 57
CENTRUM ADULTS.....	377	CERAWE PM.....	<i>chlorpromazine</i> 190
CENTRUM CHEWABLES...377		CERAWE SA.....	<i>chlorthalidone</i> 149
CENTRUM KIDS		CERAWE SA (WITH	<i>chlorzoxazone</i> 547
MULTIGUMMY.....	397	NIACINAMIDE).....	CHOICE DM CLARUS
CENTRUM MENOPAUSE		CERDELGA.....	NORM CONTROL..... 568, 673
MULTIVITAMIN.....	377	CERTAVITE SENIOR.....	CHOICEDM CLARUS
CENTRUM MINIS ADULTS		CERTAVITE-ANTIOXIDANT 551, 568, 673
50 PLUS.....	377	CHOLBAM..... 468
CENTRUM MINIS MEN 50		CERVIDIL.....	CHOLECAL DF..... 413
PLUS.....	378	CETACAINE.....	<i>cholecalciferol (vitamin d3)</i>
CENTRUM MINIS WOMEN		CETAPHIL GENTLE SKIN 420, 421
50 PLUS.....	378	CLEANSER.....	<i>cholestyramine (with sugar)</i> 127
CENTRUM MULTI MENTAL		cetirizine.....	Cholestyramine Light..... 127
FOCUS.....	378	CETRAXAL.....	<i>choline bitartrate</i> 135
CENTRUM MULTI PLUS		cetrorelix.....	<i>choline,magnesium</i>
BEAUTY.....	378	CETROTIDE.....	<i>salicylate</i> 43
CENTRUM MULTI PLUS		cevimeline.....	<i>chorionic gonadotropin,</i>
OMEGA-3.....	378	chamomile flower.....	<i>human</i> 450
CENTRUM		Charlotte 24 Fe.....	CHOSEN LANCET..... 568, 673
MULTIGUMMIES MEN.....378		chaste tree fruit.....	CHOSEN LANCING
CENTRUM		Chateal Eq (28).....	DEVICE..... 568, 673
MULTIGUMMIES WOMEN. 378		CHEMET.....	CHOSEN SAFETY LANCET
CENTRUM POSTNATAL....378		CHEMSTRIP BG LOG 568, 673
CENTRUM PRENATAL.....378		BOOK.....	<i>chromium nicotinate</i> 373
CENTRUM SILVER.....378		CHENODAL.....	<i>chromium picolinate</i>373
CENTRUM WOMEN.....388		CHEST RUB (WITH PINE	CIALIS..... 355, 513
CENTRUM WOMEN		OIL).....	CIBINQO..... 284
IMMUNE MINIS.....379		CHILD PROBIOTIC	CICASIL..... 647, 673
CENTURY.....	388	DIGEST-IMMUNE.....	CICATRACE PAD..... 647, 674
CENTURY MATURE.....379		CHILDRENS ASPIRIN..44, 537	Ciclodan..... 289
cephalexin.....	66	CHILDRENS CHEWABLE	CICLODAN KIT..... 288, 289
CEQUA.....	779	PROBIOTIC.....	<i>ciclopirox</i> 289
CEQUR SIMPLICITY ...649, 673		CHILDRENS DAILY	<i>ciclopirox-ure-camph-menth-euc</i> 289

cilostazol.....	536	CLEOCIN HCL.....	72	CLEVER CHOICE	
CILOXAN.....	788	Cleocin Pediatric.....	72	WHISPER AIRE PED..	642, 675
CIMDUO.....	61	CLEOCIN T.....	267	CLICKFINE PEN NEEDLE	
cimetidine.....	470	CLEVER CHEK BLOOD		594, 675
cimetidine hcl.....	470	GLUCOSE.....	568, 674	CLIMARA.....	441
CIMZIA.....	29, 30, 484	CLEVER CHEK BLOOD		CLIMARA PRO.....	440
CIMZIA POWDER FOR		GLUCOSE SYST.....	568, 674	Clindacin.....	267
RECONST.....	29, 30, 484	CLEVER CHEK LANCETS		Clindacin Etz.....	267
CIMZIA STARTER KIT		568, 674	CLINDACIN ETZ.....	269
.....	29, 30, 484	CLEVER CHOICE BLOOD		Clindacin P.....	267
cinacalcet.....	438	GLUC SYS.....	568, 674	CLINDACIN PAC.....	269
cinnamon bark.....	7	CLEVER CHOICE		CLINDAGEL.....	267
cinnamon bark extract.....	7	CHAMBER-LRG MASK		clindamycin hcl.....	72
CINRYZE.....	522	641, 674	clindamycin palmitate hcl.....	72
CIPRO.....	68	CLEVER CHOICE		Clindamycin Pediatric.....	72
CIPRO HC.....	791	CHAMBER-MED MASK		clindamycin phosphate	267, 815
ciprofloxacin.....	68	641, 674	clindamycin-benzoyl	
ciprofloxacin hcl....	68, 788, 792	CLEVER CHOICE		peroxide.....	270, 271
ciprofloxacin-		CHAMBER-SM MASK.	641, 674	clindamycin-tretinoin.....	274
dexamethasone.....	791	CLEVER CHOICE		CLINDESSE.....	815
ciprofloxacin-fluocinolone....	791	GLUCOSE MONITOR.	568, 674	CLINTEST COVID-19	
citalopram.....	176	CLEVER CHOICE LEVEL 1		HOME TEST.....	559, 675
CITRANATAL (DUAL-IRON)		CONTROL.....	568, 674	CLINPRO 5000.....	762
.....	400	CLEVER CHOICE LEVEL 2		clobazam.....	157, 158, 204
CITRANATAL 90 DHA		CONTROL.....	568, 674	clobetasol....	295, 312, 313, 776
(ALGAL OIL).....	400	CLEVER CHOICE LEVEL 3		clobetasol-emollient.....	313
CITRANATAL ASSURE.....	400	CONTROL.....	569, 674	CLOBEX.....	313
CITRANATAL BLOOM.....	367	CLEVER CHOICE MICRO		clo cortolone pivalate.....	313
CITRANATAL DHA (ALGAL		569, 674	Clodan.....	313
OIL).....	401	CLEVER CHOICE MICRO		CLODAN KIT.....	329
CITRANATAL HARMONY		TEST STRIP.....	551, 674	Clomid.....	444
(IRON FUM).....	401	CLEVER CHOICE NEB KIT-		clomiphene citrate.....	444
CITRANATAL MEDLEY.....	379	ADULT.....	642, 674	clomipramine.....	182
CITRATABS.....	514	CLEVER CHOICE NEB KIT-		clonazepam.....	156, 158, 204
CITRULLINE 1000.....	356	CHILD.....	642, 674	clonidine.....	146
CLAIRVEE.....	487	CLEVER CHOICE		clonidine hcl.....	146, 193
Claravis.....	264	NEBULIZER.....	642, 674	clopido grel.....	537
CLARINEX.....	796, 797	CLEVER CHOICE PEAK		clorazepate dipotassium	
CLARINEX-D 12 HOUR.....	793	FLOW METER.....	639, 674	156, 204
clarithromycin.....	73	CLEVER CHOICE PRO		clotrimazole.....	289, 290, 764
CLEANSING EYELID		551, 569, 675	clotrimazole-betamethasone	291
MOIST PADS.....	310	CLEVER CHOICE TALK		clozapine.....	189
CLEANSING EYELID		GLUCOSE SYS.....	569, 675	CLOZARIL.....	189
WIPES EXT STR.....	310	CLEVER CHOICE TALK		C-NATE DHA.....	401
CLEANSING WASH....	270, 341	TEST.....	551, 675	COAGADEX.....	528
CLEAR FIBER.....	501	CLEVER CHOICE TEST		COAGUCHEK LANCETS	
clemastine.....	794, 795	STRIPS.....	551, 675	569, 675
Clemasz.....	794, 795	CLEVER CHOICE VOICE		COAGUCHEK XS.....	550, 675
CLENPIQ.....	506	PLUS TEST.....	551, 675	coal tar.....	334
CLEOCIN.....	815			COARTEM.....	56

COBALEFOL.....	422	COMPACT SPACE	CONTOUR NEXT METER
COBENFY	154	CHAMBER-LRG MASK570, 677
COBENFY STARTER PACK	642, 677	CONTOUR NEXT ONE
.....155		COMPACT SPACE	METER.....570, 677
cocaine.....	809	CHAMBER-MED MASK	CONTOUR NEXT TEST
COCOA BUTTER	642, 677	STRIPS.....551, 678
FORMULA - VIT E.....	307	COMPACT SPACE	CONTOUR PLUS BLUE
codeine sulfate.....	12	CHAMBER-SM MASK. 642, 677	METER.....570, 678
codeine-butalbital-asa-caff....	19	COMP-AIR NEBULIZER	CONTOUR PLUS TEST
codeine-guaifenesin.....	814	COMPRESSOR.....642, 677	STRIP.....551, 678
CODITUSSIN AC.....	814	Compazine.....190, 466	CONTOUR TEST STRIPS
CODITUSSIN DAC.....	814	COMPLERA.....64552, 678
COLAZAL.....	481	COMPLETE BALANCE	COPAXONE.....768
colchicine.....	519	MENOPAUSE RLF.....218	COPIKTRA.....95, 96
COLCRYST.....	519	COMPLETE LIVER	copper gluconate.....373
colesevelam.....	127	CLEANSE.....357	COQMAX OMEGA.....135
COLESTID.....	127	COMPLETE MV ADULT 50	CORDRAN.....314, 315
colestipol.....	127	PLUS.....379	CORDRAN TAPE LARGE
COLLATYL.....	352	COMPLETE NATAL DHA....401	ROLL.....314
COLOR LANCETS.....	569, 675	COMPLETENATE.....401	CORDX COVID-19 AG
COMBIGAN.....	782	Compro.....466	HOME TEST.....559, 678
COMBIPATCH.....	440	CONCEPTION.....559, 677	CORDX TYFAST FLU-
COMBIVENT RESPIMAT....	805	CONCERTA.....194	COVID-19 TEST.....559, 678
COMBOGESIC.....	38	CONDYLOX.....332	COREG.....120
COMETRIQ.....	95	CONJUPRI.....143	COREG CR.....120
COMFORT EZ INSULIN		CONSENSI.....142	CORIFACT.....528
SYRINGE....	594, 595, 675, 676	Constulose.....503	CORLANOR.....149
COMFORT EZ LANCETS		CONTOUR CONTROL	CORTANE-B.....792
.....569, 676		SOLUTION, HIGH.....569, 677	CORTEF.....445
COMFORT EZ PEN		CONTOUR CONTROL	CORTENEMA.....482
NEEDLES.....	595, 676	SOLUTION, LOW.....569, 677	CORTIFOAM.....482
COMFORT EZ PRO		CONTOUR CONTROL	CORTISOLV.....7
SAFETY PEN NDL.....	595, 676	SOLUTION, NML.....569, 677	cortisone.....445
COMFORT TOUCH PEN		CONTOUR METER.....569, 677	CORTISPORIN-TC.....791
NEEDLE.....	595, 676	CONTOUR NEXT EZ	CORTROPHIN GEL.....424
COMFORT TOUCH PLUS		METER.....569, 677	COSENTYX.....283
SAFETY LANC.....	569, 676	CONTOUR NEXT GEN	COSENTYX (2 SYRINGES) 283
COMFORT TOUCH ULT		METER.....569, 677	COSENTYX PEN.....283
THIN LANCETS.....	569, 676	CONTOUR NEXT	COSENTYX PEN (2 PENS) 283
COMFORTSEAL LARGE		GLUCOSE METER.....569, 677	COSENTYX UNOREADY
MASK.....	642, 676	CONTOUR NEXT LEV 1	PEN.....283
COMFORTSEAL MEDIUM		CONTROL SOL.....569, 677	COSOPT.....782
MASK.....	642, 676	CONTOUR NEXT LEV 2	COSOPT (PF).....782
COMFORTSEAL SMALL		CONTROL SOL.....569, 677	COTELLIC.....94
MASK.....	642, 676	CONTOUR NEXT LINK	COTEMPLA XR-ODT.....194
COMIRNATY 2024-25 (12Y	570, 677	COVARYX.....439
UP)(PF).....	111	CONTOUR NEXT LINK 2.4	COVARYX H.S.....439
COMPACT SPACE	570, 677	COVID-19 AT-HOME TEST
CHAMBER.....	642, 676	559, 678

covid19 test adm.by		
pharmacist.....	559, 678	
COXANTO.....	41	CULTURELLE KIDS
COZAAR.....	123	GUMMY 488
CRALONIN.....	462	CULTURELLE KIDS
cranberry conc-ascorbic acid...7	7	IMMUNE DEFENSE..... 488
cranberry extract.....	7	CULTURELLE KIDS
cranberry fruit.....	7	PROBIO-FIBER 488
cranberry fruit concentrate.....	7	CULTURELLE KIDS
CRANBERRY URINARY		PROBIOTIC-MV 397
TRACT HEALTH.....	7	CULTURELLE KIDS
CRANBERRY-		PROBIOTICS 488
PROBIOTC(BLEND)-VITC	7	CULTURELLE KIDS PRO-
CRENESSITY.....	423	MV-LUTEIN 397
CREON.....	468	CULTURELLE MEN'S
CRESEMBIA.....	55	DAILY HEALTH 488
CRESTOR.....	129	CULTURELLE
CREXONT.....	183	METABOLISM-WT MGMT .. 488
CRINONE.....	444, 817	CULTURELLE PROBIOTIC-
cromolyn.....	94, 785, 801	MULTIVIT 379
Crotan.....	349	CULTURELLE PROBIOTIC-
CRYODOSE TA MEDIUM		PREBIOTIC 489
STREAM SPR.....	335	CULTURELLE
CRYODOSE TA MIST		SLIMBIOTICS 489
SPRAY.....	335	CULTURELLE WOMEN'S 4-
CRYOSERV.....	241	IN-1 489
Cryselle (28).....	250	CULTURELLE WOMEN'S
CTEXLI.....	469, 540	WELLNESS 489
CULTURELLE.....	488	CUPRIMINE 36, 48
CULTURELLE ABDOMINAL		CURAFIL GEL WOUND
SUPP-CMFT.....	487 352, 678
CULTURELLE ADVANCED		CURCUPLEX-95 7
REGULARITY.....	487	CURITY AMD 563, 678
CULTURELLE BABY		CURITY AMD (WITH
COLIC-SOOTHING.....	487	POLYHEXAMETH)..... 352, 678
CULTURELLE BABY		CURITY DRAINAGE BAG
DIGESTIVE CALM.....	487 591, 678
CULTURELLE BABY		CURITY IODOFORM
HEALTH DEVELOP.....	487	PACKING STRIP 563, 678
CULTURELLE BLOATING		CUROSURF 809
GAS.....	487	CUTAQUIG 106
CULTURELLE DIGESTIVE		CUTTER ALL FAMILY .. 330, 331
HEALTH.....	487	CUTTER BACKWOODS
CULTURELLE GUMMY.....	487	DRY 331
CULTURELLE IMMUNE		CUTTER SKINSATIONS .. 331
DEFENSE.....	488	CUVITRU 106
CULTURELLE KIDS 4 IN 1		CUVPOSA 767
IMMUNE.....	488	CUVRIOR 49
CULTURELLE KIDS		cyanocobalamin (vitamin b-
GROW-THRIVE.....	488	12) 416
		cyanocobalamin-cobamide 416
		cyanocobalamin-methylcobalamin..... 414, 416
		CYCLINEX-2 396
		cyclobenzaprine 547
		Cyclogyl 775
		CYCLOMYDRIL 771
		CYCLOPAK 549
		cyclopentolate 775
		cycloopen-tropic-phenyleph-watr 771
		cyclopent-tropic-phen-ketr-wat 771
		cyclophosphamide 34, 86
		cyclop-trop-propa-phen-ket-wat 771
		cycloserine 65
		CYCLOSET 429
		cyclosporine 35, 541, 779
		CYCLOSPORINE IN
		KLARITY 779
		cyclosporine modified.... 35, 541
		CYCLOTENS REFILL 548
		CYCLOTENS STARTER.... 548
		CYMBALTA 177, 216
		cyproheptadine 794, 795
		Cyred 251
		Cyred Eq 250
		CYSTADANE 759
		CYSTADROPS 783
		CYSTAGON 508
		CYSTARAN 783
		CYTOMEL 460
		CYTOTEC 474
		D3-2000 421
		dabigatran etexilate 539
		DAFILOR 289
		DAILY FIBER 501
		DAILY FIBER (PSYLLIUM-ASPART)..... 501
		DAILY FIBER (PSYLLIUM-SUCROSE)..... 501
		DAILY GUMMIES 379
		DAILY MULTIVITAMIN-MINERALS 388
		DAILY PROBIOTIC (4 STRAINS)..... 489
		DAILY PROBIOTIC (B-INFANTIS) 489

DAILY PROBIOTIC (S. BOULARDII).....	489	demeclocycline.....	78	DERMACINRX
DAILY-VITE (WITH FOLIC ACID).....	388	DEMEROL.....	12	PRENATRYL.....401
DAIRY RELIEF.....	469	DEMEROL (PF).....	12	DERMACINRX PRETRATE 401
dalfampridine.....	769	DEM SER.....	151	DERMACINRX PROBONATE
DALIRESP.....	801	DENTA 5000 PLUS.....	762489
danazol.....	448	DENTA 5000 PLUS		DERMACINRX PROBISOL 489
dandelion root.....	7	SENSITIVE.....	762	DERMACINRX PROBITRAN
DANTRIUM.....	549	DENTAGEL.....	762489
dantrolene.....	549	DENVITA.....	288	DERMACINRX PROBITROL
DANZITEN.....	97	DEOXIA.....	268, 269489
dapsone.....	56, 268	DEOXIADEMTAR.....	274	DERMACINRX PROMEROL
DARAPRIM.....	57	DEOXIATAR.....	274489
darifenacin.....	517	DEOXIAVAR.....	274	DERMACINRX RIBOTIN-E 380
DARTISLA.....	476	DEPAKOTE.....	159, 207	DERMACINRX SURGICAL
darunavir.....	76	DEPAKOTE ER... 159, 207, 220		PHARMAPAK.....354
dasatinib.....	97	DEPAKOTE SPRINKLES		DERMACINRX
Dasetta 1/35 (28).....	251159, 207		THERAZOLE PAK.....291
Dasetta 7/7/7 (28).....	259	DEPEN TITRATABS.....	36, 49	DERMACINRX VENEXA....380
DAURISMO.....	92	DEPLIN FC.....	422	DERMACINRX VENEXA FE
DAVIMET WITH FLUORIDE	398	DEPO-ESTRADIOL.....	441380
DAVIMET WITH IRON.....	379	DEPO-PROVERA.....	246	DERMACINRX VENTRIXYL380
DAVIMET-M.....	388	DEPO-SUBQ PROVERA		DERMACINRX VENTRIXYL
DAVOL IRRIGATION SYRINGE.....	625, 678	104.....	246	FE.....380
DAVOL PISTON IRRIGATION.....	625, 678	Depo-Testosterone.....	426	DERMACINRX VITRAMYN 380
DAYAVITE.....	379	DERMACINRX		DERMACINRX VITRANOL 380
DAYBUE.....	243	CLORHEXACIN.....	354	DERMACINRX VITRANOL
DAYPRO.....	41	DERMACINRX DAVIMET ...	388	FE.....380
Daysee.....	248	DERMACINRX DEXATRAN	379	DERMACINRX VITREXATE380
DAYTRANA.....	195	DERMACINRX DOTREMIN	413	DERMACINRX VITREXATE
DAYVIGO.....	236	DERMACINRX FOLDITAM.	413	FE.....380
DAZAVEIDAOXIA.....	341	DERMACINRX FOLIFLEX..	379	DERMACINRX ZINTREXYL-
DAZINIA.....	286	DERMACINRX FOLITIN-Z..	380	C.....380
DAZOMON.....	342	DERMACINRX		DERMACINRX ZRM PAK... 347
DDAVP.....	427	FOLIXAPURE.....	413	DERMALID.....344
DEBACTEROL.....	764	DERMACINRX FOLIXATE..	413	DERMA-SMOOTHIE/FS
Deblitane.....	258	DERMACINRX FOLTAMIN.	413	BODY OIL.....315
DECARA K.....	420	DERMACINRX FOLTREXYL		DERMA-SMOOTHIE/FS
deferasirox.....	49413		SCALP OIL.....315
deferiprone.....	49	DERMACINRX LACTEROL	489	DERMASO PLUS.....307
deferoxamine.....	49	DERMACINRX LEXITRAL..	337	DERMAWERX SURGICAL
deflazacort.....	445	Dermacinrx Lidocan.....	344	PLUS PAK.....354
DELESTROGEN.....	441	DERMACINRX LIDO GEL.....	344	DERMAZENE.....292
DELIBON.....	291	DERMACINRX LIDOREX....	344	DERMELLE.....340
DELSTRIGO.....	65	DERMACINRX MULTITAM.	380	DERMOTIC OIL.....792
DELUO.....	102, 350	DERMACINRX		DERM-SILK.....647, 679
		MULTIVITAMIN.....	388	DERMULCERA.....354
		DERMACINRX PHN PAK....	347	DERPIXA.....340
		DERMACINRX PRENATRIX		DESCOZY.....61
	401		DESFERAL.....49
				desflurane.....45

<i>desipramine</i>	182	<i>dextroamphetamine-amphetamine</i>	DICLOGEN	337
<i>desloratadine</i>	796, 797		DICLOPR	337
<i>desmopressin</i>	427		DICLOSAICIN	337
<i>desog-e.estradiol/e.estriadiol</i>	248		DICLOTRAL	337
<i>desonide</i>	315		DICLOTREX	337
DESOWEN	315		DICLOVIX	336
<i>desoximetasone</i>	315, 316		<i>dicloxacillin</i>	75
DESOXYN	195, 212		<i>dicyclomine</i>	476, 477
<i>desvenlafaxine</i>	178		DIFFERIN	279
<i>desvenlafaxine succinate</i>	178		DIFCID	73
DEVILBISS DISPOSABLE NEBULIZER	619, 679		<i>diflorasone</i>	316, 317
DEVILBISS PULMO-AIDE COMPRESSR	642, 679		DIFLUCAN	55
DEVILBISS PULMOMATE COMPRESSOR	642, 679		<i>diflunisal</i>	44
DEVILBISS TRAVELER COMPRESSOR	642, 679		<i>difluprednate</i>	776
<i>Dexabliss</i>	445		DIFMETIOXRIME	288
<i>dexamethasone</i>	445		DIGEST ADV PROBIO PLUS GAS	490
DEXAMETHASONE INTENSOL	445		DIGEST PROBIOTIC (S.BOULARDII)	490
<i>dexamethasone sodium phosphate</i>	776		DIGESTIVE ADVANTAGE IMMUNE	490
<i>dexchlorpheniramine maleate</i>	793, 795		DIGESTIVE ADVANTAGE INTENS BOW	490
DEXCOM G6 RECEIVER	570, 679		DIGESTIVE ADVANTAGE KID PROBIO	490
DEXCOM G6 SENSOR	570, 679		DIGESTIVE ADVANTAGE LACTOS SUP	490
DEXCOM G6 TRANSMITTER	570, 679		DIGESTIVE ADVANTAGE PROBIOTIC	490
DEXCOM G7 RECEIVER	570, 679		DIGESTIVE PROBIOTIC	490
DEXCOM G7 SENSOR	570, 679		DIGESTIVE SUPPORT	8
DEXEDRINE SPANSULE	195, 212, 229		<i>Digitek</i>	146
DEXERYL	307		<i>digoxin</i>	146
DEXILANT	470		<i>dihydroergotamine</i>	221
<i>dexlansoprazole</i>	471		<i>Dilantin</i>	161
<i>dexamethylphenidate</i>	195		<i>Dilantin Extended</i>	161
DEXONTO	445		<i>Dilantin Infatabs</i>	161
DEXTENZA	776		DILANTIN-125	161
<i>dextroamphetamine sulfate</i>	195, 196, 212, 213, 229, 230		DILAUDID	12
			DILAUDID (PF)	12
			<i>diltiazem hcl</i>	142
			DLT-XR	143
			DILUTING MEDIUM FOR NOVOLOG	359
			DIMENTHO	337
			<i>dimethyl fumarate</i>	768
			DIMOXIA	280
			DIOCHLOY	326
			IONARIS	292
			DIOOXIA	295

DIOVAN	123	DOVER RED RUBBER	DRY SKIN THERAPY(W-PETROLATUM)	307
DIOVAN HCT	122	ROBINSON CATH	DRYSOL	293
DIOVASC	359	DOVER UNIVERSAL	DRYSOL DAB-O-MATIC	293
DIPENTUM	481	<i>doxazosin</i>	DSUVIA	12
Diphen	794, 795	<i>doxepin</i>	DUAKLIR PRESSAIR	805
diphenoxylate-atropine	464	<i>doxercalciferol</i>	DUAVEE	439
DIPROLENE		<i>doxycycline hyclate</i>	DUETACT	433
(AUGMENTED)	317	.. 79, 80, 766	DULERA	806
dipyridamole	538	<i>doxycycline monohydrate</i>	<i>duloxetine</i>	178, 216
DISALCID	44	.. 80, 81, 341	DULOXICAINE	178, 216, 232
DISKETS	12	<i>b6</i>	DUOBRII	281
disopyramide phosphate	125	465	DUODOTE	48
disulfiram	238	D-PENAMINE	DUOPA	183
DITHOL	337	36, 49	DUPIXENT PEN	284, 800
DIURIL	149	DRAMAMINE GINGER	DUPIXENT SYRINGE	284, 800
divalproex	159, 207, 220	8	DUREX AVANTI BARE	
DIVENDO	292	DRAMAMINE NON-	REAL FEEL	615, 682
DIVIGEL	441	DROWSY	DUREX EXTRA SENSITIVE	
DIVINIX	327	DRAXACE	CONDOM	615, 682
DM2	456	DRAXACEY	DUREX TROPICAL	
DMT SUIK	445	DRITHOCREME HP	CONDOM	615, 682
Dodex	417	DRIXECE	DUREZOL	776
dofetilide	126	DRIZALMA SPRINKLE	DURLAZA	44, 537
DOJOLVI	391	218, 216	DUROLANE	545
Dolishale	251	<i>dronabinol</i>	<i>dutasteride</i>	513
DOLOBID	44	211, 466, 818	<i>dutasteride-tamsulosin</i>	507
DOLOTRANZ	334	DROPLET GENTEEL	DUVYZAT	543
DOMELA	327	LANCING DEVICE	DYANAVEL XR	196, 212
donepezil	244	570, 680	DYCLOPRO	346
DONNATAL	477	DROPLET INSULIN	DYMISTA	810
DOPTELET (10 TAB PACK)	539	SYR(HALF UNIT)	DYNAFOAM AG	352
DOPTELET (15 TAB PACK)	539	595, 680, 681	DYNAGINATE AG	353
DOPTELET (30 TAB PACK)	540	DROPLET INSULIN	DYNOMA	327
DORAL	205, 235	SYRINGE	DYRENIUM	148
DORYX	79	595, 596, 681	E.E.S. 400	73
DORYX MPC	78	DROPLET LANCETS	EAA UCD	396
dorzolamide	783	570, 681	EAR POPPER INFLATION	
dorzolamide (pf)	783	DROPLET LANCING	DEVICE	652, 682
dorzolamide-timolol	782	DEVICE	EASIVENT HOLDING	
dorzolamide-timolol (pf)	782	571, 681	CHAMBER	642, 682
DOSOKAP	420	DROPSAFE ACTI-LANCE	EASIVENT MASK LARGE	
Dotti	441	571, 681	643, 682
DOVATO	60	DROPSAFE INSULIN	EASIVENT MASK MEDIUM	
DOVER BULB SYRINGE	625, 680	SYRINGE	643, 682
DOVER COATED LATEX		596, 682	EASIVENT MASK SMALL	
FOLEY	651, 680	DROPSAFE PEN NEEDLE	643, 682
DOVER LATEX FOLEY		596, 682	EASY COMFORT INSULIN	
CATHETER	651, 680	DROPSAFE SICURA	SYRINGE	596, 597, 682, 683
		SAFETY NEEDLE		
		625, 682		
		<i>drospirenone-e.estradiol-Im.fa</i>		
		251		
		<i>drospirenone-ethinylestradiol</i>		
		251		
		DROXIA		
		539		
		<i>droxidopa</i>		
		145		
		DRY SKIN THERAPY(WITH LANOLIN)		
		307		

EASY COMFORT	EASY TALK PLUS II LOW	EASY TOUCH
LANCETS.....571, 683	CONTROL.....571, 685	SHEATHLOCK INSULIN
EASY COMFORT PEN	EASY TALK PLUS II TEST598, 688
NEEDLES.....597, 683	STRIP.....552, 685	EASY TOUCH
EASY COMFORT SAFETY	EASY TOUCH	SHEATHLOCK SYRG-NDL
PEN NEEDLE.....597, 683598, 628, 688, 689627, 628, 688
EASY FIBER.....501	EASY TOUCH BLU CTRL	EASY TOUCH
EASY FIBER (WHEAT	SOLN-L1,L3.....571, 685	SHEATHLOCK SYRINGE
DEXTRIN).....501	EASY TOUCH BLULINK628, 688
EASY GLIDE CATHETER	GLUC SYST.....572, 685	EASY TOUCH TEST STRIP
TIP SYRING.....626, 683	EASY TOUCH BLULINK552, 689
EASY GLIDE INSULIN	TEST STRIP.....552, 685	EASY TOUCH
SYRINGE.....597, 683	EASY TOUCH FLIPLOCK	TUBERCULIN FLIPLOCK
EASY GLIDE LUER LOCK	INSULIN.....597, 685628, 689
SYRINGE.....626, 683, 684	EASY TOUCH FLIPLOCK	EASY TOUCH
EASY GLIDE LUER SLIP	NEEDLE.....626, 685	TUBERCULIN SHEATHLK
TB SYRING.....626, 684	EASY TOUCH FLIPLOCK628, 689
EASY GLIDE PEN NEEDLE	SYRINGE....626, 627, 685, 686	EASY TOUCH TWIST
.....597, 684	EASY TOUCH FLURINGE	LANCETS.....572, 689
EASY MINI EJECT627, 686	EASY TOUCH UNI-SLIP
LANCING DEVICE.....571, 684	EASY TOUCH FLURINGE599, 628, 689
EASY NEB COMPRESSOR	FLIPLOCK.....627, 686	EASY TRAK BLOOD
NEBULIZER.....643, 684	EASY TOUCH FLURINGE	GLUCOSE METER....572, 689
EASY PLUS II BLOOD	SHEATHLOCK.....627, 686	EASY TRAK GLUCOSE
GLUCOSE MET.....571, 684	EASY TOUCH GLUCOSE	TEST.....552, 689
EASY PLUS II HIGH	MONITOR.....572, 686	EASY TRAK HIGH
CONTROL.....571, 684	EASY TOUCH HIGH-LOW	CONTROL.....572, 689
EASY PLUS II LOW	CONTROL.....572, 686	EASY TRAK II BLOOD
CONTROL.....571, 684	EASY TOUCH	GLUCOSE MTR.....572, 689
EASY PLUS II TEST ... 552, 684	HYPODERMIC NEEDLE	EASY TRAK II CTRL SOLN-
EASY STEP552, 684627, 686	NORMAL572, 689
EASY STEP BLOOD	EASY TOUCH INSULIN	EASY TRAK II TEST STRIP
GLUCOSE METER.....571, 684	SAFETY SYR552, 690
EASY STEP HIGH597, 598, 686, 687	EASY TRAK LOW
CONTROL SOLN.....571, 684	EASY TOUCH INSULIN	CONTROL.....572, 690
EASY STEP LOW	SYRINGE.....598, 687	EASY TWIST AND CAP
CONTROL SOLUTION571, 684	EASY TOUCH LANCETS	LANCETS.....572, 690
EASY STEP NORMAL572, 687	EASY-C IMMUNE HEALTH 419
CONTROL SOLN.....571, 684	EASY TOUCH LANCING	EASYGLUCO METER.572, 690
EASY TALK BLOOD	DEVICE.....572, 687	EASYGLUCO
GLUCOSE METER....571, 684	EASY TOUCH LUER LOCK	MONITORING SYSTEM
EASY TALK GLUCOSE	INSULIN.....598, 687572, 690
TEST.....552, 684	EASY TOUCH LUER LOCK	EASYGLUCO TEST552, 690
EASY TALK HIGH	SYRINGE.....627, 687	EASymax.....552, 690
CONTROL.....571, 684	EASY TOUCH PEN	EASymax 15 LEVEL 2
EASY TALK LOW	NEEDLE.....598, 688572, 690
CONTROL.....571, 685	EASY TOUCH SAFETY	EASymax 15 TEST
EASY TALK PLUS II HIGH	LANCETS.....572, 688	STRIPS.....552, 690
CONTROL.....571, 685	EASY TOUCH SAFETY	EASymax NG.....572, 573, 690
	PEN NEEDLE.....598, 688	

EASYMAX NORMAL	334	EMBRACE BLOOD
CONTROL.....573, 690		GLUCOSE SYSTEM.....552, 573, 691
EASYMAX T1.....573, 690		EMBRACE EVO BLOOD
EASYMAX V SPEAKING		GLUCOSE KIT.....573, 691
GLUCOSE SYS.....573, 690		EMBRACE EVO GLUCOSE
EASYPPOINT NEEDLE.628, 690		MONITOR.....573, 691
EASY-TOUCH BLOOD		EMBRACE EVO LEVEL 1
GLUCOSE METER....573, 690	574, 692
EBASE CONTROLLER		EMBRACE EVO TEST
.....643, 690		STRIPS.....552, 692
EBGLYSS PEN.....284		EMBRACE GLUCOSE
EBGLYSS SYRINGE.....284		CONTROL HIGH.....574, 692
ECEOXIA.....268		EMBRACE GLUCOSE
echinacea.....8		CONTROL LOW.....574, 692
echinacea purp aerial part		EMBRACE LANCETS.574, 692
ext.....8		EMBRACE LANCING
ECLIPSE NEEDLE.....628, 690		DEVICE.....574, 692
ECLIPSE SYRINGE		EMBRACE PEN NEEDLE
.....628, 629, 690, 691	599, 692
EC-NAPROSYN.....42		EMBRACE PRO.....574, 692
EC-NAPROXEN.....42		EMBRACE PRO GLUCOSE
econazole nitrate.....290		METER.....574, 692
ECONTRA EZ.....262		EMBRACE PRO TEST
ECONTRA ONE-STEP.....262		STRIPS.....552, 692
ECOTRIN.....44, 537		EMBRACE SAFETY
ECOZA.....290		LANCET.....574, 692
EDARBI.....123		EMBRACE TALK BLOOD
EDARBYCLOR.....122		GLUCOSE SYS.....574, 692
EDECRIN.....147		EMBRACE TALK
EDLUAR.....236		CONTROL-HIGH (L2). 574, 692
ED-SPAZ.....475, 517		EMBRACE TALK
EDURANT.....61		CONTROL-LOW (L1).. 574, 692
EDURANT PED.....61		EMBRACE TALK
EEMT.....439		GLUCOSE MONITOR.574, 692
EEMT HS.....439		EMBRACE TALK TEST
efavirenz.....61		STRIPS.....553, 692
efavirenz-emtricitabin-		EMBRACE WAVE
tenofov.....65		GLUCOSE TEST STRP
efavirenz-lamivu-tenofov	553, 693
disop.....65		EMBRACE WAVE PLUS
EFFER-K.....371		GLUCOSE MTR.....574, 693
EFFEXOR XR.....178		EMEND.....467
EFFIENT.....538		EMERGEN-C.....412
EFUDEX.....292		EMERGEN-C APPLE
EGRIFTA SV.....448		CIDER VINEGAR.....8, 412
EGRIFTA WR.....449		EMERGEN-C
EKTERLY.....152		ASHWAGANDHA.....412
ELDERTONIC.....360		EMERGEN-C
ELECARE JR.....392		ELDERBERRY.....412
electrolytes-dextrose.....370		

EMERGEN-C IMMUNE PLUS	412	ENSURE RAPID HYDRATION	370	erlotinib	85
EMERGEN-C KIDZ DAILY IMMUNE	397	ENSURE SURGERY	393	ERMEZA	461
EMERGEN-C KIDZ IMMUNE PLUS	397	ENSURE SURGERY	393	Errin	258
EMERGEN-C TURMERIC GINGER	412, 413	PERIOP BUNDLE	393	ERTACZO	290
EMFLAZA	446	entacapone	184	Ery Pads	268
EMGALITY PEN	221	ENTADFI	508	ERYGEL	268
EMGALITY SYRINGE	155, 221	entecavir	69	ERYPED 400	73
EMPAVELI	521, 538	enteral connector, enfit	562, 693	Ery-Tab	73
EMROSI	81, 341	ENTERAL GRAVITY BAG		ERYTHROCIN (AS STEARATE)	73
EMSAM	175	SET-ENFIT	562, 693	erythromycin	73, 788
emtricitabine	62	ENTRESTO	123	erythromycin ethylsuccinate	73
emtricitabine-tenofovir (tdf)	61, 62	ENTRESTO SPRINKLE	123	erythromycin with ethanol	268
emtricita-rilpivirine-tenof df	65	ENTTY	307	erythromycin-benzoyl peroxide	271
EMTRIVA	62	ENTYVIO PEN	483	ESBRIET	814
EMULSION SB	307	Enulose	468	escitalopram oxalate	176
EMVERM	52	ENVARSUS XR	541	Esgic	28
Emzahh	258	ENVIVE	490	eslicarbazepine	162
enalapril maleate	119	ENZNONUTY	334	esomeprazole magnesium	471
enalapril-hydrochlorothiazide	118	EOHILIA	446	ESPEROCT	526
ENBRACE HR	388	EPANED	119	Estarylla	251
ENBREL	29, 31	EPCLUSA	70	estazolam	205, 235
ENBREL MINI	28, 31	EPICERAM	307	Estrace	442, 816
ENBREL SURECLICK	29, 31	EPICYN	351	estradiol	442, 443, 816
ENDARI	356, 391, 539	EPIDIOLEX	158	estradiol valerate	443
ENDO AVITENE	531	EPIDUO	277	estradiol-norethindrone acet	440
Endocet	21, 23	EPIDUO FORTE	276	ESTRATEST F.S.	439
ENDOMETRIN	444	EPIFIX AMNIOTIC		ESTRING	817
ENFIT IRRIGATION KIT	562, 693	MEMBRANE	348	ESTROGENEL	443
ENFIT MEDICAL STRAW	618, 693	EPIFOAM	328	estrogens-	
ENFIT MEDICINE BOTTLE ADAPTER	618, 693	epinastine	776	methyltestosterone	439
ENGERIX-B (PF)	105	epinephrine	145, 798	ESTROVEN CMPLT	
Enilloring	261	EPIPEN	145	MENOPAUSE RLF	8
enoxaparin	535	EPIPEN 2-PAK	145	ESTROVEN SLIMBIOTICS	490
ENOXILUV	535	EPIPEN JR	145	eszopiclone	236
Enpresse	259	EPIPEN JR 2-PAK	145	ethacrynic acid	147
ENSACOVE	87	Epitol	162, 207	ethambutol	66
Enskyce	251	EPIVIR	62	ethosuximide	172
ENSPRYNG	543	eplerenone	120, 147	ETHOXIA	279
ENSTILAR	281	EPOGEN	524	ethyl acetate	242
ENSURE CLEAR THERAPEUTIC	392	EPRONTIA	166	ethyl alcohol	150
		eprosartan	124	ethyl chloride	336
		EPSOLAY	342	ethynodiol diac-eth estradiol	251
		EQUETRO	162, 207	etodolac	43
		ergocalciferol (vitamin d2)	421	etonogestrel-ethinyl estradiol	
		ergoloid	246	etoposide	91
		ERGOMAR	221	etravirine	61
		ergotamine-caffeine	222		
		ERIVEDGE	92		
		ERLEADA	87		

eua patient assessment	618, 693	EXCEL SYRINGE	629, 694	FARESTON	99
EUCERIN ADVANCED REPAIR	307	EXEL HYPODERMIC NEEDLES	629, 694	FARXIGA	432
EUCERIN INTENSIVE REPAIR	307	EXEL INSULIN	599, 694	FASENRA PEN	800
EUCRISA	285	EXEL SYRINGE	629, 694, 695	FASTEP COVID-19 AG HOME TEST	560, 695
EUFLAXXA	546	EXELDERM	290	FC2 FEMALE CONDOM	
EURAX	349, 350	EXELON PATCH	244		563, 695
EUTHYROX	461	exemestane	89	febuxostat	520
EVAMIST	443	exenatide	430	FEIBA NF	522
Evekeo	197, 213, 230	EXFORGE	121	Feirza	251
EVENCARE	574, 575, 693	EXFORGE HCT	121	felbamate	158
EVENCARE G2	553, 574, 693	EXJADE	49	FELBATOL	158
EVENCARE G3 CONTROL	574, 693	EXODERM	288	FELDENE	40
EVENCARE G3 GLUCOSE METER	574, 693	EXTENDED RESERVOIR	599, 695	felodipine	143
EVENCARE G3 TEST	553, 693	EYE	462	FEM DOPHILUS	490
EVENCARE MINI GLUCOSE TEST STR	553, 693	EYE HEALTH AREDS-2	3	FEM PH	816
EVENCARE MINI MONITOR SYSTEM	575, 693	EYE HEALTH PLUS		FEMALE CATHETER	651, 695
EVENCARE PROVIEW TEST STRIP	553, 693	LUTEIN	3, 381	FEMARA	89
EVENCARE TEST	553, 694	EYE MULTIVITAMIN	3, 381	FEMCAP	558, 695
evening primrose oil	8	EYELID WIPES (WITH CHAMOMILE)	310	FEMLYV	251
everolimus (antineoplastic)	94	EYSUVIS	777	FEMRING	817
everolimus (immunosuppressive)	543	E-Z JECT LANCETS	575, 695	fenofibrate	128
EVERSENSE 365 SENSOR	575, 694	E-Z JECT THIN LANCETS	575, 695	fenofibrate micronized	128
EVERSENSE 365 TRANSMITTER	575, 694	EZ SMART CONTROL	575, 695	fenofibrate nanocrystallized	128
EVERSENSE E3 SENSOR-HOLDER	575, 694	EZ SMART LANCETS	575, 695	fenofibric acid	128
EVERSENSE E3 SMART TRANSMITTER	575, 694	EZ SMART PLUS SYSTEM	575, 695	fenofibric acid (choline)	128
EVICEL	533	EZ SMART PLUS TEST	553, 695	FENOGLIDE	128
EVISTA	459	EZ SMART SYSTEM	575, 695	fenoprofen	42
EOCLIN	268	EZ SMART TEST	553, 695	FENOPRON	42
EVOLUTION BLOOD GLUCOSE METER	575, 694	EZALLOR SPRINKLE	129	FENOVAR	337
EVOLUTION NORMAL CONTROL	575, 694	ezetimibe	135	FENOVIA	288
EVOLUTION TEST STRIPS	553, 694	ezetimibe-rosuvastatin	138	fentanyl	13
EVOTAZ	63, 76	ezetimibe-simvastatin	138	fentanyl citrate	13
EVOXAC	766	FABHALTA	521	fentanyl citrate (pf)	12, 45
EVRYSDI	549	Falmina (28)	251	fentanyl citrate (pf)-0.9%nacl	12
		famciclovir	71	fenugreek seed	8
		famotidine	470	FERGON	365
		FANAPT	188	FERIVA 21-7	367
		FANAPT TITRATION PACK A	188	FERIVA FA (WITH SUMALATE)	367
		FANAPT TITRATION PACK B	188	FERRETT'S IPS	365
		FANAPT TITRATION PACK C	188	ferric citrate	365, 511, 512
		FANTASY CONDOM	615, 695	ferric glycinate	365
				FERRIPROX	49
				FERRIPROX (2 TIMES A DAY)	49
				ferrous fumarate	365
				ferrous gluconate	365
				ferrous sulfate	365, 366
				FERVINA	288

fesoterodine	518	flecainide	126
FETZIMA	178	FLECTOR	338
FE-VITE	366	FLEQSUZY	548
FIASP FLEXTOUCH U-100		FLEXICHAMBER	643, 695
INSULIN	454	FLEXICHAMBER-LG CHILD	
FIASP PENFILL U-100		MASK	643, 695
INSULIN	454	FLEXICHAMBER-SM	
FIASP PUMPCART	454	ADULT MASK	643, 695
FIASP U-100 INSULIN	454	FLEXICHAMBER-SM	
FIBER (DEXTRIN)	501	CHILD MASK	643, 696
FIBER (PSYLLIUM HUSK-SUGAR)	501	FLEXI-SEAL SIGNAL FMS	
FIBER (WITH ASPARTAME)	501	591, 696
FIBER GUMMIES	501	FLINTSTONES COMPLETE	
FIBER GUMMIES (WITH B-COMPLEX)	501	(FE SULF)	397
FIBER SUPPLEMENT(WHEATDEX TRIN)	501	FLINTSTONES IMMUNITY	
FIBER THERAPY (PSYLLIUM-SUCRO)	502	SUPPORT	397
FIBERWELL	502	FLINTSTONES WITH	
FIBRICOR	128	EXTRA IRON	398
FIDILA	288	FLOLIPID	129
FILOMA	289	FLOMAX	513
FILSPARI	116	FLORAFOL FE PEDIATRIC	399
FILSUVEZ	354	FLORAFOL PEDIATRIC	399
FINACEA	268, 342	FLORAFOL PEDIATRIC	
finasteride	513	MULTIVITAMI	399
FINAZOL	381	FLORAJEN WOMEN	490
FINGERSTIX LANCETS		FLORASAVE	491
.....	575, 695	FLORASTART	491
fingolimod	769	FLORASTOR ADVANCED	491
FINTEPLA	174	FLORASTOR DIGEST-	
Finzala	251	METABOLIC	491
Fioricet	28	FLORASTOR WOMAN'S	
FIORICET WITH CODEINE..	19	PROBIOTIC	491
FIRAZYR	141	FLORASTORBABY	491
FIRDAPSE	545	FLORASTORKIDS	491
FIRMAGON KIT W DILUENT SYRINGE	93	FLORASTORSELECT GUT	
FIRVANQ	68	BOOST	491
FISH OIL	135	FLORASTORSELECT	
Flac Otic Oil	792	IMMUNITY BOOST	491
FLAGYL	58	FLORATUMMYS QUICK	
FLAREX	777	DISSOLVE	491
FLASHARREST	8	FLOWFLEX COVID-19 AG	
flavoxate	518	HOME TEST	560, 696
flaxseed oil	8	FLOWFLEX PLUS COVID-	
.....		19 AND FLU	560, 696
FLUAD 2025-2026 (65 YR		FLUAD 2025-2026 (65 YR	
UP)(PF)	113	FLUARIX 2025-2026 (PF)...	113
FLUBLOK 2025-2026 (PF)..	113	FLUCELVAX 2025-2026....	113
FLUCELVAX 2025-2026		FLUCELVAX 2025-2026	
(PF)	113	(PF)	113
fluconazole	55	fluconazole	55
flucytosine	54	flucytosine	54
fludrocortisone	458	fludrocortisone	458
FLULALVAL 2025-2026 (PF)	113	FLULALVAL 2025-2026 (PF)	113
FLUMADINE	72	FLUMADINE	72
FLUMIST 2025-2026...	107, 114	FLUMIST 2025-2026...	107, 114
FLUMIST HOME 2025-2026		FLUMIST HOME 2025-2026	
.....	107, 114	107, 114
flunisolide	810	flunisolide	810
fluocinolone	317	fluocinolone	317
fluocinolone acetonide oil....	792	fluocinolone acetonide oil....	792
fluocinolone and shower cap		fluocinolone and shower cap	
.....	317	317
fluocinonide	317	fluocinonide	317
Fluocinonide-E	317	Fluocinonide-E	317
fluocinonide-emollient	317	fluocinonide-emollient	317
FLUOPAR	327	FLUOPAR	327
fluorescein-benoxyinate	783, 785	fluorescein-benoxyinate	783, 785
fluorescein-proparacaine....	783	fluorescein-proparacaine....	783
fluoride (sodium)	762	fluoride (sodium)	762
FLUORIDEX DAILY		FLUORIDEX DAILY	
DEFENSE	762	DEFENSE	762
FLUORIDEX SENSITIVITY		FLUORIDEX SENSITIVITY	
RELIEF	763	RELIEF	763
FLUORIMAX 5000	763	FLUORIMAX 5000	763
FLUORIMAX 5000		FLUORIMAX 5000	
SENSITIVE	763	SENSITIVE	763
fluorometholone	777	fluorometholone	777
FLUOROPLEX	292	FLUOROPLEX	292
fluorouracil	292, 293	fluorouracil	292, 293
FLUOVIX	317	FLUOVIX	317
FLUOVIX PLUS	317	FLUOVIX PLUS	317
fluoxetine	176	fluoxetine	176
FLUOXIA	327	FLUOXIA	327
fluphenazine hcl	190	fluphenazine hcl	190
flurandrenolide	318	flurandrenolide	318
flurazepam	205, 235	flurazepam	205, 235
flurbiprofen	42	flurbiprofen	42
flurbiprofen sodium	781	flurbiprofen sodium	781
fluticasone propionate		fluticasone propionate	
.....	318, 799, 810	318, 799, 810
fluticasone propion-salmeterol	806	fluticasone propion-salmeterol	806
fluvastatin	130, 131	fluvastatin	130, 131
fluvoxamine	176	fluvoxamine	176
FLUZONE 2025-2026.....	114	FLUZONE 2025-2026.....	114
FLUZONE 2025-2026 (PF) ..	114	FLUZONE 2025-2026 (PF) ..	114

FLUZONE HIGH-DOSE	FORA PREMIUM V10	FORTIFY WOMEN
2025-26 (PF).....114	GLUCOSE METER....576, 697	PROBIO(L.SALIV.).....492
FML FORTE.....777	FORA TEST N'GO VOICE	FORTIFY WOMEN
FML LIQUIFILM.....777	METER.....576, 697	PROBIOTIC.....492
FOCALIN.....197	FORA TEST STRIP553, 697	FOSAMAX.....437
FOCALIN XR.....197	FORA TN'G ADV MOBILE	FOSAMAX PLUS D.....436
FOLAGENT DHA.....381	MULTI MTR.....557, 697	<i>fosamprenavir</i>76
FOLAMAX.....381	FORA TN'G ADVAN PRO	<i>fosfomycin tromethamine</i>
FOLAMED DHA.....381	TEST STRIP553, 69754, 515
FOLAPRIME.....381	FORA TN'G ADVANCE	<i>fosinopril</i>119
FOLCYTEINE.....422	PRO MONITOR.....557, 697	<i>fosinopril-</i>
FOLET ONE.....388, 401	FORA TN'G VOICE METER	<i>hydrochlorothiazide</i>118
FOLETRA.....422576, 697	FOSRENOL.....511
<i>folic acid</i>422	FORA TN'G VOICE TEST	FOTIVDA.....97
<i>folic acid-vitamin b6-vit b12</i> . 414	STRIPS.....553, 697	FRAGMIN.....535, 536
FOLIC D3.....413	FORA V10.....554, 697	FRAICHE 5000.....763
FOLICORE B COMPLEX....414	FORA V10-V12-D10-D20	FRAICHE 5000 PREVI.....763
FOLIKA-BC.....357	STRIPS.....554, 697	FRAICHE 5000 SENSITIVE 763
FOLIVANE-OB.....381	FORA V12 BLOOD	FREESTYLE CONTROL
FOLLISTIM AQ.....444	GLUCOSE SYSTEM...576, 697576, 698
<i>fondaparinux</i>535	FORACARE GD20.....554, 697	FREESTYLE FLASH
FORA 6 CONNECT	FORACARE GD20	SYSTEM.....576, 698
GLUCOSE STRIP553, 696	GLUCOSE METER....576, 697	FREESTYLE FREEDOM
FORA 6CONN-GTEL-TN'G	FORACARE GD40 TEST577, 698
ADV STRIP553, 696	STRIPS.....554, 697	FREESTYLE FREEDOM
FORA D40D GLUCOSE-BP	FORACARE GD40B	LITE577, 698
MONITOR.....558, 575, 696	GLUCOSE METER....576, 697	FREESTYLE INSULINX
FORA D40G GLUCOSE-BP	FORACARE GDH HIGH554, 577, 698
MONITOR.....558, 575, 696	CONTROL.....576, 697	FREESTYLE INSULINX
FORA D40-G31 TEST	FORACARE GDH LOW	TEST STRIPS554, 698
STRIPS553, 696	CONTROL.....576, 698	FREESTYLE LANCETS
FORA G20.....553, 576, 696	FORACARE GDH NORMAL577, 698
FORA G30A.....576, 696	CONTROL.....576, 698	FREESTYLE LIBRE 14 DAY
FORA GD50 BLOOD	FORACARE LANCETS	READER.....577, 698
GLUCOSE SYSTEM...576, 696576, 698	FREESTYLE LIBRE 14 DAY
FORA GD50 TEST STRIPS	FORANE.....45	SENSOR.....577, 698
.....553, 696	<i>formoterol fumarate</i>803	FREESTYLE LIBRE 2 PLUS
FORA GTEL GLUCOSE	FORTEO.....436	SENSOR.....577, 698
TEST STRIP553, 696	FORTIFY OPT ADV (L.	FREESTYLE LIBRE 2
FORA GTEL MULTI-	SALIVARUS).....491	READER.....577, 698
FUNCTN MONITOR....557, 696	FORTIFY OPTIMA	FREESTYLE LIBRE 2
FORA HIGH CONTROL	PROBIOTIC.....492	SENSOR.....577, 698
.....576, 696	FORTIFY OPTIMA WOMEN	FREESTYLE LIBRE 3 PLUS
FORA LANCING DEVICE	ADVANCED.....492	SENSOR.....577, 699
.....576, 696	FORTIFY OPTIMA WOMEN	FREESTYLE LIBRE 3
FORA LOW CONTROL	PROBIOTIC.....492	READER.....577, 699
.....576, 697	FORTIFY PROBIOTIC.....492	FREESTYLE LIBRE 3
FORA NORMAL CONTROL	FORTIFY PROBIOTIC 50	SENSOR.....577, 699
.....576, 697	PLUS.....492	

FREESTYLE LITE METER	GAS RELIEF-PREVENTION	GENADEK STEP 1.....381
.....577, 699474	GENADEK STEP 2.....382
FREESTYLE LITE STRIPS	GASTRACID.....468	GENADUR.....348
.....554, 699	GASTROCROM.....94	GENADUR (WITH
FREESTYLE PRECISION	<i>gatifloxacin</i>788	LEXINAL).....348
.....599, 699	GATTEX 30-VIAL.....507	Generlac.....468
FREESTYLE PRECISION	GATTEX ONE-VIAL.....507	Gengraf.....35, 541
NEO METER.....577, 699	GAVILYTE-C.....503	GENNAMD8
FREESTYLE PRECISION	Gavilyte-G.....503	GENOTROPIN449
NEO STRIPS.....554, 699	Gavilyte-N.....504	GENOTROPIN MINIQUICK 449
FREESTYLE SIDEKICK II	GAVRETO.....99	<i>gentamicin</i>285, 787
.....577, 699	GDRIVE.....578, 699	GENTLE IRON.....367
FREESTYLE SYSTEM KIT	GE100 BLOOD GLUCOSE	GENTLE SKIN CLEANSER 343
.....578, 699	SYSTEM.....578, 699	GENTLE SKIN
FREESTYLE TEST.....554, 699	GE100 BLOOD GLUCOSE	CLEANSER(WITH SLS).....343
FREESTYLE UNISTIK 2	TEST STRIP.....554, 699	GENVISC 850.....546
.....578, 699	GE100 CONTROL	GENVOYA.....64
FRIVO.....288	SOLUTION NORMAL.....578, 700	GEODON.....188, 209
FROTEK.....338	GE333 BLOOD GLUCOSE	GI PROTECT.....395
FROVA.....223	SYSTEM.....578, 700	GILENYA.....770
<i>frovatriptan</i>223	GE333 BLOOD GLUCOSE	GILOTrif.....85
FRUITIVITS.....393	TEST STRIP.....554, 700	GIMOTI.....474
FRUZAQLA.....97	<i>gefitinib</i>85	<i>ginger (zingiber officinalis)</i>8
FULPHILA.....528	<i>gelatin</i>8	<i>ginger root-ginger root ext</i>8
Fulvicin P/G.....56	GELCLAIR.....765	<i>ginkgo biloba leaf extract</i>9
FURADANTIN.....53, 515	GELFILM.....531, 786	GINKGO BILOBA PLUS
FUROSCIX.....148	GEL-FLOW.....531	(BACOPA).....9
<i>furosemide</i>148	GEL-FLOW NT.....531	GIRLS TRAINING PANTS
FUZEON.....59	GELFOAM.....531	4T-5T.....592, 700
Fyavolv.....440	GELFOAM COMPRESSED	GLASSIA.....809
FYCOMPA.....157	SIZE 100.....531	<i>glatiramer</i>768
FYLNETRA.....528	GELFOAM JMI POWDER.....531	Glatopa.....768
Fyremadel.....458	GELFOAM JMI SPONGE.....531	GLEEVEC97
G TUSSIN AC.....814	GELFOAM SPONGE SIZE	GLEOSTINE.....86
<i> gabapentin</i> ...159, 160, 232, 233	100.....531	<i>glimepiride</i>432
GABARONE.....160	GELFOAM SPONGE SIZE	<i>glipizide</i>432
GALAFOLD.....761	12-7MM.....531	<i>glipizide-metformin</i>432
<i> galantamine</i>244	GELFOAM SPONGE SIZE	GLOPERBA.....519
Galbriela.....251	200.....531	GLUCAGON (HCL)
Gallifrey.....458	GELFOAM SPONGE SIZE	EMERGENCY KIT425
GALZIN.....48	50.....531	Glucagon Emergency Kit
GAMMAGARD LIQUID.....106	GELMIX.....242	(Human).....425
GAMMAKED.....106	GEL-ONE.....546	<i>gluc-chon-msm-col-hy-bos-</i>
GAMUNEX-C.....106	GELSYN-3.....546	<i>c-min</i>1
<i> ganirelix</i>458	<i>gemfibrozil</i>128	GLUCERNA 1.5 CAL.....393
GARDASIL 9 (PF).....112	Gemmily.....251	GLUCERNA HUNGER
<i>garlic</i>8	GEMTESA.....509	SMART393
<i>garlic extract</i>8	GENABIO COVID-19 RAPID	GLUCERNA SNACK BAR...393
GARLICIN CARDIO.....8	AT-HOME.....560, 700	GLUCO NAVII GLUCOSE
GARLIX.....8	GENADEK.....398	MONITOR.....578, 700

GLUCO NAVII TEST STRIP	<i>glucosamine 2kcl-msm-chondroit</i>	1	GOLD BOND	
.....554, 700			THERAPEUTIC FOOT.....307	
GLUCOCARD 01 HI-NORMAL CONTROL	<i>glucosamine sulfate</i>	1	<i>goldenseal root</i>9	
.....578, 700	GLUCOSAMINE-CHONDROD3 (C-MANG)	1	GOLYTELY.....504	
GLUCOCARD 01 METER	<i>glucosamine-chondroitin</i>	1	GOMEKLI.....94	
.....578, 700	<i>glucosamine-d3-boswellia serr</i>	2	GONAL-F.....444	
GLUCOCARD 01 NORMAL CONTROL	<i>glucosamine-d3-hyaluronic acid</i>	2	GONAL-F RFF.....444	
.....578, 700	<i>glucosamine-msm-chondro-d3-bosw</i>	2	GONAL-F RFF REDI-JECT.....444	
GLUCOCARD 01 SENSOR PLUS	<i>glucosam-msm-chondr-hrb149-hyal</i>	2	GONITRO.....124	
.....554, 700	<i>glucose</i>	425	GOPRELTO.....809	
GLUCOCARD EXPRESSION	GLUCOSE CONTROL	579, 701	GOTOKNOW COVID-19 AG	
.....554, 578, 700	GLUCOSE KETONE		HOME TEST.....560, 702	
GLUCOCARD SHINE	CONTROL SOLN	579, 701	GRAFIX CORE.....348	
GLUCOCARD SHINE CONNEX METER	GLUCOTROL XL	432	GRAFIX PRIME.....348	
.....578, 700	<i>glutamine</i>	356, 507	GRAFIX XC.....348	
GLUCOCARD SHINE EXPRESS METER	<i>glutamine (sickle cell)</i>		GRALISE.....233	
.....578, 700356, 391, 539		<i>granisetron hcl</i>467	
GLUCOCARD SHINE METER	<i>glutaraldehyde</i>	102	GRANIX.....528	
.....578, 700	GLUTAREX-2	391, 393	<i>grape seed extract</i>9	
GLUCOCARD SHINE METER KIT	<i>glutathione (bulk)</i>	3, 241	GRASTEK.....103	
.....578, 701	<i>glyburide</i>	433	GREEN TEA-600.....9	
GLUCOCARD SHINE TEST STRIPS	<i>glyburide micronized</i>	433	<i>griseofulvin microsize</i>56	
.....554, 701	<i>glyburide-metformin</i>	432	<i>griseofulvin ultramicrosize</i>56	
GLUCOCARD SHINE XL METER	<i>glycerin</i>	309	guaiacol.....241	
.....578, 701	GLYCINE UROLOGIC	508	GUAIFENESIN AC.....814	
GLUCOCARD VITAL	<i>glycine urologic solution</i>	508	GUAIFENESIN DAC.....814	
.....579, 701	<i>glycopyrrolate</i>	476, 767	<i>guanfacine</i>146, 193	
GLUCOCARD VITAL SENSOR	<i>glycopyrrolate (pf)</i>	476	GUARDIAN 4 GLUCOSE	
.....554, 701	Glydo	345	SENSOR.....579, 702	
GLUCOCARD VITAL TEST STRIPS	GLYRX-PF	476	GUARDIAN 4 TRANSMITTER579, 702
.....554, 701	GLYTACTIN BETTERMILK		GUARDIAN CONNECT	
GLUCOCOM AUTOLINK	5-5	394	TRANSMITTER.....579, 702	
.....579, 701	GLYXAMBI	431	GUARDIAN LINK 3	
GLUCOCOM BLOOD GLUCOSE	GM100	554, 579, 701	TRANSMITTER.....579, 702	
.....579, 701	GOCOVRI	186	GUARDIAN SENSOR 3	
GLUCOCOM CONTROL HIGH	GOJJI BLOOD GLUCOSE	579, 702	
.....579, 701	TEST STRIP	555, 701	GUMMY DINOS.....398	
GLUCOCOM CONTROL NORMAL	GOJJI GLUCOSE CNTRL		GVOKE425
.....579, 701	SOL-NORMAL	579, 702	GVOKE HYPOOPEN 1-PACK	
GLUCOCOM GLUCOSE	GOJJI LANCETS	579, 702425	
.....554, 701	GOJJI LANCING DEVICE		GVOKE HYPOOPEN 2-PACK	
GLUCOCOM LANCETS579, 702	425	
.....579, 701	GOJJI MULTI-FUNCTIONAL		GVOKE PFS 1-PACK	
GLUCOSA IMMUNE BOOSTER	METER	557, 702	SYRINGE.....425	
.....9			GVOKE PFS 2-PACK	
<i>glucosam su dip-chondroit-c-mn</i>			SYRINGE.....425	
.....1			GYNIAZOLE-1.....815	
<i>glucosam-chondr-msm-c-manganes</i>			HAEGARDA.....522	
.....1			Hailey.....252	
<i>glucosam-chondr-vit c-mn-boron</i>				
.....1				

Hailey 24 Fe.....	252	HEMATOGEN FORTE	367	HPR	307
Hailey Fe 1.5/30 (28).....	252	HEMATRON-AF	367	HPR PLUS	307
Hailey Fe 1/20 (28).....	252	HEMAX	367	HPR PLUS HYDROGEL.....	306
HAIR, SKIN AND NAILS (BIOTIN).....	418	HEMICLOR	149	HPR PLUS-MB HYDROGEL	306
HAIR, SKIN AND NAILS (HERBS).....	382	HEMLIBRA	530	HUMALOG JUNIOR	
HAIR,SKIN AND NAILS(FA- BIOTIN).....	382	HEMMOREX-HC	46	KWIKPEN U-100	454
halcinonide	318, 319	HEMOFIL M HIGH	526	HUMALOG KWIKPEN	
HALCION.....	205, 235	HEMOFIL M LOW	526	INSULIN	455
halobetasol propionate	295, 319	HEMOFIL M MID	526	HUMALOG MIX 50-50	
Haloette.....	261	HEMOFIL M SUPER HIGH	526	KWIKPEN	452
HALOG	319, 320	HEP FLUSH-10 (PF) ...	533, 534	HUMALOG MIX 75-25	
haloperidol	190	heparin (porcine)	534	KWIKPEN	452
haloperidol lactate	189	heparin (porcine) in 0.9% nacl	533, 534	HUMALOG MIX 75-25(U- 100)INSULN	452
HALUCORT	307	heparin (porcine) in 5 % dex	534	HUMALOG U-100 INSULIN	455
HAPRODERM	307	heparin lock flush (porcine)	533, 534	HUMATE-P	526
HARLIKU	760	HEPARIN LOCKFLUSH(PORCINE)(PF)	533, 534	HUMATROPE	449
HARMONY GLUCOSE TEST STRIP	555, 702	heparin, porcine (pf)	533, 534	HUMIRA	29, 31, 484
HARVONI	70	HEPLISAV-B (PF)	105	HUMIRA PEN	29, 31, 484
HAVRIX (PF)	105	HEPSERA	69	HUMIRA(CF)	30, 31, 484
HAXCHLO	292	HEPZATO (50 MM CATHETER)	86	HUMIRA(CF) PEN ...	29, 31, 484
HAXCHLODREX	292	HEPZATO (62 MM CATHETER)	86	HUMIRA(CF) PEN CROHNS-UC-HS	29, 31, 484
HAXDRAX	289	HER STYLE	262	HUMIRA(CF) PEN PSOR- UV-ADOL HS	29, 31, 484
HCU GEL POWDER	391	HETLIOZ	220	HUMULIN 70/30 U-100	
HCU MAXAMUM	391	HETLIOZ LQ	220	INSULIN	450
HEALON GV PRO	786	HEXIOUNYL	288	HUMULIN 70/30 U-100	
HEALON PRO	786	HI-D ADEK GUMMIES PLUS ZINC	389	KWIKPEN	450
HEALON5 PRO	786	HI-D DROP	398	HUMULIN N NPH INSULIN	
HEALTHPRO GLUCOSE MONITOR	579, 702	HIGH POTENCY MULTIVIT (W-IRON)	389	KWIKPEN	451
HEALTHPRO HIGH-LOW CONTROL	579, 702	HIGH POTENCY MULTIVITAMIN	389	HUMULIN N NPH U-100	
HEALTHPRO TEST STRIPS	555, 702	HISTEX-AC	813	INSULIN	451
HEALTHWISE INSULIN SYRINGE	599, 702, 703	HIXDEFRIMA	289	HUMULIN R REGULAR U- 100 INSULN	451
HEALTHWISE PEN NEEDLE	599, 703	HIZENTRA	106	HUMULIN R U-500 (CONC)	
HEALTHY EYES LUTEIN- ZEAXANTHIN	3	HOMATROPAIRE	775	INSULIN	452
HEALTHY EYES SUPERVISION2	3	HOME NEBULIZER PLUS SIDESTREAM	643, 703	HUMULIN R U-500 (CONC)	
Heather	258	HOMINEX-2	392	KWIKPEN	452
HEMADY	446	HORIZANT	227	HYALGAN	546
HEMANGEOL	141	HORMONE PROTECT	9	HYCAMTIN	100
HEMATEX	366	HORNY GOAT WEED PLUS	9	HYCLODEX	102, 351
HEMATOGEN	367	HOVYN	300	HYCODAN (WITH HOMATROPINE)	813
				hydralazine	147
				HYDRALYTE	370
				HYDRALYTE PLUS	370
				HYDRATING ELECTROLYTE	370

HYDRATING		
ELECTROLYTE SF 370	
HYDRATION MULTIPLI		
SUGAR FREE 370	
HYDRATION MULTIPLIER		
IMMUNE 370	
HYDREA 89	
HYDRO 35 332	
HYDRO 40 332	
<i>hydrochlorothiazide</i> 149	
<i>hydrocodone bitartrate</i> 13	
<i>hydrocodone-acetaminophen</i> 20, 21	
<i>hydrocodone-chlorpheniramine</i> 812	
<i>hydrocodone-homatropine</i>	... 813	
<i>hydrocodone-ibuprofen</i> 21	
<i>hydrocortisone</i>		
 46, 321, 446, 482	
<i>hydrocortisone acetate</i> 46	
<i>hydrocortisone butyrate</i>		
 320, 321	
HYDROCORTISONE		
LOTION COMPLETE 329	
<i>hydrocortisone sod succinate</i> 446	
<i>hydrocortisone valerate</i> 321	
<i>hydrocortisone-acetic acid</i>	... 792	
<i>hydrocortisone-iodoquinol-aloe2</i> 286	
<i>hydrocortisone-iodoquinol</i>	... 292	
<i>hydrocortisone-iodoquinol-aloe</i> 286	
<i>hydrocortisone-pramoxine</i>		
 47, 322, 328	
<i>hydrogen peroxide (bulk)</i>		
 103, 241	
Hydromet 814	
<i>hydromorphone</i> 13	
<i>hydromorphone (pf)</i> 13	
<i>hydromorphone (pf)-0.9 % nacl</i> 13	
<i>hydroquinone</i> 301	
<i>hydroxocobalamin</i> 417	
<i>hydroxychloroquine</i> 32, 57	
<i>hydroxyethyl methacrylate,bulk</i> 241	
HYDROXYM 322	
<i>hydroxypropyl cellulose</i> 243	
<i>hydroxyurea</i> 89	
<i>hydroxyzine hcl</i> 155	IHEALTH GLUCOSE TEST
<i>hydroxyzine pamoate</i> 155	STRIP
HYFTOR 336	IHEEZO (PF)
HYGIENIC CLEANSING		ILET INFUSION KIT-INSET
LOTION 308	23"
HYLAZINC 422	ILET INFUSION KIT-INSET
HYMOVIS 546	32"
HYMPAVZI PEN 530	ILET INFUSION-CONTACT
<i>hyoscyamine sulfate</i> 475, 517	DTCH 23"
HYOSYNE 475, 518	ILET INSULIN PUMP ..
HYPER-SAL 242	650, 703
HYPOCYN ANTIPRURITIC		ILET STARTER KIT
 102, 351	CONTACT
HYPOCYN DERMAL	... 102, 351 649, 703
HYPOLANCE AST		ILETR STARTER KIT-INSET
LANCING 580, 703 649, 703
<i>hypromellose</i> 243	ILEVRO
HYQVIA 107	ILEXOR
HYSINGLA ER 14	ILIDERM
HYZAAR 122	<i>imatinib</i>
<i>ibandronate</i> 437	IMBRUVICA
IBRANCE 90, 91	IMIOXIA
IBSRELA 480	<i>imipramine hcl</i>
IBTROZI 97	<i>imipramine pamoate</i>
Ibu 42	<i>imiquimod</i>
IBUPAK 42	IMITREX
<i>ibuprofen</i> 42	IMITREX STATDOSE
<i>ibuprofen-famotidine</i> 38	REFILL
<i>icatibant</i> 142	IMKELDI
Iclevia 252	IMMUNERX
ICLOFENAC CP 337	IMPACT ADVANCED
ICLUSIG 95	RECOVERY
<i>icosapent ethyl</i> 133	IMPAVIDO
ID NOW COVID-19 TEST		IMPOYZ
KIT 560, 703	IMURAN
IDARAN 342	INBRIJA
IDEAL BOWEL SUPPORT	.. 492	Incassia
IDELVION 524	IN-CHECK NASAL WITH
IDHIFA 95	MASK
IDYYXIATAR 277	IN-CHECK ORAL FLOW
IGALMI 236	METER
IGG 2000 CWP 395	INCONTROL LANCING
IGG PURE 395	DEVICE
IHEALTH CONTROL SOLN		INCONTROL PEN NEEDLE
LEVEL 2 580, 703 600, 704
IHEALTH COVID-19 AG		INCONTROL SUPER THIN
HOME TEST 560, 703	LANCETS
IHEALTH GLUCO PLUS		INCONTROL ULTRA THIN
METER 580, 703	LANCETS
		INCRELEX
	 457
		INCRUSE ELLIPTA
	 802

<i>indapamide</i>	149	INPEFA	423	INTENSE DRY SKIN	
INDERAL LA	141	INPEN (FOR HUMALOG)		THERAPY	308
INDERAL XL	141	BLUE	600, 705	INTERLINK LEVER LOCK	
INDICAID COVID-19 AG		INPEN (FOR HUMALOG)		CANNULA	638, 706
HOME TEST	560, 704	GREY	600, 705	INTERLINK SYRINGE AND	
<i>indomethacin</i>	43	INPEN (FOR HUMALOG)		CANNULA	629, 706
INFANT-TODDLER		PINK	600, 705	Introvale	252
MULTIVIT	396	INPEN (NOVOLOG OR		INTUNIV ER	193
INFANT-TODDLER		FIASP) BLUE	600, 705	INVACARE LANCETS	.580, 706
MULTIVITAMIN	396	INPEN (NOVOLOG OR		INVEGA	188
INFANT-TODDLER		FIASP) GREY	600, 705	INVELTYS	777
MULTIVIT-IRON	398	INPEN (NOVOLOG OR		INVOKAMET	431
INFASURF	809	FIASP) PINK	600, 705	INVOKAMET XR	431
INFINITY CONTROL		INQOVI	101	INVOKANA	432
SOLUTION HIGH	580, 704	INREBIC	93	INZDEAXIATAR	274
INFINITY CONTROL		INSPIRACHAMBER	643, 705	INZDEAXIAVAR	274
SOLUTION LOW	580, 704	INSPIRACHAMBER WITH		INZDEOXIA	271
INFINITY CONTROL		MASK-LARGE	643, 705	INZIRQO	149
SOLUTION NORM	580, 704	INSPIRACHAMBER WITH		IODOFLEX	102
INFINITY METER KIT	.580, 704	MASK-MED	644, 705	IODOSORB	102
INFINITY STARTER KIT		INSPIRACHAMBER WITH		IOPIDINE	789
	580, 704	MASK-SMALL	644, 705	IPOL	115
INFINITY TEST STRIPS		INSPIRATION ELITE		I-PORT	638, 706
	555, 704	FILTER	644, 705	I-PORT ADVANCE 6 MM	
INFLAMMACIN	39	INSPRA	120, 147	INJEC PORT	638, 707
INFLAMMA-K	337	INSTA-GLUCOSE (WITH		I-PORT ADVANCE 9 MM	
INFLATHERM(DICLOFENA		DEXTRIN)	425	INJEC PORT	638, 707
C-MENTHOL)	39	INSUFLON	649, 705	<i>ipratropium bromide</i>	802, 810
INGREZZA	226, 228	INSUL-CAP	580, 705	<i>ipratropium-albuterol</i>	805
INGREZZA INITIATION		INSUL-EZE	580, 705	IQIRVO	540
PK(TARDIV)	226, 228	<i>insulin asp prt-insulin aspart</i>	452	<i>irbesartan</i>	124
INGREZZA SPRINKLE		<i>insulin aspart u-100</i>	455	<i>irbesartan-</i>	
	226, 227, 228	<i>insulin lispro</i>	455	<i>hydrochlorothiazide</i>	122
INJECT EASE LANCETS		<i>insulin lispro protamin-lispro</i>	453	IRESSA	85
	580, 704	<i>insulin syr/ndl u100 half</i>		IRON (FERROUS	
INLYTA	97	<i>mark</i>	600, 705	SULFATE)	366
INNOPRAN XL	141	INSULIN SYRINGE	600, 706	<i>iron bisglycinate chelate</i>	366
INNOSPIRE DELUXE	.643, 704	<i>insulin syringe-needle u-100</i>		IRON FOLATE PLUS	367
INNOSPIRE ELEGANCE			601, 706	IRON FOLATE-F	367
	643, 704	<i>insulin u-500 syringe-needle</i>		<i>iron,carbonyl-vitamin c</i>	367
INNOSPIRE ESSENCE			601, 706	IRRIGATION SYRINGE	
	643, 704	INSUPEN PEN NEEDLE			629, 707
INNOSPIRE GO			601, 706	ISENTRESS	60
NEBULIZER	619, 704	INSYTE IV CATHETER		ISENTRESS HD	60
INNOSPIRE MINI	643, 704		615, 706	Isibloom	252
INNOSPIRE		INTEGRA SYRINGE	629, 706	I-SIGHT	3
REPLACEMENT FILTER		INTELENCE	61	<i>isoflurane</i>	45
	643, 704	INTELISWAB COVID-19		ISOLEUCINE 1000	.356, 392
<i>inositol</i>	359	HOME TEST	560, 706	ISOLEUCINE AMINO ACID	
<i>inositol-choline bitartrate</i>	135			SUPPLMNT	356, 392

<i>isoniazid</i>	65	JENTADUETO XR	435	KAZURI	330
<i>isopropyl alcohol</i>	241	Jinteli	440	KEFUNOVA	336
ISORDIL	124	JIVI	526	KEIDO	302
ISORDIL TITRADOSE	124	JOENJA	760	Kelnor 1/35 (28)	253
<i>isosorbide dinitrate</i>	124	JOINT COMFORT AND MOVEMENT	9	Kelnor 1/50 (28)	253
<i>isosorbide mononitrate</i>	124	JOINT HEALTH-BONE STRENGTH	362	KELOTOP	647, 707
<i>isosorbide-hydralazine</i>	154	JOLESSA	252	KENALOG	322, 446
<i>isotretinoin</i>	264	JORNAY PM	197	KENALOG-80	446
<i>isradipine</i>	143	JOURNAVX	12	KENDALL DISINFECTANT	
ISTALOL	784	Joyeaux	252	CAP	638, 707
ISTURISA	424	JUBLIA	291	KENGUARD FOLEY	
IS-ZC 50	373	Juleber	252	CATHETER	651, 707
ITHOXIA	279	JULUCA	60	KEPPRA	171
ITOVEBI	95	Junel 1.5/30 (21)	252	KEPPRA XR	172
<i>itraconazole</i>	55	Junel 1/20 (21)	252	KERAGEL	353, 707
<i>ivabradine</i>	150	Junel Fe 1.5/30 (28)	252	KERAGELT	353, 707
I-VALEX-2	391	Junel Fe 1/20 (28)	253	KERALYT	332
IVENIX ADMIN SET 2INLET		Junel Fe 24	253	KERAMATRIX	348
2YSITE	615, 707	JUST 4 KIDZ MULTIVIT-		KERASTAT	309
IVENIX ADMIN SET 2INLET		PROBIOTIC	398	KERAXA	337
Y-SITE	615, 707	JUST RIGHT 5000	763	KERENDIA	120
<i>ivermectin</i>	53, 342	JUVAZIN	339	KERIDA	330
IWILFIN	84	JUVEN (WITH COLLAGEN)	395	KERLIX AMD	353, 707
IXINITY	524	JUXTAPID	139	KESIMPTA PEN	767
IFYUZEH (PF)	790	JYLAMVO	32, 88	KETARYA	302
JADENU	49	JYNARQUE	512	ketoconazole	55, 290
JADENU SPRINKLE	49	K1-1000	423	Ketodan	290
Jaimiess	248	K2-D3 MAX	420	KETODAN KIT	290
JAKAFI	92	Kaitlib Fe	253	KETONE CARE	652, 707
JALYN	508	KALETRA	63	KETONE URINE TEST	652, 707
Jantoven	522	Kalliga	253	KETONEX-2	392
JANUMET	434	KALYDECO	808	ketoprofen	42
JANUMET XR	434	KANGAROO 924 SAFETY SCREW	562, 707	ketorolac	39, 781
JANUVIA	428	KANGAROO EPUMP SET	562, 707	KETOSTIX	652, 707
JARDIANCE	432	KANGAROO GRAVITY SET	562, 707	KEVARAXAP	302
JARRO-DOPHILUS		KAPSPARGO SPRINKLE	139	KEVARTIA	302
ALLERGEN FREE	493	KARBINAL ER	794, 796	KEVARYA	302
JARRO-DOPHILUS BABY	493	Kariva (28)	248	KEVEYIS	544
JARRO-DOPHILUS EPS	493	KATARAXAP	302	KEVZARA	35, 36
JARRO-DOPHILUS PLUS		KATARVIA	302	KEXM	301
FOS	493	KATARYA	302	KEYA	302
JARRO-DOPHILUS WOMEN	493	KATARYAXN	302	KEYFOLIC	382
Jasmiel (28)	252	KATERZIA	143	KHINDIVI	446
JATENZO	426	KAXM	301	KIDS BONES-MUSCLES	362
Javygtor	761	KAZANO	435	KIDS BRAIN BUILDER	414
JAYPIRCA	90, 97			KIDS MELATONIN	217
JELMYTO	100			KIDS MULTI ZERO	398
Jencycla	258			KIDS SLEEP CALM	218
JENTADUETO	434			KIDS SLEEP IMMUNE	
				HEALTH	218

KIMONO LUBRICATED CONDOMS	616, 707	K-PHOS NO 2	514	LAMICTAL STARTER (BLUE) KIT	169, 208
KIMONO MICROTHIN AQUA LUBE CON	616, 708	K-PHOS ORIGINAL	514	LAMICTAL STARTER (GREEN) KIT	170, 208
KIMONO MICROTHIN CONDOMS	616, 708	KPN	401	LAMICTAL STARTER (ORANGE) KIT	170, 208
KIMONO MICROTHIN LARGE CONDOMS	616, 708	KRAZATI	93	LAMICTAL XR	170
KIMONO TEXTURED CONDOMS	616, 708	<i>krill-om-3-dha-epa-phospho-ast</i>	136	LAMICTAL XR STARTER (BLUE)	170
KIMONO THIN LUBRICATED CONDOMS	616, 708	KRINTAFEL	57	LAMICTAL XR STARTER (GREEN)	170
KINDERLYTE HERBAL IMMUNITY	370	Kristalose	503	LAMICTAL XR STARTER (ORANGE)	170
KINDERMED INFANTS COUGH PLUS	5	Kurvelo (28)	253	LAMIOFLUR	462
KINDERMED INFANTS NIGHT COUGH	5	KUTAR	303	<i>lamivudine</i>	62, 69
KINERET	35	KUTARVIA	303	<i>lamivudine-zidovudine</i>	64
Kionex (With Sorbitol)	360	KUTARYAXM	303	<i>lamotrigine</i>	170, 171, 208
Kiprofen	42	KUTARYAXMPA	303	LAMPIT	57
KISQALI	91	KUTEA	301	<i>lancets</i>	580, 708
KITABIS PAK	807	KUVAN	761	LANCETS, SUPER THIN	580, 708
KLARITY (CHONDROITIN) (PF)	771	KUVARYA	303	LANCETS, THIN	580, 708
KLARON	268	KUVARYE	303	LANCETS, ULTRA THIN	580, 708
Klayesta	287	KUXM	301	<i>lancing device</i>	580, 708
KLISYRI (250 MG)	293	KYLEENA	247	LANCING DEVICE WITH	580, 708
KLISYRI (350 MG)	293	KYNARA	330	LANCETS	580, 708
KLONOPIN	156, 158, 205	KYZATREX	426	<i>lancing device with lancets</i>	580, 708
Klor-Con	372	<i>I norgest/e.estradiol-e.estrad</i>	248, 259	LANCING SYSTEM	580, 708
KLOR-CON 10	371	<i>I. acidophilus-b. coagulans</i>	493	LANOLIN (HPA)	309
KLOR-CON 8	372	L.E.T. (LIDO-EPINEPH-	345	LANOXIN	146
Klor-Con M10	372	TETRA)	345	<i>lansoprazole</i>	471
Klor-Con M15	372	L.E.T.(LIDO-EPINEPH BIT-	345	<i>lanthanum</i>	511
Klor-Con M20	372	TETRA)	345	LANZO LANCING DEVICE	580, 708
KLOR-CON/EF	372	<i>labetalol</i>	120	<i>lapatinib</i>	84
KLOXXADO	50	<i>lacosamide</i>	159	Larin 1.5/30 (21)	253
KOATE	527	<i>lactase</i>	469	Larin 1/20 (21)	253
KOGENATE FS	527	<i>lactated ringers</i>	360	Larin 24 Fe	253
KONSYL SUGAR-FREE	502	LACTEOL DIARRHEASE	493	Larin Fe 1.5/30 (28)	253
KONVOMEP	473	LACTEOL DIARRHEASE	493	Larin Fe 1/20 (28)	253
KOREAN GINSENG	9	KIDS	493	LASIX	148
KORLYM	430	<i>lactobacillus acidophilus</i>	493	<i>latanoprost</i>	790
KOSELUGO	94	<i>lactobacillus acidoph-l.bulgar</i>	493	LATUDA	188
KOSHER PRENATAL PLUS IRON	401	LACTOVIVE	493	LAYOLIS FE	253
KOTARAXAP	303	<i>lactulose</i>	468, 503	LAZCLUZE	85
KOVALTRY	527	LAGEVRIO (EUA)	77	LC PLUS	619, 708
		LAMICTAL	169	LC PLUS NEBULIZER-PED	
		LAMICTAL ODT	169, 207	MASK	619, 708
		LAMICTAL ODT STARTER (BLUE)	169, 207		
		LAMICTAL ODT STARTER (GREEN)	169, 208		
		LAMICTAL ODT STARTER (ORANGE)	169, 208		

LC-655.....	368	LEXAPRO.....	176	<i>lisinopril-hydrochlorothiazide</i>
L-CARNITINE.....	356	LIALDA.....	481118
L-CARNITINE (TARTRATE).....	356	LIBERVANT.....	158, 205	LITE TOUCH-MEDIUM
<i>l-cystine</i>	356	LIBRAX (WITH CLIDINIUM)		MASK.....644, 708
LDO PLUS.....	345205, 477		LITEAIRE MDI CHAMBER
<i>lecithin, soy</i>	135	LICART.....	339644, 708
LEENA 28.....	259	LICE-BEDBUG-MITE		LITETOUGH-LARGE MASK
LEFLUNICLO.....	37, 338	BEDDING.....	350644, 708
<i>leflunomide</i>	37	<i>licorice root (g.glabra)</i>	9	LITETOUGH-SMALL MASK
<i>lenalidomide</i>	100	LIDO BDK.....	652644, 708
LENVIMA.....	98	<i>lidocaine</i>	345	LITFULO.....263
LEQSELVI.....	263	<i>lidocaine hcl</i>	45, 345, 765	<i>lithium carbonate</i>210
Lessina.....	253	<i>lidocaine hcl-hydrocortison</i>		<i>lithium citrate</i>211
LETAIRIS.....	153	<i>ac</i>	47, 328	LITHOBID.....211
<i>letrozole</i>	89	Lidocaine Viscous.....	765	LITHOLYTE.....514
<i>leucovorin calcium</i>	101	<i>lidocaine-hydrocortisone-</i>		LITHOSTAT.....514
LEUKERAN.....	86	<i>aloe</i>	47	LIVALO.....131
LEUKINE.....	529	<i>lidocaine-prilocaine</i>	334	LIVDELZI.....540
<i>leuprolide</i>	93	<i>lidocaine-racepinep-</i>		LIVER PROTECT.....3
<i>levalbuterol hcl</i>	803	<i>tetracaine</i>	345	LIVITA FOR ADULT.....382
<i>levalbuterol tartrate</i>	804	<i>lidocaine-tetracaine</i>	345	LIVITA FOR CHILDREN.....398
<i>levam洛dipine</i>	143	Lidocan Iii.....	345	LIVMARLI.....541
LEVIBID.....	475, 518	Lidocan Iv.....	345	LIVTENCITY.....67
<i>levetiracetam</i>	172	Lidocan V.....	345	L-MESITRAN SOFT.....353
LEVICYN ANTIPRURITIC	347, 354	LIDODERM.....	345	LMR PLUS.....334
LEVICYN ANTIPRURITIC SG.....	308	LIDOMARK 1-5.....	46	LO LOESTRIN FE.....248
LEVICYN DERMAL.....	351	LIDOMARK 2-5.....	46	LOCOID.....322
<i>levobunolol</i>	784	LIDOPIN.....	345	LOCOID LIPOCREAM.....322
<i>levocarnitine</i>	356, 759	LIDOPURE PATCH.....	345	Lodine.....43
<i>levocarnitine (with sugar)</i>	759	LIDORX.....	346	LODOC.....12
<i>levocarnitine tartrate</i>	356	LIDTOPIC.....	346	LODOSYN.....185
<i>levocetirizine</i>	796, 797	LIDTOPIC MAX.....	346	Loestrin 1.5/30 (21).....254
<i>levofloxacin</i>	68, 788	LIKMEZ.....	58	Loestrin 1/20 (21).....254
Levonest (28).....	259	LILETTA.....	247	Loestrin Fe 1.5/30 (28-Day).....254
<i>levonorgest-eth.estradiol-iron</i>	254	<i>linezolid</i>	75	Loestrin Fe 1/20 (28-Day).....254
<i>levonorgestrel</i>	262, 263	LINZESS.....	468, 479	Lofena.....41
<i>levonorgestrel-ethinyl estrad</i>	254	<i>liothyronine</i>	461	<i>lofexidine</i>237
<i>levonorg-eth estrad triphasic</i>	259	LIPITOR.....	131	LOFRIC.....651, 709
Levora-28.....	254	LIPOCHOL PLUS.....	136	LOFRIC ORIGO.....651, 709
<i>levorphanol tartrate</i>	14	LIPOFEN.....	128	LOFRIC PRIMO NELATON
LEVO-T.....	461	LIPO-FLAVONOID.....	359	CATHETER.....651, 709
<i>levothyroxine</i>	461	LIQREV.....	154	LOFRIC SENSE NELATON
LEVOXYL.....	461	LIQUICAL PLUS.....	362	CATHETER.....651, 709
LEVSIN.....	475, 518	LIQUID C.....	419	Lojaimiess.....248
LEVSIN/SL.....	475, 518	LIQUID MULTIVITAMIN.....	382	LOKELMA.....360
LEVULAN.....	339	<i>liraglutide</i>	430	LOMOTIL.....464
		<i>lisdexamfetamine</i>	197	LONSURF.....89
		<i>lisinopril</i>	119	<i>loperamide</i>464
				LOPID.....129
				<i>lopinavir-ritonavir</i>63

LOPRESSOR	140	LUETIN PLUS WITH ZEAXANTHIN	4, 382	magnesium oxide	368, 369, 463
LOPROX (AS OLAMINE)	289	<i>lutein-zeaxanthin</i>	4	MALARONE	56
LOPROX KIT	289	<i>lutein-zeaxanthin-bilberry ext</i>	4	MALARONE PEDIATRIC	57
<i>lorazepam</i>	156, 205	Lutera (28)	254	malathion	350
Lorazepam Intensol	156, 205	LUXAMEND	308	maraviroc	59
LOBRENA	87	LUXIQ	322	MAR-COF BP	813
LOREEV XR	156, 205	LUZU	290	MAR-COF CG	814
LORMATE	415	LYBALVI	191, 193, 209	MARINOL	211, 466, 818
Loryna (28)	254	Lyleq	258	Marlissa (28)	254
<i>losartan</i>	124	Lyllana	443	MARNATAL-F	401
<i>losartan-hydrochlorothiazide</i>	122	LYNPARZA	96	MARPLAN	175
LOTEMAX	777, 778	LYRICA	160, 216	MARVONA SUIK (PF)	46
LOTEMAX SM	778	LYRICA CR.	215, 231, 232, 233	MATULANE	86
LOTENSIN	119	<i>lysine hcl</i>	356	Matzim La	143
LOTENSIN HCT	118	LYSODREN	87	MAVENCLAD (10 TABLET PACK)	769
<i>loteprednol etabonate</i>	778	LYTGOBI	92	MAVENCLAD (4 TABLET PACK)	769
Lotrel	117	LYUMJEV KWIKPEN U-100		MAVENCLAD (5 TABLET PACK)	769
LOTREL	117	INSULIN	455	MAVENCLAD (6 TABLET PACK)	769
LOTREXONE	11	LYUMJEV KWIKPEN U-200		MAVENCLAD (7 TABLET PACK)	769
LOTRONEX	480, 500	INSULIN	455	MAVENCLAD (8 TABLET PACK)	769
LOUNZDOMDIOXIATAR	274	LYUMJEV TEMPO PEN(U- 100)INSULN	455	MAVENCLAD (9 TABLET PACK)	769
LOUTREX	297, 308	LYVISPAH	548	MAVILO	303
<i>lovastatin</i>	131	Lyza	258	MAVILO HP	303
Lovaza	133	maca	9	MAVILO LP	303
LOVENOX	536	MACROBID	54, 515	MAVYRET	70
Low-Ogestrel (28)	254	<i>mafенide acetate</i>	299	MAX SLEEP JUNIOR	217
<i>loxapine succinate</i>	190	<i>mag citrate-potassium citrate</i>		MAXALT	223
LOYON	308		371	MAXALT-MLT	223
Lo-Zumandimine (28)	254	MAGE	493	MAXFE (FOLATE)	367
<i>lubiprostone</i>	479, 500	MAGELLAN INSULIN		MAXICOMFORT II PEN	
LUCEMYRA	237	SAFETY SYRNG	601, 709	NEEDLE	601, 710
LUCIRA CHECK-IT COVID		MAGELLAN SAFETY		MAXICOMFORT INSULIN	
HOME TST	560, 709	SYRINGE	629, 709	SYRINGE	602, 710
LUER LOCK SYRINGE		MAGELLAN SYRINGE		MAXI-COMFORT INSULIN	
	629, 709		601, 629, 709	SYRINGE	602, 710
LUER SLIP TIP SYRINGE		MAGIC3 INTERMITTENT		MAXICOMFORT SAFETY	
TRAY	629, 709	CATHETER	651, 710	PEN NEEDLE	602, 710
LUER-LOK TIP	629, 709	<i>magnesium chloride</i>	368	MAXIDEX	778
LUGOLS	102, 364	<i>magnesium citrate</i>	368	MAXITROL	773
<i>luliconazole</i>	290	<i>magnesium citrate,mag oxide</i>	368	MAXI-TUSS AC	814
LUMAKRAS	93	<i>magnesium citrate-lemon balm</i>	369	MAXI-TUSS CD	813
LUMIGAN	790	MAGNESIUM COMPLEX	368	MAYZENT	770
LUMRYZ	228	<i>magnesium gluconate</i>	368		
LUMRYZ STARTER PACK	228	<i>magnesium glycinate</i>	368		
LUNESTA	236	MAGNESIUM OPTIMIZER	369		
LUPKYNIS	541				
<i>Iurasidone</i>	188				
Lurbipr	42				
<i>lutein</i>	3				

MAYZENT STARTER(FOR 1MG MAINT).....	770	MEDTRONIC EXT INFUSION SET 32".....	653, 711	meperidine.....	14
MAYZENT STARTER(FOR 2MG MAINT).....	770	<i>mefenamic acid</i>	39	meperidine (pf).....	14
MB HYDROGEL.....	306	<i>mefloquine</i>	57	meprobamate.....	156
MB HYDROGEL (CYCLOMETHICONE).....	306	MEGARED ADV TOTAL BODY REFRESH.....	136	MEPRON.....	58
MC 300 NEBULIZER W-MOUTHPIECE.....	619, 710	MEGARED ADVANCED 4-IN-1.....	136	<i>mercaptopurine</i>	88
MC 300 NEBULIZER-UNVRSL TUBING.....	619, 710	MEGARED ADVANCED TOTAL BODY.....	136	MERILOG.....	456
MCT OIL.....	391	MEGARED OMEGA-3 KRILL OIL.....	136	MERILOG SOLOSTAR.....	456
MCT PRO-CAL.....	393	<i>megestrol</i>	96, 819	Merzee.....	254
<i>meclizine</i>	465	MEKAM.....	303	<i>mesalamine</i>	482
<i>meclofenamate</i>	39	MEKAM HP.....	303	<i>mesalamine with cleansing wipe</i>	482
<i>mecobalamin (vitamin b12)</i>	417	MEKINIST.....	94	<i>mesna</i>	101
MECORIX.....	303	MEKTOVI.....	94	MESNEX.....	101
MECORIX HP.....	303	<i>melatonin</i>	5, 217, 218	MESTINON.....	545
MECORIX PLUS.....	303	MELATONINMAX.....	218	MESTINON TIMESPAN.....	545
MEDCAPS MENOPAUSE.....	9	<i>melatonin-pyridoxine (vit b6)</i>	9, 218	METADATE CD.....	197
MEDIHONEY (CAL ALGINATE-HONEY)....	353, 710	<i>melatonin-pyridoxine hcl (b6)</i>	9, 218	Metadate Er.....	197
MEDIHONEY (HONEY).....	353	<i>melatonin-theanine</i>	218, 219	METAMUCIL (INULIN-CORN FIBER).....	502
MEDISENSE.....	581, 710	Meleya.....	258	METANX FC.....	414
MEDISENSE CONTROLS 1-HI 1-LO	581, 710	MELIDU.....	304	<i>metaxalone</i>	548
MEDISENSE GLUCOSE KETONE.....	581, 710	MELONDIS.....	304	METDRAY.....	331
MEDISENSE MID CONTROL.....	581, 710	MELONDIS PLUS.....	304	METER-CHECK.....	581, 711
MEDISENSE THIN LANCETS.....	581, 710	<i>meloxicam</i>	40	<i>metformin</i>	456, 457
<i>medium chain triglycerides</i> ..	391	<i>meloxicam submicronized</i>	40	<i>methadone</i>	14
MEDLANCE PLUS LANCETS.....	581, 710	<i>memantine</i>	245	Methadone Intensol.....	14
MEDLANCE PLUS SPECIAL BLADE.....	581, 711	<i>memantine-donepezil</i> ..	245, 246	METHADOSE.....	14
MEDORFA.....	302	MEN 50 PLUS MULTIVITAMIN.....	382	Methadose.....	14
MEDORFA HP.....	301	MENEST.....	443	<i>methamphetamine</i>	197, 213
MEDORFA HP PLUS.....	301	MENOFEML.....	9	<i>methazolamide</i>	147
MEDORFA LP.....	302	MENOPUR.....	444	<i>methenamine hippurate</i>	74, 515
MEDORFA PLUS.....	303	MENOSTAR.....	443	<i>methenamine mandelate</i>	74, 515
MEDROL.....	446	MENQUADFI (PF).....	110	<i>methen-sod phos-meth blue-hyos</i>	74, 516
MEDROL (PAK).....	446	MEN'S 50 PLUS MULTIVITAMIN.....	382	<i>me-thfolate glucos-</i>	
MEDROLOAN II SUIK.....	446	MEN'S DAILY GUMMIES.....	382	<i>mecobalamin</i>	415
MEDROLOAN SUIK.....	446	MEN'S DAILY MULTIVITAMIN.....	383	<i>methimazole</i>	435
<i>medroxyprogesterone</i>	246, 247, 459	MEN'S MULTIVITAMIN GUMMIES.....	383	METHIONINE.....	356, 392
MEDTRONIC EXT INFUSION SET 23".....	653, 711	MEN'S MULTIVITAMIN MENTHO-CAINE.....	335	METHITEST.....	426
		MENVEO A-C-Y-W-135-DIP (PF).....	110	<i>methocarbamol</i>	548
				METHOCEL E 4 M.....	243
				<i>methotrexate sodium</i>	32, 88
				<i>methotrexate sodium (pf)</i>	32, 88
				<i>methoxsalen</i>	293
				<i>methscopolamine</i>	475
				<i>methsuximide</i>	172
				METHYL PROTECT.....	414
				<i>methyl salicylate</i>	347
				<i>methyldopa</i>	146

<i>methyldopa-</i>			
hydrochlorothiazide	146	Microgestin 1/20 (21).....255	
<i>methylene blue (bulk-solid)</i>	242	Microgestin Fe 1.5/30 (28)...255	
<i>methylergonovine</i>	458	Microgestin Fe 1/20 (28).....255	
METHYLIN	197, 229	MICROLET 2 LANCING	
<i>methylphenidate</i>	199	DEVICE.....581, 711	
<i>methylphenidate hcl</i>		MICROLET LANCET...581, 711	
.....197, 198, 229		MICROLET NEXT LANCING	
<i>methylprednisolone</i>	446	DEVICE.....581, 711	
<i>methyltestosterone</i>	426	MICROLIFE PEAK FLOW	
<i>methyltetrahydrofolate glucos</i>		METER.....639, 711	
.....422		MICRONEX.....389	
<i>metoclopramide hcl</i>	474	MICROSPACER.....644, 711	
<i>metolazone</i>	149	MICURADERM.....298, 308	
<i>metoprolol succinate</i>	140	<i>midazolam</i>45, 205, 235	
<i>metoprolol ta-hydrochlorothiaz</i>	145	<i>midazolam (pf)</i>45, 205	
<i>metoprolol tartrate</i>	140	<i>midodrine</i>145	
METROCREAM	342	MIEBO (PF).....771	
METROGEL	342	MIFEPREX.....424	
METROLOTION	342	<i>mifepristone</i>424, 430	
<i>metronidazole</i>	58, 342, 816	MIGERGOT.....222	
<i>metyrosine</i>	151	<i>miglitol</i>428	
<i>mexiletine</i>	126	<i>miglustat</i>759	
MIACALCIN	439	MIGRAL.....221	
Mibelas 24 Fe	255	MIGRANOW.....223	
MICARDIS	124	Mili.....255	
MICARDIS HCT	122	<i>milk thistle sd ext-blessed th</i>9	
<i>miconazole nitrate-zinc ox-pet</i>	291	<i>milk thistle seed extract</i>9	
MICONAZOLE-3	815	MIMORA.....304	
MICORT-HC	46, 322	Mimvey.....440	
MICRO BLOOD GLUCOSE	555, 711	MINCORA.....415	
MICRO THIN LANCETS	581, 711	MIND AND MEMORY	10
MICROAIR MESH		MINERIN CREME.....308	
NEBULIZER	619, 711	MINI LANCING DEVICE	581, 711
MICROCHAMBER	644, 711	MINI PLUS NEBULIZER	619, 712
MICROCYN	102, 351	MINI PRENATAL	401
MICRODOT BLOOD GLUCOSE SYSTEM	555, 581, 711	MINI ULTRA-THIN II....602, 712	
MICRODOT HIGH-LOW CONTROL	581, 711	MINI WRIGHT PEAK FLOW	
MICRODOT NORMAL CONTROL	581, 711	METER.....639, 712	
MICRODOT XTRA BLOOD GLUCOSE	555, 711	MINIMED 630G INSULIN	
Microgestin 1.5/30 (21).....255		PUMP	650, 712
		MINIMED 770G INSULIN	
		PUMP	650, 712
		MINIMED 780G INSULIN	
		PUMP	650, 712
		MINIMED MIO ADVANCE	
		INF SET23".....653, 712	
		MINIMED MIO ADVANCE	
		INF SET43".....653, 712	
		MINIMED QUICK SET 18"	
	653, 712	
		MINIMED QUICK SET 23"	
	653, 712	
		MINIMED QUICK SET 32"	
	654, 712	
		MINIMED QUICK SET 43"	
	654, 712	
		MINIMED SILHOUETTE 18"	
	654, 712	
		MINIMED SILHOUETTE 23"	
	654, 712	
		MINIMED SILHOUETTE 32"	
	654, 712	
		MINIMED SILHOUETTE 43"	
	654, 713	
		MINIMED SURE T 18".....654, 713	
		MINIMED SURE T 23".....654, 713	
		MINIMED SURE T 32".....654, 713	
		MINIVELLE	443
		<i>minocycline</i>	36, 81, 264, 265
		<i>minoxidil</i>	147
		MINREX	369
		Minzoya	255
		MIPLYFFA	758
		MIRAPEX ER	186
		MIRCERA	524
		MIRENA	247
		MIRO3D	349
		MIRO3D FIBERS	349
		MIRODERM	
		FENESTRATED	349
		MIRODERM	
		FENESTRATED PLUS	349
		MIRODRY WOUND	
		MATRIX	349
		MIROTRACT	349
		<i>mirtazapine</i>	175
		MIRVASO	342
		<i>misoprostol</i>	474
		MITIGARE	519
		<i>mitomycin (pf) in water</i>775	
		MITOPRIME	4
		MITOSOL	775
		MIUDELLA	247
		MI-VITE RX	422
		MKO (MIDAZOLAM-KETAMINE-ONDAN)	45

MMA-PA GEL.....	395	MONOJECT LUER	
M-M-R II (PF)		ADAPTER.....	638, 714
..... 107, 114, 115, 116		MONOJECT LUER-LOCK	
M-NATAL PLUS.....	402	TIP.....	630, 714, 715
MOBILE LANCETS....	581, 713	MONOJECT MAGELLAN	
<i>modafinil</i>	228	SYRINGE.....	630, 631, 715
MODERNA COVID 24-		MONOJECT PHARMACY	
25(6M-11Y)PF.....	112	TRAY LUER.....	631, 715
<i>moexipril</i>	119	MONOJECT PHARMACY	
MOISTURIZING CREAM....	308	TRAY REG TIP.....	631, 715
MOISTURIZING NORMAL-		MONOJECT PREFILL	
DRY SKIN.....	305	ADVANCED NS.....	412
MOITURIZING LOTION.....	308	MONOJECT REG TIP NON-	
MOKURA.....	304	STERILE.....	631, 715
MOKURA LP.....	304	MONOJECT REGULAR	
MOKURA MOD.....	304	LUER.....	631, 715, 716
MOKURA PLUS.....	304	MONOJECT SAFETY LUER	
MOLEXI.....	304	LOCK TIP.....	632, 716
<i>molindone</i>	190	MONOJECT SAFETY	
<i>mometasone</i>	322, 323, 810	SYRINGES.....	632, 716
Mondoxyne NI.....	81	MONOJECT SMARTIP	
MONISTAT MAINTAIN.....	817	CANNULA.....	632, 716
MONO-FLO DRAINAGE		MONOJECT SYRINGE	
BAG.....	591, 713 603, 632, 633, 717	
MONOJECT 0.9% SODIUM		MONOJECT SYRINGE	
CHLORIDE.....	411	ECCENTRI LUER.....	632, 716
MONOJECT 140CC		MONOJECT SYRINGE	
PISTON SYRINGE.....	630, 713	LUER LOK.....	632, 716, 717
MONOJECT 35CC		MONOJECT SYRINGE	
SYRINGE CATH TIP...630,	713	REGULAR LUER.....	632, 717
MONOJECT 3CC SYR		MONOJECT SYRINGE	
25GX1".....	630, 713	TOOMEY TYPE.....	633, 717
MONOJECT ALLERGY		MONOJECT TB.....	633, 718
TRAY.....	630, 713	MONOJECT TB LUER LOK	
MONOJECT ALLERGY	 633, 717	
TRAY DETACH.....	630, 713	MONOJECT TB REGULAR	
MONOJECT BLOOD		LUER TIP.....	633, 717
COLLECTION.....	550, 713	MONOJECT TB SAFETY	
MONOJECT CONTROL		SYRINGE.....	633, 717, 718
SYRINGE LUER.....	630, 713	MONOJECT TUBERCULIN	
MONOJECT DISPOSABLE		SYRINGE.....	633, 634, 718
SYRINGE.....	630, 713	MONOJECT ULTRA	
MONOJECT ECCENTRIC		COMFORT INSULIN...603,	718
NON-STERILE....	630, 713, 714	MONOLET LANCETS.	581, 718
MONOJECT HYPODERMIC		MONOLET THIN LANCETS	
NEEDLES.....	630, 714 582, 718	
MONOJECT INSULIN		Mono-Linyah.....	255
SAFETY SYRING.....	602, 714	MONOVISC.....	546
MONOJECT INSULIN		MONSEL'S.....	532
SYRINGE.....	602, 603, 714	<i>montelukast</i>	800
		MONUROL.....	54, 515
		Morgidox.....	82
		MORGIDOX 1X 50.....	82
		MORGIDOX 1X100.....	82
		MORGIDOX 2X100.....	82
		<i>moringa oleifera</i>	10
		<i>morphine</i>	15
		<i>morphine (pf)</i>	14
		<i>morphine concentrate</i>	14
		<i>morphine in 0.9 % sodium</i>	
		<i>chlor</i>	15
		MOTEGRITY.....	474
		MOTOFEN.....	464
		MOTPOLY XR.....	159
		MOUNJARO.....	429
		MOVANTIK.....	50
		MOVE FREE PLUS MSM-	
		VIT D3.....	2
		MOVIPREP.....	504
		MOXATAG.....	51
		MOXICAINE.....	346
		<i>moxifloxacin</i>	68, 788
		<i>moxifloxacin-bromfenac</i>	774
		MRESVIA (PF).....	103
		MS CONTIN.....	15
		MSUD GEL POWDER.....	392
		MUCOSITISRX.....	764
		MUGARD.....	765, 766
		MULPLETA.....	540
		MULTAQ.....	126
		MULTI PRO.....	383
		MULTIA DAILY	
		MULTIVITAMIN.....	383
		MULTI-LANCET DEVICE 2	
	 582, 718	
		MULTITOL-M.....	383
		<i>multivit with min-folic acid</i>	383
		<i>multivit,calc,min-fa-k1-lycop</i> 383	
		<i>multivitamin</i>	389
		MULTIVITAMIN GUMMIES.	383
		MULTI-VITAMIN WITH	
		FLUORIDE.....	399
		MULTIVITAMIN WOMEN 50	
		PLUS.....	383
		MULTIVITAMIN-ZINC-	
		STRESS.....	357
		MULTI-VIT-FLOR.....	399
		MULTIVIT-FLUORIDE	
		(METAFOLIN).....	399

<i>multivit-min-ferrous fumarate</i>	383	N.O.MAX ER.....	356	<i>neomycin-polymyxin b gu...</i>	508
<i>mupirocin</i>	285	<i>nabumetone</i>	39	<i>neomycin-polymyxin b-</i>	
<i>mupirocin calcium</i>	285	<i>nadolol</i>	141	<i>dexameth</i>	773
MURI-LUBE	241	<i>naftifine</i>	287	<i>neomycin-polymyxin-</i>	
MUSCUSOLICE	336	NAFTIN.....	287	<i>gramicidin</i>	787
MVW COMPLETE FORM		<i>nalbuphine</i>	27	<i>neomycin-polymyxin-hc</i>	
PROBIOT MINI	494	Nalocet.....	21, 23	773, 791
MVW COMPLETE FORMUL		<i>naloxone</i>	50	NEONATAL COMPLETE....	402
PROBIOTIC	494	NALTREX.....	11	NEONATAL FE.....	366
MVW MODULATOR		<i>naltrexone</i>	238	NEONATAL PLUS VITAMIN	
FORMUL MULTIVIT	383	NAMENDA TITRATION PAK		402
MVW MODULATR FORM		245	NEONATAL-DHA.....	402
MINI MULTIVT	383	NAMENDA XR.....	245	NEOPHE.....	394
MVW MODULATR		NAMZARIC.....	246	Neo-Polycin.....	787
FORMLTN PEDIATRIC	398	NANO 2ND GEN PEN		Neo-Polycin Hc.....	773
MY CHOICE	262, 263	NEEDLE.....	603, 718	NEORAL.....	35, 541, 542
MY WAY	262, 263	NANO PEN NEEDLE..	603, 718	NEOSALUS.....	308
MYALEPT	457	NANOVN ADULT.....	384	NEO-SYNALAR.....	287
MYCAPSSA	459	NANRAN.....	285	NEO-SYNALAR KIT.....	287
<i>mycophenolate mofetil</i>	35, 542	NAPROSYN.....	42	NEO-VITAL RX.....	402
<i>mycophenolate sodium</i>	542	NAPROTIN.....	39	NEOVITE.....	384
MYDAYIS	199, 212	<i>naproxen</i>	42	NEPHRO VITAMINS.....	357
MYDCOMBI	771	<i>naproxen sodium</i>	42	NEPHRON FA.....	357
Mydriacyl	775	<i>naproxen-esomeprazole</i>	38	NEPHRO-VITE.....	358
MYDRIATIC4(TROP-PROP-		<i>naratriptan</i>	223	NEPRO CARB STEADY	393
PE-KTRLC)	785	NARCAN.....	50	NERLYNX.....	85
MYFEMBREE	457	NARDIL.....	175	NESINA.....	428
MYFORTIC	542	NATACYN.....	788, 789	NESTABS ABC.....	402
MYGLUCOHEALTH		NATAL PNV.....	410	NESTABS DHA.....	402
.....	555, 582, 718	NATAZIA.....	259	NESTABS ONE.....	389
MYGLUCOHEALTH		<i>nateglinide</i>	430	Neuac.....	271
CONTROL SOLUTION	582, 718	NATESTO.....	426	NEUAC KIT.....	271
MYGLUCOHEALTH		NATROBA.....	350	NEULASTA.....	528
LANCETS	582, 718	NAYZILAM.....	158, 205	NEULASTA ONPRO.....	528
MYHIBBIN	542	<i>nebivolol</i>	140	NEUPOGEN.....	528, 529
MYLERAN	86	<i>nebulizer and compressor</i>		NEUPRO.....	186
MYLK	362	644, 718	NEURAPTINE.....	336
MYNATAL	402	NEBUPENT.....	74	NEURIVA ORIGINAL.....	10
MYNATAL ADVANCE	402	NEBUSAL.....	242	NEURONTIN.....	160
MYNATAL PLUS	402	Necon 0.5/35 (28).....	255	NEUTEK 2TEK TEST	
MYNATAL-Z	402	<i>nefazodone</i>	177	STRIPS.....	555, 718
MYNATE 90 PLUS	402	NEFFY	145	NEVANAC.....	781
MYRBETRIQ	509	NEMLUVIO.....	263	<i>nevirapine</i>	61
MYROSINASE	10	NENDRUX.....	331	NEW DAY.....	262, 263
mysoline	157	NEOCATE JUNIOR WITH		NEW SKIN BOTANICALS...	339
MYTESI	464	PREBIOTICS.....	393	NEW SKIN KIDS.....	339
MYTHIUS	304	<i>neomycin</i>	51	NEW SKIN SENSITIVE.....	339
MYVORI	304	<i>neomycin-bacitracin-poly-hc</i>	773	NEW ZEALAND WHEY	
MYXREDLIN	452	<i>neomycin-bacitracin-</i>		PROTEIN.....	395
		<i>polymyxin</i>	787	NEWFLORA.....	494

NEWGEN	402	NIVA THYROID	460	NOVA SAFETY LANCETS
NEXA PLUS	403	NIVESTYM	529	582, 719
NEXAVAR	95	NIX LICE PREVENTION	349	NOVA SUREFLEX
NEXIUM	471	<i>nizatidine</i>	470	LANCETS
NEXIUM PACKET	471	NOBELA	335	582, 719
NEXIVA	615, 719	NOCDURNA (MEN)	427	NOVACORT
NEXLETOL	127	NOCDURNA (WOMEN)	428	328
NEXLIZET	138	NOLIRA	346	NOVAFERRUM YAY IRON.
NEXOBRID	299	NORA-BE	258	368
NEXPLANON	246	NORDITROPIN FLEXPRO ..	449	NOVAMAX PLUS GLU-KET
NEXTSTELLIS	255	<i>norelgestromin-</i> <i>ethin.estradiol</i>	261 582, 719
NGENLA	449	<i>noreth-ethinyl estradiol-iron</i>	255	NOVAREL
<i>niacin</i>	133, 417	<i>norethindrone</i>	258	450
<i>niacin (inositol niacinate)</i>	417	<i>(contraceptive)</i>	258	NOVAVAX COVID 2024-
<i>niacinamide</i>	417, 418	<i>norethindrone acetate</i>	459	25(PF)(EUA)
Niacor	133	<i>norethindrone ac-eth</i> <i>estradiol</i>	255, 440	112
nicardipine	143	<i>norethindrone-e.estradiol-</i> <i>iron</i>	255, 256, 260	NOVOEIGHT
NICOTINAMIDE (WITH CHROMIUM)	384	Norgesic	547	527
nicotine	239	Norgesic Forte	547	NOVOFINE 32
nicotine (polacrilex)	238, 239	<i>norgestimate-ethinyl</i> <i>estradiol</i>	256, 260	603, 719
NICOTROL NS	239	NORITATE	342	NOVOFINE PLUS
nifedipine	143, 144	NORLIQVA	144	NOVOLIN 70/30 U-100
NIFEREX (FERROUS ASPARTO GLYC)	368	NORMAL SALINE FLUSH ..	412	INSULIN
NIGHTTIME UNDERPANTS		NORM-JECT	634, 719	451
L-XL	591, 719	NORM-JECT TUBERKULIN 634, 719	NOVOLIN 70-30 FLEXPEN
Nikki (28)	255	NORMLGEL AG	285	U-100
NILANDRON	87	NORPACE	125	451
<i>nilotinib hcl</i>	98	NORPACE CR	125	NOVOLIN N FLEXPEN
nilutamide	87	NORPRAMIN	182	451
nimodipine	143	NORTHERA	145	NOVOLIN N PH U-100
NINJACOF-XG	814	Nortrel 0.5/35 (28)	256	456
NINLARO	96	NORTREL 1/35 (21)	256	NOVOLOG MIX 70-30 U-
nisoldipine	144	Nortrel 1/35 (28)	256	100 INSULIN
nitazoxanide	58	Nortrel 7/7/7 (28)	260	453
nitixinone	760	<i>nortriptyline</i>	182	100 INSULN
Nitro-Bid	124	NORVASC	144	453
NITRO-DUR	124	NORVIR	76	NOVOLOG R FLEXPEN
nitrofurantoin	54, 515	NOSE CLIP	644, 719	452
nitrofurantoin macrocrystal		NOURIANZ	184	NOVOLOG R REGULAR
..... 54, 515		NOVA MAX GLUCOSE		U100 INSULIN
<i>nitrofurantoin monohyd/m-</i> <i>cryst</i>	54, 515	TEST	555, 719	452
nitroglycerin	46, 125	NOVA MAX PLUS GLUC-		NOVOLOG FLEXPEN U-
NITROLINGUAL	125	KETON METER	557, 558, 719	100 INSULIN
NITROMIST	125	NUCALA		456
NITROSTAT	125	NUCORT		NOVOLOG MIX 70-30 U-
NITRO-TIME	125	NUCYNTA		100 INSULN
NITYR	760	NUCYNTA ER		453
		NUEDEXTA		NOXAFIL
		NUGUT BOWEL SUPPORT		55
		PROBIOTIC		NOXIPAK
		NU-IRON		327
		NUJO		NP THYROID
				460
				NRF2 ACTIVATOR
				10
				NUBEQA
				87
				NUCALA
				800
				NUCORT
				328
				NUCYNTA
				16
				NUCYNTA ER
				16
				NUEDEXTA
				234
				NUGUT BOWEL SUPPORT
				PROBIOTIC
				494
				NU-IRON
				366
				NUJO
				300

NUJU.....	300	OBAGI-C THERAPY NIGHT	304	<i>omega-3 acid ethyl esters</i> ... 133
NULEV.....	475, 518	OBIZUR.....	527	<i>omega-3 fatty acids-fish oil</i> .. 137
NULIBRY.....	757	OBSTETRIX DHA.....	403	OMEGA-3 KRILL OIL..... 137
NUMBONEX.....	346	OBSTETRIX DHA		<i>omega-3s-dha-epa-fish oil</i> ... 137
NUMBRINO.....	809	PRENATAL DUO.....	403	OMEGAPURE 900-TG..... 137
NUMOISYN.....	10, 764, 765	OBSTETRIX EC.....	403	OMEGAPURE PRM..... 137
NUPLAZID.....	192	OBSTETRIX ONE.....	389, 403	OMEGAPURE-600 EC 137
NURTEC ODT.....	221	OBTREX DHA.....	403	OMEGAPURE-780 EC 137
NUTRASEB.....	308	OCALIVA.....	540	OMEGAPURE-820..... 137
NUTRISOURCE FIBER.....	502	OCELLA.....	256	OMEGAPURE-900 EC 137
NUTROPIN AQ NUSPIN.....	449	OCM.....	353	<i>omeprazole</i> 472
NUVA III.....	648, 719	<i>octreotide acetate</i>	459, 507	<i>omeprazole-sodium bicarbonate</i> 473
NUVAGEL.....	648, 719	OCUFLOX.....	788	OMEZA..... 353
NUVARING.....	262	OCUSOFT LID SCRUB		OMNARIS..... 811
NUVAZIL II.....	648, 720	ALLERGY.....	310	OMNI-BIOTIC AB-10..... 494
NUVESSA.....	816	ODACTRA.....	104	OMNI-BIOTIC BALANCE.... 494
NUVIGIL.....	229	ODEFSEY.....	65	OMNI-BIOTIC HETOX..... 494
NUWIQ.....	527	ODOMZO.....	92	OMNI-BIOTIC PANDA..... 494
NUZYRA.....	51, 82	OFEV.....	98, 815	OMNI-BIOTIC STRESS
Nyamyc.....	287	OFF ACTIVE.....	331	RELEASE..... 494
Nylia 1/35 (28).....	256	OFF DEEP WOODS.....	331	OMNIPOD 5 (G6/LIBRE 2
Nylia 7/7/7 (28).....	260	<i>ofloxacin</i>	68, 788, 792	PLUS)..... 649, 720
NYMALIZE.....	143	OGSIVEO.....	83	OMNIPOD 5 G6-G7 INTRO
NYNUTEY.....	346	OHTUVAYRE.....	792	KT(GEN5)..... 649, 720
NYPOZI.....	529	OJEMDA.....	90	OMNIPOD 5 G6-G7 PODS
nystatin.....	54, 287, 288, 764	OJJAARA.....	84	(GEN 5)..... 649, 720
nystatin-triamcinolone.....	292	<i>olanzapine</i>	191, 209	OMNIPOD 5
Nystop.....	288	<i>olanzapine-fluoxetine</i>		INTRO(G6/LIBRE2PLUS)
NYVEPRIA.....	529	181, 192, 209 649, 720
OASIS ULTRA		<i>olive oil</i>	241	OMNIPOD DASH INTRO
FENESTRATED.....	350, 720	<i>olmesartan</i>	124	KIT (GEN 4)..... 649, 720
OASIS WOUND MATRIX		<i>olmesartan-amlodipin-hcthiazid</i>	121	OMNIPOD DASH PDM KIT
FENESTRATED.....	350, 720	<i>olmesartan-</i>		(GEN 4)..... 603, 720
OASIS WOUND MATRIX		<i>hydrochlorothiazide</i>	122	OMNIPOD DASH PODS
MESHED.....	350, 720	<i>olopatadine</i>	776, 810	(GEN 4)..... 649, 720
OB COMPLETE.....	384	OLPRUVA.....	760	OMNITROPE 449
OB COMPLETE ONE.....	403	OLUMIANT.....	36, 263	OMVOH..... 481
OB COMPLETE PETITE....	403	OLUX.....	323	OMVOH PEN 480
OB COMPLETE PREMIER.	403	OLUX-E.....	323	ON CALL EXPRESS
OB COMPLETE WITH DHA	403	OMBRA COMPRESSOR		CONTROL..... 582, 721
OBAGI ELASTIDERM.....	302	SYSTEM.....	644, 720	ON CALL EXPRESS
OBAGI NU-DERM		OMECLAMOX-PAK.....	479	METER..... 582, 721
BLENDER.....	302	<i>omega 3-dha-epa-fish oil</i>	136	ON CALL EXPRESS TEST
OBAGI NU-DERM CLEAR..	302	OMEGA MONOPURE.....	137	STRIP 555, 721
OBAGI NU-DERM		OMEGA MONOPURE DHA		ON CALL LANCET..... 582, 721
SUNFADER.....	304	EC.....	136	ON CALL LANCING
OBAGI-C CLARIFYING		OMEGA MONOPURE EPA		DEVICE..... 582, 721
SERUM.....	304	EC.....	136	ONAPGO..... 186
				ONCOPEX..... 10

ONCOPEX ES	10	ONETOUCH VERIO FLEX METER.....	582, 721	OPTIUM EZ.....	555, 722
<i>ondansetron</i>	467	ONETOUCH VERIO HIGH CONTROL.....	582, 721	OPTIUM TEST.....	555, 722
<i>ondansetron hcl</i>	467	ONETOUCH VERIO MID CONTROL.....	583, 721	OPVEE.....	50
ONE A DAY MEN COMPLETE	384	ONETOUCH VERIO STRIPS.....	555, 721	OPZELURA.....	284
ONE DAILY ESSENTIAL	384	REFLECT METER.....	583, 721	ORACEA.....	82, 341
ONE DAILY MEN'S 50		ONETOUCH VERIO TEST STRIPS.....	555, 721	ORACIT.....	514
PLUS W-D3.....	384	ONEVITE DAILY MULTIVITAMIN.....	389	ORALAIR.....	103
ONE DAILY MEN'S HEALTH.....	384	ONEXTON.....	271	Oralone.....	765
ONE DAILY MULTI-VIT W-MINERAL.....	384	ONFI.....	158, 205, 206	ORALYTE.....	370
ONE DAILY MULTIVITAMIN	389	ONGENTYS.....	184	ORAMAGICRX.....	765
ONE DAILY MULTIVITAMIN-IRON.....	384	ON-GO COVID-19 AG AT HOME TEST.....	560, 721	ORAPEUTIC.....	765
ONE DAILY PRENATAL....	404	ON-THE-GO LANCETS	583, 722	ORAPRED ODT.....	446
ONE DAILY WOMEN 50		ONUREG.....	89	ORAVIG.....	55
PLUS(VIT K).....	384	ONYDA XR.....	193	ORAXINOL.....	10
ONE DAILY WOMEN'S.....	384	ONZDEAXIADEM TAR.....	274	<i>oregano oil-flaxseed oil</i>	10
ONE-A-DAY MEN		ONZDEAXIADEM VAR.....	275	ORENCIA.....	34
VITACRAVES.....	385	ONZDEAXIATAR.....	275	ORENCIA CLICKJECT	34
ONE-A-DAY MEN'S 50		ONZDEAXIAVAR.....	275	ORENITRAM.....	152
PLUS.....	385	ONZDEAXIAZAR.....	275	ORENITRAM MONTH 1	
ONE-A-DAY MEN'S COMPLETE	385	ONZDEOXIA.....	271	TITRATION KT.....	152
ONE-A-DAY PRENATAL....410		ONZETRA XSAIL.....	223	ORENITRAM MONTH 2	
ONE-A-DAY PRENATAL-1. 404		OPCICON ONE-STEP 262, 263		TITRATION KT.....	152
ONE-A-DAY TRUBIOTICS..494		OPFOLDA.....	758	ORENITRAM MONTH 3	
ONE-A-DAY WOMEN		OPILL.....	258	ORFADIN.....	760
VITACRAVES.....	385	OPIPZA.....	192, 209	ORGANIC NIPPLE BALM ...	308
ONE-A-DAY WOMEN'S 50		<i>opium tincture</i>	464, 465	ORGOVYX.....	93
PLUS.....	385	OPSUMIT.....	153	ORIAHNN.....	458
ONE-A-DAY WOMEN'S COMPLETE	385	OPSYNVI.....	117	ORILISSA.....	458
ONE-DAILY MULTI.....	385	OPTICHAMBER ADULT		ORKAMBI.....	808
ONETOUCH DELICA PLUS LANC DEV.....	582, 721	MASK-LARGE.....	644, 722	ORLADEYO.....	152
ONETOUCH DELICA PLUS LANCET	582, 721	OPTICHAMBER DIAMOND		Ormalvi.....	544
ONETOUCH DELICA SAFETY LANCET	582, 721	LG MASK.....	644, 722	<i>orphenadrine citrate</i>	548
ONETOUCH ULTRA CONTROL.....	582, 721	OPTICHAMBER DIAMOND		<i>orphenadrine-asa-caffeine</i> ..	547
ONETOUCH ULTRA TEST	555, 721	VHC.....	644, 722	Orphengesic Forte	547
ONETOUCH ULTRA2 METER.....	582, 721	OPTICHAMBER DIAMOND-SML MASK.....	644, 722	Orquidea.....	258
ONETOUCH ULTRASOFT 2 LANCET.....	582, 721	MED MSK.....	644, 722	ORSERDU.....	99
		OPTICHAMBER DIAMOND-SML MASK.....	644, 722	ORTHOVISC.....	546
		OPTICLEANSE GHI.....	393	ORTIKOS.....	483
		OPTIMAG 125.....	369	OSAPEX.....	363
		OPTIMAG NEURO.....	369	OSAPEX MK-7	362
		OPTIMAG PLUS CALCIUM 362		OSCIMIN.....	475, 518
		OPTION-2.....	262, 263	OSCIMIN SL.....	475, 518
				<i>oseltamivir</i>	71
				OSENI.....	434
				OSMOLEX ER.....	186
				OSSOPAN MD.....	361
				OSSOPAN-1100.....	361
				OSTACHOL.....	413

OSTEOPRIME PLUS CALC-MAGNESIUM	363	PAINGO KFT	335	<i>paricalcitol</i>	758
OSTEO-VIT3	421	PALFORZIA (LEVEL 0)	108	PARNATE	175
OTEZLA	37, 297	PALFORZIA (LEVEL 1)	108	<i>paroxetine hcl</i>	176, 177
OTEZLA STARTER	37, 297	PALFORZIA (LEVEL 2)	108	<i>paroxetine</i>	
OTOVEL	791	PALFORZIA (LEVEL 3)	108	<i>mesylate(menop.sym)</i>	458
OTREXUP (PF)	32	PALFORZIA (LEVEL 4)	108	PASER	65
OVACE	298	PALFORZIA (LEVEL 5)	108	PAXIL	177
OVACE PLUS	298	PALFORZIA (LEVEL 6)	108	PAXIL CR	177
OVACE PLUS SHAMPOO..	298	PALFORZIA (LEVEL 7)	108	PAXLOVID	77
OVACE PLUS WASH	298	PALFORZIA (LEVEL 8)	108	PAXLYTE	415
OVAL TAPE	583, 722	PALFORZIA (LEVEL 9)	108	<i>pazopanib</i>	98
OVEGA-3	137	PALFORZIA (LEVEL 10)	109	PCCA ACCUPEN-15	562, 723
OVIDE	350	PALFORZIA (LEVEL 11 UP-		PCCA SUSPENDIT	
OVIDREL	450	DOSE)	109	ANHYDROUS	242
<i>oxaprozin</i>	42	PALFORZIA INITIAL (1-3		PEAK AIR PEAK FLOW	
<i>oxazepam</i>	156, 206	YRS)	109	METER	639, 723
<i>oxcarbazepine</i>		PALFORZIA INITIAL (4-17		<i>pedi multivit no.194-iron sulf</i>	398
	162, 163, 164, 165	YRS)	109	PEDIALYTE	
OXERVATE	784	PALFORZIA LEVEL 11		ELECTROLYTE	371
OXIAICE	268	MAINTENANCE	109	PEDIALYTE	
OXIANUJO	300	<i>paliperidone</i>	188	ELECTROLYTE WATER	371
OXIANUJO (WITH HYALURONATE)	300	PALYNZIQ	762	PEDIALYTE SPARKLING	
OXIATAR	277	PAMELOR	182	RUSH	371
OXIAVARRY	277	PANCREAZE	469	PEDIAPRED	446
OXIAVARY	277	PANDEL	323	PEDIATRIC BEAR	
OXIAZAR	277	PANRETIN	293	NEBULIZER	645, 723
<i>oxiconazole</i>	291	<i>pantoprazole</i>	472	PEDIATRIC COMP-AIR	
OXISTAT	291	PANXYME PH	469	COMPRES NEB	645, 723
OXTELLAR XR	166	<i>papaverine</i>	151	PEDIATRIC D-VITE	421
<i>oxybutynin chloride</i>	518, 519	PARADIGM RESERVOIR		PEDIATRIC ELECTROLYTE	
<i>oxycodone</i>	16		603, 722		371
<i>oxycodone-acetaminophen</i>	22, 23, 24	PARAGARD T 380A	247	<i>pediatric multivitamin no.171</i>	
OXYCONTIN	16	PARAGARD T380A			396
<i>oxymorphone</i>	16, 17	(SINGLE HAND)	247	PEDIATRIC POLY-VITE	396
OXYTROL	519	PARI BABY CONV KIT -		PEDIATRIC POLY-VITE	
OYSTER SHELL CALCIUM-500	361	SIZE 1	644, 722	WITH IRON	398
OYSTER SHELL CALCIUM-VIT D3	364	PARI BABY CONV KIT -		PEDIATRIC TRI-VITE	396
OZEMPIC	430	SIZE 2	644, 722	<i>peg 3350-electrolytes</i>	504
OZOBAX	548	PARI BABY CONV KIT -		<i>peg3350-sod sul-nacl-kcl-asb-c</i>	504
Pacerone	126	SIZE 3	645, 722	PEGASYS	69
PACNEX HP	275	PARI LC SPRINT		<i>peg-electrolyte soln</i>	504
PACNEX LP	275	NEBULIZER SET	619, 722	PEMAZYRE	92
PAIN EASE MEDIUM STREAM SPRAY	335	PARI LC SPRINT SINUS		PEN NEEDLE	603, 723
PAIN EASE MIST SPRAY	335		619, 722	<i>pen needle, diabetic</i>	
		PARI TREK S COMBO			603, 604, 723
		PACK	645, 722	<i>pen needle, diabetic, safety</i>	
		PARI TREK S COMPACT			604, 723
		COMPRESSOR	645, 722	PENBRAYA (PF)	110
		PARI TREK S PORTABLE		<i>penciclovir</i>	299
		PWR KIT	645, 722		

penicillamine	36, 49	PHASEAL INJECTOR LUER	pimozide	190
penicillin v potassium	75638, 724	Pimtrea (28)	248
pentamidine	74	PHASEAL INJECTOR LUER	pindolol	140
PENTASA	482	LOCK	pioglitazone	457
pentazocine-naloxone	27	PHASEAL PROTECTOR	pioglitazone-glimepiride	434
PENTIPS PEN NEEDLE	638, 724	pioglitazone-metformin	433
	604, 723	PHASEAL SECONDARY	PIP BLOOD GLUCOSE	
pentoxifylline	530	SET	MONITOR	583, 724
Pepcid	470	PHASEAL Y-SITE	PIP BLOOD GLUCOSE	
PEPCIX	373	PHEBURANE	TEST STRIP	555, 724
PEPTAMEN JUNIOR PHGG		PHEDRAX	PIP GLUCOSE CONTROL	
	394	phenazopyridine	SOLN L1-L2	583, 724
perampanel	157	phenelzine	PIP LANCET	583, 724
Percocet	22, 24	Phenergan	PIP PEN NEEDLE	604, 724
PERFECT POINT SAFETY		PHENEX-1	PIQRAY	96
LANCETS	583, 723	PHENEX-2	pirfenidone	814
PERFOROMIST	803	phenobarb-hyoscy-atropine-	piroxicam	40
PERIDEX	764	scop	pitavastatin calcium	132
perindopril erbumine	119	phenobarbital	PIXEL COVID19 HOME	
Periogard	764	PHENOHYTRO	COLLECT KIT	560, 725
permethrin	350	phenol	PLANTAGO-HOMACCORD	462
perphenazine	190	phenoxybenzamine	PLAQUENIL	32, 57
perphenazine-amitriptyline	180	phenylalanine	PLATINUM TEST STRIP	
PERSONAL BEST FULL		phenylephrine hcl555, 725	
RANGE	639, 723	phenyleph-tropicamide in	PLAVIX	538
PERSONAL BEST LOW		water	PLEGRIDY	767, 768
RANGE	639, 723	Phentyek	PLENURA	327
PERTZYE	469	phenytoin	PLENUV	505
PETROLEUM GAUZE	563, 723	phenytoin sodium extended	PLEXION	271
PFIZER COVID 2024-25(5Y-11Y)PF	112	PHEODOYO	PLEXION CLEANSING	
PFIZER COVID 2024-25(6MO-4Y)PF	112	PHEOXIA	CLOTHS	271
PFLEX INSPIRATORY		PHEXXI	PLEXION NS	298
TRAINER	645, 723	PHEYO	PMS SOOTHE	10
PHARMABASE BARRIER	340	Philith	PNEUMOVAX-23	110
PHARMACIST CHOICE		PHOSPHALINE	pnv no.95-ferrous fumarate-fa	404
	555, 724	PHOSPHOLINE IODIDE	PNV TABS 20-1	410
PHARMACIST CHOICE GLUCOSE SYS	583, 724	PHOSPHOROUS	PNV-DHA	389
PHASEAL ASSEMBLY FIXTURE		SUPPLEMENT	PNV-DHA + DOCUSATE	404
	638, 724	PHOTREXA CROSS-LINKING KIT	PNV-OMEGA	385
PHASEAL CONNECTOR LUER LOCK	638, 724	PHYSIOLYTE	PNV-SELECT	404
PHASEAL INFUSION ADAPTER	638, 724	PHYSIOSOL IRRIGATION	POCKET CHAMBER	645, 725
PHASEAL INFUSION CLAMP	638, 724	phytonadione (vitamin k1)	POCKET PEAK FLOW	
		...423	METER	639, 725
		PIFELTRO	PODOCON	332
		PIKO 1	podofilox	332
		PILLOW MASK CHILD	POKONZA	372
		645, 724	POLY HUB NEEDLE	634, 725
		pilocarpine hcl	Polycin	787
	766, 771, 772		
		PILOT COVID-19 AT-HOME		
		TEST		
	560, 724		
		pimecrolimus		
	301		

<i>polymyxin b sulf-</i>		PREBIOMAX.....	495	<i>prednisolon-moxiflox-</i>
<i>trimethoprim</i>	787	PREBIOTIC FIBER.....	502	<i>ketorolac</i>
<i>polysaccharide iron complex</i>		PREBIOTIC FIBER (FOS)....	502	<i>prednisone</i>
.....	366	PREBIOTIC INULIN-FOS....	502	PREDNISONE INTENSOL..
<i>polysorbate 80</i>	243	PRECISION.....	583, 725	<i>pregabalin</i>
POLY-TUSSIN AC.....	813	PRECISION GLUCOSE	 160, 215, 216, 232, 234
POLY-VI-FLOR		CONTROL SOLN.....	583, 725	PREGEN DHA.....
(ARCOFOLIN).....	399	PRECISION		PREGNYL.....
POLY-VI-FLOR DROPS.....	399	GLUCOSE/KETONE		PRELIEF.....
POLY-VI-FLOR DROPS		CONTR.....	583, 725	PREMARIN.....
(ARCOFOLIN).....	399	PRECISION PCX PLUS		PREMIER BLU GLUCOSE
POLY-VI-FLOR IRON		TEST.....	556, 725	METER.....
DROP(ARCOFO).....	399	PRECISION PCX TEST		583, 725
POLY-VI-FLOR W-		556, 725	PREMIER CLASSIC
IRON(ARCOFOLIN).....	400	PRECISION POINT OF		GLUCOSE METER.....
POLY-VITA DROPS.....	396	CARE TEST.....	556, 725	583, 725
POLY-VITA WITH IRON.....	398	PRECISION Q-I-D TEST		PREMIER COMPACT
POMALYST.....	100	556, 725	GLUCOSE METER.....
PONVORY.....	770	PRECISION XTRA		583, 725
PONVORY 14-DAY		KETONE-GLUCOSE...558,	725	PREMIER TEST STRIP
STARTER PACK.....	770	PRECISION XTRA	 556, 725
POPULUS COMPOSITUM..	462	MONITOR.....	583, 725	PREMIER VOICE
Portia 28.....	256	PRECISION XTRA TEST		GLUCOSE METER.....
<i>posaconazole</i>	55	556, 725	583, 725
<i>potassium aa (bisglycinate)</i>	372	PRECOSE.....	428	PREMIUM BLOOD
<i>potassium chloride</i>	372	PRED FORTE.....	778	GLUCOSE MONITOR.
<i>potassium citrate</i>	514	PRED MILD.....	778	583, 726
<i>potassium citrate-citric acid</i>	514	PRED-G S.O.P.....	773	PREMPHASE.....
<i>potassium gluconate</i>	372	<i>prednicarbate</i>	323	440
<i>potassium iodide</i>	364	<i>prednisoln sp-moxiflox-</i>		PREMPRO.....
<i>potassium, sodium</i>		<i>bromfen</i>	774	441
<i>phosphates</i>	371	<i>prednisolone</i>	446, 447	PRENAISSANCE.....
<i>povidone-iodine</i>	789	<i>prednisolone acetate</i>	779	404
PR BENZOYL PEROXIDE..	275	<i>prednisolone acetate (pf)</i>	779	PRENAISSANCE PLUS.....
PR CREAM.....	339	<i>prednisolone acetate-</i>		404
PR NATAL 400.....	404	<i>bromfenac</i>	783	PRENATA.....
PR NATAL 400 EC.....	404	<i>prednisolone acetate-</i>		405
PR NATAL 430.....	404	<i>nepafenac</i>	783	PRENATABS FA.....
PR NATAL 430 EC.....	404	<i>prednisolone sod ph-</i>		405
PRADAXA.....	539	<i>bromfenac</i>	784	PRENATABS RX.....
PRAKETAMIDE.....	347	<i>prednisolone sod ph-</i>		405
<i>pralidoxime</i>	48	<i>moxiflox</i>	773	PRENATAL.....
PRALUENT PEN.....	134	<i>prednisolone sodium</i>		410
<i>pramipexole</i>	187	<i>phosphate</i>	447, 779	PRENATAL + DHA.....
PRAMOSONE.....	329	<i>prednisolone-moxiflo-</i>		405
<i>prasterone (dhea)</i>	1	<i>nepafenac</i>	774	PRENATAL 19.....
<i>prasugrel hcl</i>	538	<i>prednisolone-moxifloxacin</i>		405
<i>pravastatin</i>	132	<i>hcl</i>	773	PRENATAL FORMULA.....
<i>praziquantel</i>	53	<i>prednisolone-moxiflox-</i>		405
<i>prazosin</i>	151	<i>bromfen</i>	774	PRENATAL FORMULA-DHA.....

PRENATAL		PREVACID SOLUTAB	472	PRO VOICE V8-V9 TEST	
MULTIVITAMINS	406	Prevalite	128	STRIP	556, 726
PRENATAL ONE DAILY	406	PREVENT DROPSAFE PEN		PRO VOICE V9 GLUCOSE	
PRENATAL PLUS	406	NEEDLE	604, 726	MONITOR	584, 727
PRENATAL PLUS (CALCIUM CARB)	406	PREVIDENT	763	PROAIR RESPICLICK	804
PRENATAL PLUS DHA	406	PREVIDENT 5000		PROBACAP	495
PRENATAL PLUS VITAMIN-		BOOSTER PLUS	763	<i>probencid</i>	520
MINERAL	406	PREVIDENT 5000 DRY		<i>probencid-colchicine</i>	520
PRENATAL TABLET	406	MOUTH	763	PROBICHEW	495
<i>prenatal vit no. 179-iron-folic</i>	406	PREVIDENT 5000 ENAMEL		PROBIO DEFENSE	495
PRENATAL VITAMIN	406, 407	PROTECT	763	PROBIOFLEXX	495
PRENATAL VITAMIN PLUS		PREVIDENT 5000 ORTHO		PROBIOMAX 350 DF	495
LOW IRON	407	DEFENSE	763	PROBIOMAX COMPLETE	
PRENATAL VITAMIN WITH		PREVIDENT 5000 PLUS	763	DF	495
MINERALS	407	PREVIDENT 5000		PROBIOMAX DAILY DF	495
<i>prenatal vit-iron fum-folic ac</i>	407	SENSITIVE	763	PROBIOMAX DF	495
PRENATAL WITH DHA-		PREVIDENT KIDS	763	PROBIOMAX IG 26 DF	496
FOLIC ACID	407	PREVNAR 20 (PF)	111	PROBIOMAX LEAN DF	496
PRENATAL-U	389	PREV-RX	390	PROBIOMAX PLUS DF	496
PRENATE AM	389	PREVYMIC	68	PROBIOMAX SB DF	496
PRENATE CHEWABLE	389	PREZCOBIX	63, 76	PROBIOMAX SERENITY	496
PRENATE DHA	390	PREZISTA	76	PROBIONEXX	496
PRENATE DHA (FERR ASP		PRIFTIN	66, 77	PROBIOTIC	497
GLYCIN)	410	PRILO PATCH	347	PROBIOTIC (B.	
PRENATE ELITE	411	PRILOSEC	472	COAGULANS)	496
PRENATE ELITE (IRON		PRIMACARE	407	PROBIOTIC (S.BOULARDII)	
ASP GLYC)	410	PRIMADOPHILUS BIFIDUS	495	496
PRENATE ENHANCE	407	PRIMADOPHILUS		PROBIOTIC (WITH	
PRENATE ESSENTIAL	390	ORIGINAL	495	VITAMIN D3)	496
PRENATE ESSENTIAL(IRON-ASP-GL)		<i>primaquine</i>	57	PROBIOTIC ACIDOPHILUS	
.....	390	PRIMEAIRE	645, 726	(4 STRN)	496
PRENATE MINI (FERR ASP		PRIMIDAR	495	PROBIOTIC	
GLYCIN)	411	<i>primidone</i>	157	ACIDOPHILUS(14-STRN) ...	496
PRENATE PIXIE	411	Primlev	22, 24	PROBIOTIC COLON	
PRENATE RESTORE	407	PRIMSOL	53	SUPPORT	497
PRENATE STAR	411	PRIORIX (PF)		PROBIOTIC DIGEST SUPP	
PREPIDIL	424	107, 114, 115, 116	(4-STRN)	497
PRESERA	308	PRISTIQ	178	PROBIOTIC DIGEST SUPP	
PRESERVISION AREDS 2		PRO COMFORT INSULIN		(6-STRN)	497
PLUS MV	4, 385	SYRINGE	604, 726	PROBIOTIC	
PRESERVISION AREDS-2	4	PRO COMFORT LANCET		DIGEST(L.RHAM,INULN) ...	497
PRESSURE ACTIVATED		584, 726	PROBIOTIC	
LANCETS	584, 726	PRO COMFORT PEN		DIGEST(LACTO,BIFIDO) ...	497
PRESTALIA	117	NEEDLE	604, 726	PROBIOTIC FORMULA	
PRESTO PRO BLOOD		PRO COMFORT SAFETY		(INULIN)	497
GLUCOSE METER	584, 726	LANCET	584, 726	PROBIOTIC PEARLS	
<i>pretomanid</i>	66	PRO COMFORT TENS		ACIDOPHILUS	497
PREVACID	472	ELECTRODE	618, 726	PROBIOTIC PEARLS	
		PRO COMFORT TENS		COMPLETE	497
		UNIT	618, 726		

PROBIOTIC PEARLS	PRODIGY VOICE	PROVENT STARTER.
WOMEN'S.....497	GLUCOSE METER....584, 728	PROVERA.....459
PROBIOTIC-10.....498	PROFILNINE.....525	PROVIDA OB.....407
PROBIOTIC-IMMUNE.....498	PROFINAC.....339	PROVIGIL.....229
PROBIZEN.....498	PROFOLA.....385	PROVIMIN.....394
PROCARDIA XL.....144	<i>progesterone</i>459	PROVISC.....786
PROCARE COMPRESSOR	<i>progesterone micronized</i>459	PROXIVOL.....346
NEBULIZER.....645, 727	PROGLYCEM.....425	PROZAC.....177
PROCARE PEDIATRIC	PROGRAF.....542	<i>prucalopride</i>474
NEBULIZER.....645, 727	PROLASTIN-C.....809	PRUCLAIR.....309
PROCARE SPACER WITH	Prolate.....23, 24	PRUMYX.....309
ADULT MASK.....645, 727	PROLENSA.....781	Pruradik.....350
PROCARE SPACER WITH	PROMACTA.....540	PSORINOHEEL.....462
CHILD MASK.....645, 727	PROMELLA.....498	<i>psyllium husk</i>502
PROCEL SINGLES.....395	<i>promethazine</i>466, 794, 796	<i>psyllium husk (with sugar)</i> ...502
Procentra.....213	<i>promethazine-codeine</i>812	PULMICORT.....799
PRO-CEPTION.....618, 727	<i>promethazine-dm</i>812	PULMICORT FLEXHALER. 799
PROCHAMBER.....645, 727	<i>promethazine-phenylephrine</i>	PULMO-AIDE
<i>procchlorperazine</i>466792	COMPRESSOR.....646, 728
<i>procchlorperazine maleate</i>	Promethegan.....466, 794, 796	PULMONEB LT
.....191, 466	PROMETRIUM.....459	COMPRESSOR NEBUL
PROCORT.....47	PROMISEB.....298, 308646, 728
PROCRIT.....524	PRONAL.....331	PULMOSAL.....242
Proctocort.....46, 323	PRONEB MAX	PULMOZYME.....809
PROCTOFOAM HC.....47	COMPRESSOR-LC PLUS	PURAZIL.....296
Procto-Med Hc.....46, 323645, 728	PURE COMFORT
Proctosol Hc.....47, 323	PRONEB MAX	LANCETS.....584, 728
Proctozone-Hc.....47, 323	COMPRESSR-LC SPRINT	PURE COMFORT PEN
PROCYSBI.....508645, 728	NEEDLE.....604, 728
PRODIGY AUTOCODE	PRONEB ULTRA II FILTER	PURE COMFORT SAFETY
METER.....584, 727	ASSEM.....645, 728	LANCETS.....584, 728
PRODIGY AUTOCODE	PROOXIA.....304	PURE COMFORT SAFETY
MONITOR SYST.....584, 727	<i>propafenone</i>126	PEN NEEDLE.....604, 728
PRODIGY CONTROL	<i>proparacaine</i>785	PUREAIR MINI NEBULIZER
SOLUTION, LOW.....584, 727	PROPIMEX-2.....395646, 728
PRODIGY CONTROL	<i>propranolol</i>141	PURECOMFORT PEAK
SOLUTION,HIGH.....584, 727	<i>propranolol-</i>	FLOW METER.....639, 729
PRODIGY INSULIN	<i>hydrochlorothiazid</i>150	PUREVITA ALPHA LIPOIC
SYRINGE.....604, 727	<i>propylthiouracil</i>436	ACID4
PRODIGY LANCETS.. 584, 727	PROSCAR.....513	PUREVITA FOLIC ACID422
PRODIGY LANCING	PROSILK.....648, 728	PUREVITA SUPER B-
DEVICE.....584, 727	PROSILK GEL.....339	COMPLEX358
PRODIGY MINI-MIST	PROSOURCE	PUREVITA VITAMIN A.....414
NEBULIZER.....619, 727	PROTECT IRON LIQUID ...368	PUREVITA VITAMIN B1.....415
PRODIGY NO CODING	PROTHELIAL.....766	PUREVITA VITAMIN B12...417
.....556, 727	PROTONIX.....472	PUREVITA VITAMIN B2.....417
PRODIGY POCKET METER	<i>protriptyline</i>182	PUREVITA VITAMIN B3.....418
.....584, 727	PROVATE PELVIC ORGAN	PUREVITA VITAMIN B5.....418
PRODIGY TWIST TOP	SUPPORT.....728, 818	PUREVITA VITAMIN B6.....418
LANCET.....584, 728	PROVENT.....646, 728	PUREVITA VITAMIN C.....419

PUREVITA VITAMIN D3.....	421	QUINTET AC.....	556, 584, 729	RECOETHROM SPRAY KIT .	532
PUREVITA VITAMIN E.....	421	QUINTET BLOOD		RECTIV	46
PURIXAN.....	88	GLUCOSE METER.....	584, 729	red beet.....	10
PUSH BUTTON SAFETY		QUINTET GLUCOSE TEST		red beet-sour cherry extract..	10
LANCETS.....	584, 729	STRIPS.....	556, 729	red yeast rice.....	10
PYLERA.....	478	QUIT 2.....	239	red yeast rice extract.....	10
pyrazinamide.....	65	QUIT 4.....	240	REFUAH PLUS.....	556, 729
PYRIDIUM.....	515	QULIPTA.....	221	REFUAH PLUS GLUCOSE	
pyridostigmine bromide.	48, 545	QUTENZA.....	347	CONTROL.....	584, 729
pyridoxine (vitamin b6).....	418	QUVIVIQ.....	236	REFUAH PLUS GLUCOSE	
pyrimethamine.....	57	QVAR REDIHALER.....	799	MONITOR.....	585, 729
PYRUKYND.....	538	rabeprazole.....	473	REGENECARE	346
QBRELIS.....	119	RADIAGEL.....	309	REGENECARE WITH ALOE	
QBREXZA.....	287	RADIAPLEXRX.....	340		346
Q-CARE RX Q2.....	561	RADICAVA ORS.....	544	REGLAN.....	474
Q-CARE RX Q4.....	561	RADICAVA ORS STARTER		REGRANEX	354
QDOLO.....	17	KIT SUSP.....	544	REGULOID (ASPARTAME)	502
QUELBREE.....	203	RADIOGARDASE.....	48	REGULOID (PSYLLIUM	
QFITLIA.....	520	RAGWITEK.....	104	HUSK).....	502
QFITLIA PEN.....	520	RALDESY.....	177	REGULOID (PSYLLIUM	
QINLOCK.....	98	raloxifene.....	459	HUSK-SUCRO).....	502
QLOSI.....	772	ramelteon.....	220	REJUVAFLOR.....	498
QNDSL.....	811	ramipril.....	119	RELAFEN DS.....	40
QTERN.....	431	ranolazine.....	125	RELAGARD	816
QUAKE VIBRATORY PEP		RAPAFLO.....	513	RELAX NIGHT CALM.....	219
.....	646, 729	RAPID SARS-COV-2 AG		RELCARE	415
QUALAQUIN.....	57	HOME TEST.....	561, 729	RELENZA DISKHALER.....	72
quazepam.....	206, 235	RAPIDGO FLU AND		RELEUKO	529
QUDEXY XR.....	167	COVID-19 TEST.....	561, 729	RELEXXII.....	201
quercetin.....	418	RAPPORT VACUUM		RELIAMED LANCET ...	585, 729
Questran.....	128	THERAPY.....	617, 729	RELIAMED MINI LANCING	
Questran Light.....	128	rasagiline.....	185	DEVICE.....	585, 729
quetiapine.....	191, 209, 210	RASUVO (PF).....	32, 33	RELIAMED SAFETY SEAL	
QUICKVUE AT-HOME		RAVICTI.....	760	LANCETS.....	585, 729
COVID-19 TEST.....	560, 729	RAYALDEE.....	758	RELIBIOTIC.....	498
QUICKVUE SARS		RAYASAL.....	332	RELION ALL-IN-ONE	
ANTIGEN.....	560, 729	RAYOS.....	447	METER.....	585, 730
QUIDROXZAR.....	330	REBIF (WITH ALBUMIN)....	768	RELION CONFIRM	585, 730
QUIHOXAXIA.....	330	REBIF REBIDOSE	768	RELION CONFIRM-MICRO	
QUIHOXVAR.....	330	REBIF TITRATION PACK...	768	556, 730
QUILLCHEW ER.....	199	REBINYN.....	525	RELION MICRO GLUCOSE	
QUILLIVANT XR.....	200, 201	REBYOTA.....	463	MONITOR.....	585, 730
quinapril.....	119	RECEDO.....	340	RELION PRIME METER	
quinapril-hydrochlorothiazide		Reclipsen (28).....	256	585, 730
.....	118	RECOMBIMATE.....	527	RELION PRIME TEST	
quinidine gluconate.....	125	RECOMBIVAX HB (PF)		STRIPS.....	556, 730
quinidine sulfate.....	126	105, 106	RELION ULTIMA.....	556, 730
quinine sulfate.....	57	RECONSTITUBE.....	618, 729	RELISTOR.....	50
QUINIXIL.....	328	RECORLEV.....	424	RELIZORB.....	562, 730
QUINJA.....	285	RECOTHROM.....	532	RELPAX.....	224

RELTONE	469	REVATIO	154	RITALIN	201, 229
REMEDIENT	385	REVCORI	758	RITALIN LA	201
REMERON	175	REVEAL BLOOD		RITEFLO AEROCHAMBER	
REMERON SOLTAB	175	GLUCOSE METER	585, 730		646, 731
REMIFEMIN MENOPAUSE..	10	REVEAL TEST STRIP	556, 730	ritonavir	76
REMODULIN	152	REVITAFLOR	498	rivaroxaban	523
REMYDA	342	REVLIMID	100	rivastigmine	244
RENACIDIN	508	REVUFORJ	84	rivastigmine tartrate	244
RENAMENT	394	REXTOVY	50	RIVELSA	259
RENEEL	463	REXULTI	192	RIVFLOZA	510
RENOVAR	102, 351	REYATAZ	76	RIXUBIS	525
RENTHYROID	460	REYVOW	225	rizatriptan	224
RENVELA	511	REZDIFRA	540	R-NATAL OB	411
<i>repaglinide</i>	430	REZLIDHIA	95	ROAOXIA	338
REPATHA PUSHTRONEX..	134	REZUROCK	37	ROBINSON CLEAR VINYL	
REPATHA SURECLICK	134	REZVOGLAR KWIKPEN	453	CATHETER	651, 731
REPATHA SYRINGE..	134, 135	RHOFADE	342	ROBINUL	476
REPEL	331	RHOPRESSA	791	ROBINUL FORTE	476
REPEL SPORTSMEN	331	<i>ribavirin</i>	71, 77	ROCALTROL	421, 758
REPHRESH PRO-B	498	<i>riboflavin (vitamin b2)</i>	417	ROCKLATAN	786
REPLENS EXTERNAL		<i>ribose</i>	391	<i>roflumilast</i>	801
COMFORT	817	RIDAURA	34	ROLVEDON	529
REPLICARE DRESSING		<i>rifabutin</i>	66, 77	ROMVIMZA	98
	353, 730	<i>rifampin</i>	66, 77	<i>ropinirole</i>	187
REPLICARE THIN	353, 730	RIGHTEST CONTROL		Rosadan	343
REPLICARE ULTRA		SOLUTION HIGH	585, 730	ROSADAN	343
DRESSING	353, 730	RIGHTEST CONTROL		ROSITARA	343
REPOZEN SLEEP AID	219	SOLUTION NORM	585, 730	ROSULA	271
RESISTANCE FORMULA		RIGHTEST GD500		ROSULA CLEANSING	
PROBIOTIC	498	LANCING DEVICE	585, 730	CLOTHS	271
RESPA-AR	793	RIGHTEST GL300		<i>rosuvastatin</i>	132
RESTASIS	779	LANCETS	585, 731	Rosyrah	259
RESTASIS MULTIDOSE	779	RIGHTEST GM550		ROSZET	139
RESTIMO	342	SYSTEM	585, 731	ROTARIX	107, 115
RESTORE	353, 563, 730	RIGHTEST GS550 TEST		ROTATEQ VACCINE..	107, 115
RESTORE CALCIUM		STRIPS	556, 731	ROVIS	343
ALGINATE	353	RIGHTEST GT333		ROWASA	482
RESTORE FUSION RENAL		GLUCOSE METER	585, 731	Roweepra	172
SUPPORT	394	RIGHTEST GT333 TEST		Roweepra Xr	172
RESTORE RENAL		STRIP	556, 731	ROXICODONE	17
SUPPORT	394	RILUTEK	544	ROXYBOND	17
RESTORIL	206, 235	<i>riluzole</i>	544	ROZEREM	220
RETACRIT	524	<i>rimantadine</i>	72	ROZLYTREK	98
RETEVMO	99	<i>ringer's</i>	360	RUBBER MOUTHPIECE	
RETIN-A	279	RINVOQ	36, 284, 483		646, 731
RETIN-A MICRO	279	RINVOQ LQ	36	RUBRACA	96
RETIN-A MICRO PUMP	279	RIOMET	457	RUCONEST	522
RETROVIR	62	<i>risedronate</i>	438	<i>rufinamide</i>	173, 174
REUSABLE NEBULIZER		RISPERDAL	188, 189, 210	RUKOBIA	59
KIT	646, 730	<i>risperidone</i>	189, 210	RUMILO	268

RYALTRIS	810	SAMI THE SEAL	646, 732	SEMGLEE(INSULIN
RYBELSUS	430	SAMI THE SEAL MASK		GLARGINE-YFGN).....453
RYDAPT	98		646, 732	SEMGLEE(INSULIN
RYDEX	813	SAMSCA	148, 149	GLARG-YFGN)PEN.....453
RYLAZE	89	SANADERMRX	328	SE-NATAL 19.....408
RYNODERM	332	SANCUSO	467	SE-NATAL 19 CHEWABLE.408
RYPLAZIM	536	SANDIMMUNE	35, 542	SENIOR PROBIOTIC.....498
RYTARY	184	SANDOSTATIN	459, 507	<i>senna leaf</i>506
SABAL-HOMACCORD	463	SANTYL	310	SENOKOT.....506
SABRIL	160	SAPHRIS	187, 210	SENOKOT KIDS.....506
<i>saccharin</i>	359	<i>sapropterin</i>	761	SENOKOT-CHAMOMILE....506
<i>saccharomyces boulardii</i>	498	SAROXIA	277	SENSIPAR.....438
<i>saccharomyces boulardii-</i>		SAVAYSA	523	SEPHIENCE.....761
<i>yeast</i>	498	SAVELLA	179, 217	SEREVENT DISKUS.....803
<i>sacubitril-valsartan</i>	123	<i>saw palmetto</i>	11	SERNIVO.....324
SAFESNAP INSULIN		SAWYER CONTROLLED		SEROQUEL.....191, 210
SYRINGE	605, 731	RELEASE	331	SEROQUEL XR.....191, 210
SAFESNAP SYRINGE		<i>saxagliptin</i>	428	SEROSTIM.....449
	634, 731, 732	<i>saxagliptin-metformin</i>	435	<i>sertraline</i>177
SAFETY LANCETS	585, 732	SCALACORT	323	<i>sesame oil</i>241
<i>safety needles</i>	635, 732	SCALACORT DK	323	Setlakin.....256
SAFETY PEN NEEDLE		SCARCARE	340, 648	<i>sevelamer carbonate</i>511
	605, 732	SCARCIN PAD PLUS	648, 732	<i>sevelamer hcl</i>511
SAFETY SEAL LANCETS		SCARCINPAD	648, 732	SEVENFACT.....525
	585, 732	SCARHEAL	648, 732	<i>sevoflurane</i>45
SAFETY-LET LANCETS		SCARSILK	648, 732	SEYSARA.....82, 265
	585, 732	SCARSILK GEL	340	SF.....763
SAFYRAL	256	SCARTRATE	340	SF 5000 PLUS.....763
SAIZEN SAIZENPREP	449	SCEMBLIX	98	SFROWASA.....482
Sajazir	142	<i>schisandra</i>	11	Sharobel.....258
SALAGEN (PILOCARPINE)	766	<i>scopolamine base</i>	465	SHINGRIX (PF).....116
SALICATE	332	SEBUDERM	309	SIDESTREAM.....620, 733
<i>salicylic acid</i>	332, 333	SECUADO	187	SIDESTREAM MASK..646, 733
<i>salicylic acid-ceramides no.1</i>		SECURESAFE INSULIN		SIDESTREAM NEBULIZER
	333	SYRINGE	605, 732, 733620, 733
SALIMEZ	333	SECURESAFE PEN		SIDESTREAM PLUS...620, 733
SALIMEZ FORTE	333	NEEDLE	605, 733	SIGNIFOR.....459
SALIVAMAX	765	SEGLENTIS	27	SIKLOS.....539
SALOXICIN	10	SEGLUROMET	431	SILADERM.....648, 733
<i>salsalate</i>	44	SELARSDI	282	SILADONE.....648, 733
SALVAX	333	SELECT-OB	407	SILASTIC FOLEY
SALVAX DUO PLUS	332	SELECT-OB (FOLIC ACID)	407	CATHETER.....652, 733
SALYCIM	333	SELECT-OB + DHA	407	<i>sildenafil</i>
SALYNTRA	333	<i>selegiline hcl</i>	185	(pulm.hypertension).....154
SAMBUCUS ELDERBERRY		<i>selenium</i>	373	SILENOR.....237
ORIGINAL	10	<i>selenium sulfide</i>	298	SILICONE MASK.....646, 733
SAMBUCUS		<i>selenomethionine</i>	373	SILICONE MASK - INFANT
ELDERBERRY-VITAMIN C	413	SELF-CATHETER, FEMALE	646, 733
SAMBUCUS			652, 733	SILIGENTLE AG.....353
HONEYBERRY NIGHT	219	SELZENTRY	59	SILIQ.....283

SIL-K.....	648, 733	SLOW RELEASE IRON.....	366	SODIUM FLUORIDE 5000	
<i>silodosin</i>	513	SLOWMAG MUSCLE		DRY MOUTH.....764	
SILTREX.....	648, 733	RECOVERY.....	369	SODIUM FLUORIDE 5000	
SILVADENE.....	299	SLYND.....	258	PLUS.....764	
<i>silver nitrate</i>	285, 286	SMART SENSE LANCETS		<i>sodium fluoride-pot nitrate</i> ...764	
<i>silver nitrate applicators</i>	332	586, 733	<i>sodium oxybate</i>228	
<i>silver sulfadiazine</i>	299	SMART SENSE		<i>sodium phenylbutyrate</i> 760, 761	
SILVRSTAT.....	286	MONITORING SYSTEM		<i>sodium polystyrene</i>	
SIMBRINZA.....	772	586, 734	<i>sulfonate</i>360	
SIMILAC PRENATAL.....	408	SMART SENSE TEST		<i>sodium succinate</i>241	
SIMILAC PROBIOTIC TRI-BLEND.....	498	STRIPS.....	556, 734	<i>sodium,potassium,mag</i>	
SIMLANDI(CF).....	30, 31, 484	SMARTDIABETES		<i>sulfates</i>505	
SIMLANDI(CF)		VANTAGE.....	586, 734	SOFDRA.....287	
AUTOINJECTOR.....	30, 31, 484	SMARTTEST CONTROL		SOFIA SARS ANTIGEN FIA	
Simliya (28).....	248	586, 734561, 734	
Simpesse.....	248	SMARTTEST EJECT.....	586, 734	SOFIA2 FLU-SARS	
SIMPLERA SENSOR..	585, 733	SMARTTEST LANCET..	586, 734	ANTIGEN FIA.....561, 734	
SIMPLERA SYNC SENSOR		SMARTTEST PERSONA		SOGROYA.....450	
.....	585, 733	GLUCOSE METER.....	586, 734	SOHONOS.....543	
SIMPLY SALINE WOUND		SMARTTEST PERSONA		<i>solifenacin</i>517	
WASH.....	351	STARTER.....	586, 734	SOLIQUA 100/33.....435	
SIMPLYTHICK.....	243	SMARTTEST PRONTO		SOLOSEC.....59	
SIMPONI.....	30, 31, 32, 485	GLUCOSE METER.....	586, 734	SOLOX GEL.....286	
SIMPONI ARIA.....	30, 31	SMARTTEST PRONTO		SOLTAMOX.....99	
<i>simvastatin</i>	132	STARTER.....	586, 734	SOLU-CORTEF ACT-O-VIAL (PF).....447	
SINEMET.....	184	SMARTTEST PROTEGE		SOLUPAK.....335	
SINGLE-LET.....	586, 733	586, 734	SOLUS V2 AUDIBLE	
SINGULAIR.....	800	SMARTTEST SMART CODE		METER.....586, 734	
SINUSTAR NEBULIZER		METER.....	586, 734	SOLUS V2 CONTROL	
.....	620, 733	SMARTTEST TALKING		SOLUTION, LOW.....586, 735	
SINUVA.....	807, 812	METER.....	586, 734	SOLUS V2 CONTROL	
<i>sirolimus</i>	543	SMARTTEST TEST.....	556, 734	<i>SOLUTION,HIGH</i>586, 735	
SIRTURO.....	65	SMARTNEB		SOLUS V2 LANCETS.	586, 735
SIRVANA.....	277	COMPRESSOR		SOLUS V2 LANCING	
<i>sitagliptin</i>	429	NEBULIZER.....	646, 734	DEVICE.....586, 735	
SIVEXTRO.....	75	SMOOTH TEXTURE FIBER502		SOLUS V2 TEST STRIPS	
SKIN THERAPY.....	309	SOAANZ.....	148	556, 735
SKY SAFETY PEN NEEDLE		<i>sodium bicarb-sodium</i>		SOLUVITA MULTIVITAMIN	
.....	605, 733	<i>chloride</i>	241	FLUORIDE.....400	
SKYCLARYS.....	544	<i>sodium chlor 0.9%</i>		SOMA.....548	
SKYLA.....	247	<i>bacteriostat</i>	359, 412	SOMAVERT.....448	
SKYRIZI.....	282, 481	<i>sodium chloride</i>		SONAFINE.....309	
SKYTROFA.....	450	242, 359, 360, 372	SOOLANTRA.....343	
SLEEP CALM.....	219	<i>sodium chloride 0.45 %</i>	412	SOOTHENEBOOM COMPRESSOR	
SLEEP IMMUNE HEALTH..	219	<i>sodium chloride 0.9 %</i>	359, 412	NEBULIZER.....646, 735	
SLEEP SUPPORT		<i>sodium chloride 0.9 %</i>		SOOTHENEBOOM MESH	
(MELATONIN-HERB).....	219	<i>(flush)</i>	412	NEBULIZER.....620, 735	
SLEEP TONITE VALERIAN....	5	<i>sodium citrate</i>	521	SOOTHING NIGHT.....219	
SLOW FE.....	366	<i>sodium citrate in 0.9 % nacl</i>	521		
		<i>sodium citrate-citric acid</i>	514		

SOPORDREN	219	SPRITAM	172	sulfacetamide sodium..	298, 788
sorafenib	95	SPRIX	40	sulfacetamide sodium (acne)	
sorbitol	243, 503, 508	SPRYCEL	98		268
sorbitol-mannitol	509	Sps (With Sorbitol)	360	sulfacetamide sodium-sulfur	272
SORILUX	296	SPS (WITH SORBITOL)	360	sulfacetamide sod-sulfur-	
SORIXIA	277	Sronyx	256	urea	272, 343
sotalol	126, 141	SSD	299	sulfacetamide-prednisolone	.773
Sotalol Af	126, 141	SSKI	364	SULFACLEANSE 8-4	272
SOTYKTU	283	SSS 10-5	271	sulfadiazine	78
SOTYLIZE	126, 141	ST JOSEPH ASPIRIN	44, 537	sulfamethoxazole-	
SOVALDI	70, 71	st. john's wort	2	trimethoprim	53
SOVUNA	32, 57	ST. JOSEPH ASPIRIN	44, 537	SULFAMYLYON	299, 300
SPACE CHAMBER	646, 735	stavudine	62	sulfasalazine	36, 37, 482
SPACE CHAMBER WITH		STEGLATRO	432	SULFATRIM	53
LARGE MASK	646, 735	STEGLUJAN	431	sulindac	40
SPACE CHAMBER WITH		STELARA	282, 480	SUMADAN	272
MEDIUM MASK	646, 735	STERILANCE TL	587, 735	SUMADAN XLT	272, 343
SPACE CHAMBER WITH		STERILE DROPTAINERS		sumatriptan	224
SMALL MASK	647, 735		562, 735	sumatriptan succinate	224
SPECTRACEF	67	STIMUFEND	529	sumatriptan-naproxen	225
SPECTRAGEL	353, 735	STIOLTO RESPIMAT	805	SUMAXIN	272
SPECTRAVITE ADULT	390	STIVARGA	95	SUMAXIN CP	272
SPECTRAVITE ADULT 50		STOP SMOKING AID	240	sunitinib malate	98
PLUS	386	STRATACTX	354, 735	SUNLENCA	51
SPECTRAVITE MEN 50		STRATAGRT	354, 735	SUNOSI	228
PLUS	386	STRATAMARK	340	SUNRISE COMPRESSOR-	
SPECTRAVITE MEN'S	386	STRATATRIZ	340	NEBULIZER	647, 735
SPECTRAVITE WOMEN	390	STRATAVRT	354, 735	SUPARTZ FX	546
SPECTRAVITE WOMEN 50		STRATTERA	204	SUPER B-50 COMPLEX	358
PLUS	386	STRAVIX	348	SUPER ENERGY HERBAL	
SPEEDICATH (FEMALE)		STRENSIQ	757	COMPLEX	11
	652, 735	STRESS B WITH ZINC	358	SUPER THIN LANCETS	
SPEEDYSWAB COVID-19		STRIBILD	64		587, 736
AND FLU	561, 735	STRIVERDI RESPIMAT	802	SUPERIOR JOINT	
SPEEDYSWAB COVID-19		STROMECTOL	53	SUPPORT	2
HOME TEST	561, 735	STRONG IODINE	102, 364	SUPERIOR MEN'S MULTI	386
SPEVIGO	283	STUART ONE	408	SUPERIOR OMEGA3 WITH	
SPIKEVAX 2024-2025(12Y		SUBOXONE	237	VIT D	137
UP)(PF)	112	Subvenite	171	SUPERIOR PROBIOTIC	498
spinossad	350	Subvenite Starter (Blue) Kit		SUPERIOR SLEEP	219
SPIRIVA RESPIMAT	802		171, 208	SUPERIOR WOMEN'S	
SPIRIVA WITH		Subvenite Starter (Green)		MULTI	386
HANDIHALER	802	Kit	171, 208	SUPLENA CARB STEADY.	394
spironolactone	120, 147	Subvenite Starter (Orange)		SUPRANE	45
spironolacton-		Kit	171, 208	SUPRAX	67
hydrochlorothiaz	148	SUCRAID	469	SUPREP BOWEL PREP KIT	
SPORANOX	55	sucralfate	506		505
SPRAVATO	176	SUFLAVE	505	SURE COMFORT INS.	
SPRAY AND STRETCH	335	SULAR	144	SYR. U-100	605, 736
Sprintec (28)	256	sulconazole	291		

SURE COMFORT INSULIN SYRINGE	605, 606, 736	SYMLINPEN 60	428	T:SLIM X2 BASAL-IQ INSULIN PMP	650, 739
SURE COMFORT LANCETS	587, 736	SYMPAZAN	158, 206	T:SLIM X2 CONTROL-IQ	650, 739
SURE COMFORT LANCING PEN	587, 736	SYMPROIC	50	TAB-A-VITE	390
SURE COMFORT PEN NEEDLE	606, 736	SYMTUZA	63	TAB-A-VITE MULTIVITAMIN	
SURE COMFORT SAFETY PEN NEEDLE	606, 736	SYNALAR	324	W-IRON	386, 390
SURE RESULT DSS PREMIUM PACK	338	SYNALAR CREAM KIT	328	TABLOID	88
SUREBIOTIC	499	SYNALAR OINTMENT KIT	328	TABRECTA	98
SURE-FINE PEN NEEDLES	606, 736	SYNALAR TS	329	TACHOSIL	533
SUREFLEX DEVICE WITH LANCETS	587, 736	SYNAREL	457	TACLONEX	282
SUREFLEX LANCING DEVICE	587, 736	SYNDROS	211, 466, 818	tacrolimus	301, 542
SURE-JECT INSULIN SYRINGE	606, 737	SYNJARDY	431	tadalafil	355, 513
SURE-LANCE	587, 737	SYNJARDY XR	431	tadalafil (pulm. hypertension)	
SURE-LANCE ULTRA THIN	587, 737	SYNOJOYNT	546		154
SURE-PEN LANCING DEVICE	587, 737	SYNOVX CALM	5	TADLIQ	154
SURE-TEST EASYPLUS MINI	557, 587, 737	SYNOVX DJD	2	TAFINLAR	90
SURE-TEST EASYPLUS MINI METER	587, 737	SYNOVX RECOVERY	2	tafluprost (pf)	790
SURE-TOUCH LANCET	587, 737	SYNOVX RELIEF	11	TAGRISSO	85
SURGIFOAM	532	SYNTHERMA PLUS	335	TAKE ACTION	262, 263
SURGUARD2 SAFETY	635, 737, 738	SYNTHROID	461	TAKHYRO	151
SURVANTA	809	SYNVISC	546	TALICIA	479
SUTAB	506	SYNVISC-ONE	546	TALTZ AUTOINJECTOR	283
SUTENT	98	SYPRINE	49	TALTZ AUTOINJECTOR (2	
SWEET OIL	241, 242	syringe (disposable)	635, 738	PACK)	283
Syeda	256	SYRINGE 3CC/20GX1"	635, 738	TALTZ AUTOINJECTOR (3	
SYMAX DUOTAB	476, 518	SYRINGE 3CC/21GX1"	635, 738	PACK)	283
SYMAX FASTABS	476, 518	SYRINGE 3CC/21GX1-1/2"	635, 738	TALTZ SYRINGE	284
SYMAX-SL	476, 518	SYRINGE 3CC/22GX1"	635, 738	TALZENNA	96
SYMAX-SR	476, 518	SYRINGE 3CC/22GX3/4"	636, 738	TAMIFLU	72
SYMBICORT	806	SYRINGE 3CC/25GX1"	636, 738	tamoxifen	99
SYMBRAVO	155	SYRINGE AVITENE	532	tamsulosin	513
SYMDEKO	808	syringe with needle	636, 738	TANDEM MOBI AUTOSOFT	
SYMFI	65	SYRINGE WITHOUT	636, 738	30 KT 23"	654, 739
SYMFI LO	65	NEEDLE	636, 738	TANDEM MOBI AUTOSOFT	
SYMLINPEN 120	428	SYZYGIUM COMPOSITUM	463	XC KIT 5"	654, 739
		SZOSIL	648, 738	TANDEM MOBI AUTOSOFT	
		T.E.D. ANTI-EMBOLISM		XC KT 23"	654, 739
		STOCKING	558, 618, 739	TANDEM MOBI	
		T.E.D. KNEE LENGTH-M-		AUTOSOFT30 14PK 23	
		LONG	558, 739		654, 739
		T.E.D. KNEE LENGTH-S-		TANDEM MOBI	
		REGULAR	558, 739	AUTOSOFTXC 14PK 23	
		T.R.U.E. TEST ALLERGEN	104		654, 739
		T:FLEX	618, 739	TANDEM MOBI SYSTEM	
		T:SLIM X2	618, 739		650, 739

TANDEM MOBI TRUSTEEL KIT 23"	654, 739	TECHLITE PEN NEEDLE	607, 740	TERUMO ALLERGY SYRINGE	636, 741
TANDEM T:SLIM ASFT 30		TECHLITE PLUS PEN NEEDLE	607, 740	TERUMO HYPODERMIC NEEDLE/SYRIN	636, 741
PK10 23"	655, 739	TECHNA NAT UNSWT		TERUMO INSULIN SYRINGE	
TANDEM T:SLIM ASFT 30		TROCHE BASEG2	241, 243	607, 741	
PK14 23"	655, 740	TECNU	344	TERUMO SYRINGE	636, 741, 742
TANDEM T:SLIM ASFT XC		TEGLUTIK	544	TEST N'GO BLOOD	
PK10 23"	655, 740	TEGRETOL	166, 208	GLUCOSE SYSTEM	588, 742
TANDEM T:SLIM ASFT XC		TEGRETOL XR	166, 209	TEST N'GO TEST	557, 742
PK14 23"	655, 740	TEKTURNA	154	TESTIM	426
TANDEM T:SLIM TRUSTL		TEL CARE CONTROL	587, 740	TESTOPLEX PLUS	11
PK10 23"	655, 740	TEL CARE LANCETS	587, 740	testosterone	426, 427
Tanlor	548	TEL CARE TEST STRIPS		testosterone cypionate	426
Taperdex	447		557, 741	testosterone enanthate	426
TAPERDEX	448	TELIORA	327	TETOXIA	327
TARCEVA	85	telmisartan	124	tetrabenazine	226, 227
TARDEOXIA	275	telmisartan-amlodipine	121	tetracaine hcl	785
TARDIMAXIA	277	telmisartan-		tetracaine hcl (pf)	785
Targadox	83	hydrochlorothiazid	122	tetracycline	83
TARGRETIN	100, 293	temazepam	206, 235	Texacort	324
Tarina 24 Fe	257	TEMBEZA	83	TEZRULY	151
Tarina Fe 1/20 (28)	257	temozolomide	86	TEZSPIRE	801
Tarina Fe 1-20 Eq (28)	257	TEMPO REFILL KIT WITH GAUZE	587, 741	THALITONE	149
TARON-C DHA	386	TEMPO SMART BUTTON	618, 741	THALOMID	56, 100
TARON-PREX PRENATAL-DHA	390, 408	TEMPO WELCOME KIT	587, 741	THEO-24	801
TAROXIA	277	Tencon	28	theophylline	801
TARPEYO	448	TENIVAC (PF)	109	THERABREATH	766
TASCENSO ODT	770	tenofovir disoproxil fumarate		TERAHONEY	354, 742
TASIGNA	98		63, 69	TERA-M	386
tasimelteon	220	TENORETIC 100	145	TERANATAL	408
TASMAR	184	TENORETIC 50	145	TERANATAL COMPLETE	408
tavaborole	291	TENORMIN	140	TERANATAL ONE	408
TAVALISSE	522	TENS 502	619, 741	TERANATAL OAVITE	411
TAVNEOS	28	TENS 504	619, 741	TERANATAL PLUS	408
TAYTULLA	257	TENS CARE ITOUCH SURE		THERAPEUTIC	
tazarotene	280, 296, 340		591, 741	MOISTURIZING CREAM	309
TAZORAC	296	TEPMETKO	98	THERAPEUTIC-M	386
TAZVERIK	91	terazosin	151	THERA-VITE MAX-M	386
TD GOLD LEVEL 1		terbinafine hcl	54	THEREMS MULTIVITAMIN	390
CONTROL	587, 740	terbutaline	804	thiamine hcl (vitamin b1)	415
TD GOLD LEVEL 2		terconazole	816	thiamine mononitrate (vit b1)	
CONTROL	587, 740	teriflunomide	769		415
TECFIDERA	768	teriparatide	436	THICK AND EASY	243
TECHLITE INSULIN SYRINGE	606, 740	Terrell	45	THIN LANCETS	588, 742
TECHLITE INSULN SYR(HALF UNIT)	606, 607, 740	TERSİ FOAM	298	THINPRO INSULIN SYRINGE	607, 742
TECHLITE LANCETS	587, 740			THIOLA	509
				THIOLA EC	509

thioridazine	191	TOBRADEX ST	774	tranexamic acid	530
thiothixene	191	tobramycin	787, 807	TRANSDERM-SCOP	465
THRESHOLD IMT TRAINER		<i>tobramycin in 0.225 % nacl.</i>	807	tranylcypromine	175
	647, 742	<i>tobramycin with nebulizer</i>	807	TRANZAREL	346
THRESHOLD PEP DEVICE		<i>tobramycin-dexamethasone</i>	774	TRAVATAN Z	790
	647, 742	<i>tobramycin-vancomycin</i>		<i>travoprost</i>	790
THRIVITE RX	408		774, 787	<i>trazodone</i>	177
THROMBI-GEL	532	TOBREX	787	TRECATOR	66
THROMBIN-JMI	532	TOLAK	293	TRELEGY ELLIPTA	807
THROMBI-PAD	532	<i>tolcapone</i>	184	TREMFYA	282, 481
THYQUIDITY	462	<i>tolmetin</i>	40	TREMFYA PEN	282, 481
<i>thyroid (pork)</i>	460	TOLSURA	55	TREMFYA PEN	
Tiadylt Er	143	<i>tolterodine</i>	519	INDUCTION PK-CROHN	481
<i>tiagabine</i>	160	<i>tolvaptan</i>	149	<i>treprostinil sodium</i>	152
TIAZAC	143	<i>tolvaptan (polycys kidney dis)</i>	512, 513	TRESIBA FLEXTOUCH U-	
TIBSOVO	95	TOOMEY SYRINGE	636, 742	100	453
<i>ticagrelor</i>	536	TOPAMAX	167	TRESIBA FLEXTOUCH U-	
TICANASE	811	TOPCARE CLICKFINE	607, 742	200	454
TIGLUTIK	544	TOPCARE ULTRA		TRESIBA U-100 INSULIN	454
TIKOSYN	127	COMFORT	607, 608, 742, 743	TRESNI	41
Tilia Fe	260	TOPCARE UNIVERSAL1		<i>tretinoi</i> n	280
<i>timol-brimon-dorzol-bimato(pf)</i>	772	LANCET	588, 743	<i>tretinoi</i> n (antineoplastic)	99
<i>timolol</i>	784	Topicort	324	<i>tretinoi</i> n microspheres	280
<i>timolol maleate</i>	141, 784	TOPICORT	324, 325	TRETEN	528
<i>timolol maleate (pf)</i>	784	<i>topiramate</i>	167, 168	TREXALL	33, 88
<i>timolol-bimatoprost</i>	782	TOPROL XL	140	<i>triacetin</i>	292
<i>timolol-brimon-dorzol-bimatop</i>	772	<i>toremifene</i>	99	<i>triamicinolone acetonide</i>	
<i>timolol-brimonidi-dorzolam(pf)</i>	781	TORONOVA II SUIK	40	325, 448, 765	
<i>timolol-brimonidine-dorzolamid</i>	772	TORONOVA SUIK	40	<i>triamterene</i>	148
<i>timolol-dorzolam-bimatopro(pf)</i>	782	Torpenz	94	<i>triamterene-hydrochlorothiazid</i>	148
TIMOPTIC OCUDOSE (PF)	784	<i>torsemide</i>	148	Trianex	325
<i>tinidazole</i>	59	TOSYMRA	224	TRIASIL	325
<i>tiopronin</i>	509	TOTALVISC	787	<i>triazolam</i>	206, 235
TIROSINT	462	TOUCH-TROL	652, 743	TRIBENZOR	121
TIROSINT-SOL	462	TOUJEON MAX U-300		TRICARE	408
TISSEEL VHSD		SOLOSTAR	453	TRI-CHLOR	333
(APROTININ, SYN)	344	TOUJEON SOLOSTAR U-300		<i>trichloroacetic acid</i>	333
TIVICAY	60	INSULIN	453	TRICITRATES	514
TIVICAY PD	60	Tovet Emollient	325	TRICOR	129
<i>tizanidine</i>	548	TOVET KIT	328	Triderm	325
TLANDO	427	TOVIAZ	519	<i>trientine</i>	49
TM-VITE RX	358	TPOXX (NATIONAL STOCKPILE)	83	Tri-Estarylla	260
TOBI	807	TRACLEER	153	TRIFERIC	366
TOBI PODHALER	807	TRADJENTA	429	<i>trifluoperazine</i>	191
TOBRADEX	773	<i>tramadol</i>	17, 18	<i>trifluridine</i>	789
		<i>tramadol-acetaminophen</i>	27	<i>trihexyphenidyl</i>	185
		<i>trandolapril</i>	119	TRIJARDY XR	435
		<i>trandolapril-verapamil</i>	117	TRIKAFTA	809
				Tri-Legest Fe	260

TRILEPTAL	166	TRUE COMFORT PRO INS	TRUSTEX LATEX
Tri-Linyah	260	SYRINGE	CONDOM
TRILOAN II SUIK	448 608, 743	616, 745
TRILOAN SUIK	448	TRUE COMFORT SAFE	TRUSTEX LUBRICATED
Tri-Lo-Estarylla	260	INSULIN SYRG	CONDOMS
Tri-Lo-Marzia	260	... 608, 743, 744	616, 745
Tri-Lo-Mili	260	TRUE COMFORT SAFETY	TRUSTEX NON-LUB
Tri-Lo-Sprintec	260	PEN NEEDLE	CONDOMS
TRI-LUMA	305 609, 744	616, 745
TRILURON	546	TRUE COVER CONDOM	TRUSTEX-RIA
<i>trimethobenzamide</i>	466 616, 744	LUB/SPERMICIDE
<i>trimethoprim</i>	53	TRUE METRIX AIR	616, 745
Tri-Mili	260	GLUCOSE METER	TRUSTEX-RIA
<i>trimipramine</i>	182 588, 744	LUBRICATED CONDOMS
TRIMO-SAN JELLY	816	TRUE METRIX GLUCOSE 616, 746
TRINATAL RX 1	408	METER	TRUSTEX-RIA NON-LUB
TRINATE	408 588, 744	CONDOMS
TRINTELLIX	180	TRUE METRIX GLUCOSE	616, 746
TRIONEX	296	TEST STRIP	TRUVADA
TRIPLE OMEGA 3-6-9	138 557, 744 62
Tri-Sprintec (28)	260	TRUE METRIX GO	TRUZONE PEAK FLOW
TRISTART DHA	409	GLUCOSE METER	METER
TRIUMEQ	64 588, 744	639, 746
TRIUMEQ PD	64	TRUE METRIX LEVEL 1	TRYNGOLZA
TRIVIA COMPLETE	390 588, 744	116, 127
TRIVISC	546	TRUE METRIX LEVEL 2	TRYPTYR
TRI-VITAMIN (A-D-FOL)-	 588, 744	770
FLUORIDE	400	TRUE METRIX LEVEL 3	TRYVIO
Trivora (28)	260 588, 744	116
Tri-Vylibra	261	TRUE2GO BLOOD	TUBERCULIN SYRINGE
Tri-Vylibra Lo	260	GLUCOSE SYSTEM 636, 746
TROJAN ULTRA RIBBED		... 588, 744	<i>tuberculin-allergy syringes</i>
CONDOM	616, 743	TRUEDRAW LANCING 636, 746
TROKENDI XR	168, 169	DEVICE	TUDORZA PRESSAIR
<i>tropicamide</i>	775	TRUEPLUS INSULIN	91
<i>trospium</i>	519 609, 744, 745	TUKYSA
TRUBIOTICS	499	TRUEPLUS KETONE	258
TRUBIOTICS BABY	499	.. 652, 745	TULIVITE
TRUBIOTICS GUMMY	499	TRUEPLUS LANCETS	368
TRUBIOTICS KIDS		588, 745	TURALIO
CHEWABLE	499	TRUEPLUS PEN NEEDLE	99
TRUBIOTICS KIDS GUMMY	 609, 745	<i>turmeric root extract</i>
	499	TRUERESULT BLOOD	11
TRUDHESA	222	GLUCOSE SYSTM	<i>turmeric root-ginger root ext.</i>
TRUE COMFORT INSULIN	 588, 745	11
SYRINGE	608, 743	TRUETEST TEST STRIPS	<i>turmeric-ginger-black pepper</i>
TRUE COMFORT LANCET	 557, 745	.11
	588, 743	TRUETRACK BLOOD	<i>turmeric-turmeric ext-pepper</i>
TRUE COMFORT PEN		GLUCOSE SYSTEM	.11
NEEDLE	608, 743	... 588, 745	<i>turmeric-turmeric root extract</i>
		TRUETRACK SMART	11
		SYSTEM	Turqoz (28)
	 588, 745 257
		TRUETRACK TEST	TUXARIN ER
	 557, 745 813
		TRULANCE	TWIIST REFILL KT(CSST-
	 468, 479	NDL-SYR)
		TRULICITY 650, 746
	 430	TWIIST RFL(INFUS-CSST-
		TRUMENBA	NDL-SYR)
	 111 650, 746
		TRUQAP	TWIIST STARTER KIT
	 83	650, 746
		TRUSKIN	TWINRIX (PF)
	 348 104
		TRUSTEEL INFUSION SET	TWIRLA
		23" 261
		... 655, 745	TWIST LANCETS
		TRUSTEEL INFUSION SET 588, 746
		32"	TWYNEO
		... 655, 745 277
			TYBLUME
		 257
			TYBOST
		 761
			TYENNE
		 36
			TYENNE AUTOINJECTOR
		 36
			TYKERB
		 84
			TYMLOS
		 436

TYREX-2.....	396	ULTIMA TEST STRIPS	557, 748	ULTRA-THIN II INSULIN
TYRVAYA.....	812	ULTRA B-100 COMPLEX (FOODBASE).....	358	SYRINGE..... 613, 751
TYVASO.....	152	ULTRA BONEUP.....	363	ULTRA-THIN II LANCETS
TYVASO DPI.....	152	ULTRA CMFT INS SYR (HALF UNIT).....	611, 748 589, 751
TYVASO INSTITUTIONAL START KIT.....	152	ULTRA COMFORT INSULIN SYRINGE.....	611, 749	ULTRATRAK..... 557, 751
TYVASO REFILL KIT.....	153	ULTRA FLO INSUL SYR(HALF UNIT).....	611, 749	ULTRATRAK GLUCOSE
TYVASO STARTER KIT.....	153	ULTRA FLO INSULIN SYRINGE.....	611, 749	METER..... 589, 751
UBRELVY.....	221	ULTRA THIN II LANCETS	589, 749	ULTRATRAK HIGH-LOW
UCERIS.....	483	ULTRA THIN LANCETS	589, 749	CONTROL..... 589, 751
UDENYCA.....	529	ULTRA THIN PEN NEEDLE	611, 749	ULTRATRAK NORMAL
UDENYCA		ULTRA MOISTURE.....	309	CONTROL..... 589, 751
AUTOINJECTOR.....	529	ULTRA PRENATAL PLUS DHA.....	409	ULTRATRAK ULTIMATE
UDENYCA ONBODY.....	529	ULTRA THIN II LANCETS	589, 749 557, 589, 751
ULESFIA.....	350	ULTRA THIN LANCETS	589, 749	ULTRAVATE..... 297, 326
ULORIC.....	520	ULTRA THIN PEN NEEDLE	611, 749	UNIFINE OTC PEN
ULTANE.....	45	ULTRA THIN PLUS	589, 749	NEEDLE..... 613, 752
ULTICARE...609, 610, 637, 747		LANCETS.....	589, 749	UNIFINE PENTIPS..... 613, 752
ULTICARE INSULIN SYRINGE.....	609, 746	ULTRACARE INSULIN SYRINGE.....	612, 750	UNIFINE PENTIPS
ULTICARE INSULN SYR(HALF UNIT).....	609, 746	ULTRA-CARE LANCETS	589, 750	MAXFLOW..... 613, 752
ULTICARE LOW DEAD SPACE SYRING..636, 637, 746		ULTRACARE PEN NEEDLE	612, 750	UNIFINE PENTIPS PLUS
ULTICARE PEN NEEDLE	609, 747	ULTRA-FINE INS SYR (HALF UNIT).....	612, 750 613, 752
ULTICARE SAFETY PEN NEEDLE.....	609, 747	ULTRA-FINE INSULIN SYRINGE.....	612, 750	MAXFLOW..... 613, 752
ULTICARE SAFETY SYRINGE.....	637, 747	ULTRA-FINE PEN NEEDLE	612, 750	UNIFINE PROTECT.... 613, 752
ULTICARE TB SAFETY SYRINGE.....	637, 747	ULTRASAL-ER.....	333	UNIFINE SAFECONTROL
ULTIGUARD SAFEPACK- INSULIN SYR.....	610, 747	ULTRA-THIN II (SHORT) INS SYR.....	612, 613, 751	PEN NEEDLE..... 614, 752
ULTIGUARD SAFEPACK- PEN NEEDLE.....	610, 748	ULTRA-THIN II (SHORT) PEN NDL.....	613, 751	UNIFINE ULTRA PEN
ULTI-LANCE.....588, 589, 748		ULTRA-THIN II INS PEN NEEDLES.....	613, 751	NEEDLE..... 614, 752
ULTILET BASIC LANCETS	589, 748			UNILET COMFORTOUCH
ULTILET CLASSIC LANCETS.....	589, 748			LANCET..... 589, 752
ULTILET INSULIN SYRINGE.....	610, 748			UNILET GP LANCET.. 589, 752
ULTILET LANCETS.....589, 748				UNILET LANCET.....589, 752
ULTILET PEN NEEDLE	610, 748			UNILET LANCETS..... 590, 752
ULTILET SAFETY LANCETS.....	589, 748			UNILET SUPER THIN
ULTIMA MONITOR..... 589, 748				LANCETS..... 590, 752

UNISTIK 3 NORMAL	URO-SP	75, 516	VARISOFT INFUSION SET
LANCET.....	590, 753	UROXATRAL.....	513 32"
UNISTIK COMFORT		URSO FORTE.....	469 655, 754
LANCETS.....	590, 753	<i>ursodiol</i>	469, 470 43"
UNISTIK CZT LANCET		URYL.....	75, 517 655, 754
.....	590, 753	VAFSEO.....	520 VARITHENA
UNISTIK EXTRA LANCETS		VAGIFEM.....	817 ADMINISTRATION PACK
.....	590, 753	VAGINAL 638, 754
UNISTIK NORMAL		CONTRACEPTIVE FILM.....	263 VARIVAX (PF)..... 108, 116
LANCETS.....	590, 753	<i>valacyclovir</i>	71 VAROPHEN
UNISTIK PRO LANCET		VALCHLOR.....	292 (DICLOFENAC)..... 338
.....	590, 753	VALCYTE.....	67 VAROXIA..... 277
UNISTIK SAFETY	590, 753	<i>valerian</i>	11 VARUBI..... 467
UNISTIK TOUCH LANCETS		<i>valerian root</i>	11 VASCEPA..... 133
.....	590, 753	<i>valganciclovir</i>	67 VASELINE WHITE
UNISTRIP LOW CONTROL		VALINE 1000.....	357 PETROLEUM..... 340
.....	590, 753	VALINE AMINO ACID	VASERETIC..... 118
UNISTRIP1 TEST STRIP		SUPPLEMENT.....	VASHE..... 351
.....	557, 753	VALIUM.....	VASOTEC..... 119
UNITHROID	462	<i>valproic acid</i>	156, 206 VAXCHORA VACCINE 108, 111
UNIVERSAL 1 LANCETS		<i>valproic acid</i> (as sodium	VAXNEUVANCE (PF)..... 111
.....	590, 753	salt).....	159, 209 VCF CONTRACEPTIVE
UNZDOMDIOXIAZAR.....	275	<i>valsartan</i>	FILM..... 263
UP4 PROBIOTICS KIDS		<i>valsartan-</i>	VCF CONTRACEPTIVE
CUBES.....	499	<i>hydrochlorothiazide</i>	GEL..... 263
UP4 PROBIOTICS MEN'S..	499	VALTOCO.....	122 VECAMYL..... 149
UP4 PROBIOTICS PLUS		VALTREX.....	VECTICAL..... 297
PREBIOTIC.....	499	Valtya.....	71 VEGETARIAN BONEUP.... 363
UP4 PROBIOTICS ULTRA..	499	Vanadom.....	257 VEKLURY..... 77
UP4 PROBIOTICS		VANCOCIN.....	Velvet Triphasic Regimen
WOMEN'S.....	499	<i>vancomycin</i>	68 (28)..... 261
UP4 PROBIOTICS-		VANDAZOLE.....	VELPHORO..... 511, 512
PREBIOTICS KIDS.....	500	VANFLYTA.....	VELSIPITY..... 483
UPNEEQ (PF).....	772	VANISHPOINT INSULIN	VELTASSA..... 360
UPTRAVI.....	150	SYRINGE.....	VEMLIDY..... 69
URAMAXIN.....	333	VANISHPOINT SYRINGE	VENCLEXTA..... 89
URAMAXIN GT.....	331, 333	VENCLEXTA STARTING
urea.....	309, 310, 333, 334	614, 637, 753, 754	PACK..... 90
UREA NAIL STICK.....	333	VANISHPOINT	VENELEX..... 354, 355
UREAPRO.....	148	TUBERCULIN SYRINGE	<i>venlafaxine</i> 179
URELLE.....	74, 516	<i>venlafaxine besylate</i> 179
URETRON D-S.....	74, 516	VANOS.....	VENNGEL II..... 339
URIBEL TABS.....	74, 516	VANOXIDE-HC.....	VENNGEL ONE..... 339
URIMAR-T.....	74, 516	VANRAFIA.....	VENTAVIS..... 153
URNEVA.....	75, 516	Vapro PLUS INTERMITT	VENTOLIN HFA..... 804
UROCIT-K 10.....	514	CATHETER.....	Venxxiva..... 509
UROCIT-K 15.....	515	VAQTA (PF).....	VEOZAH..... 424
UROGESIC-BLUE.....	75, 517	VARDIMAXIA.....	verapamil..... 127, 144
URO-MP.....	75, 516	<i>varenicline tartrate</i>	VERDESO..... 326
UROQID-ACID NO.2....	74, 515	VARISOFT INFUSION SET	VEREGEN..... 329
		23"	655, 754

VERIFINE INSULIN SYRINGE	614, 754, 755	VIRASAL	334	vitamin k2 (mk-4)	423
VERIFINE PEN NEEDLE	614, 755	VIRAZOLE	77	VITRAKVI	100
VERIFINE PLUS PEN NEEDLE	614, 755	VIREAD	63, 69	VITREXYL	387
VERIFINE PLUS PEN NEEDLE-SHARP	614, 755	VISCO-3	546	VITREXYL PLUS IRON	387
VERIFINE SAFETY LANCET MINI	590, 755	VISION HEALTH	4	VITRON-C	368
VERIFINE UNIVERSAL LANCET	590, 755	VISION OPTIMIZER	4, 386	VIVAGUARD INO CTRL	
Veripred 20	448	VISTA ADVANCED		SOLN-L1,2,3	590, 755
VERKAZIA	779	AREDS2	4, 387	VIVAGUARD INO CTRL	
VERQUVO	125	VISTA MEIBO EYELID CLEANSING	310	SOLN-L1,L3	590, 755
VERSACLOZ	189	VISTASEAL-FIBRIN SEALANT	533	VIVAGUARD INO CTRL	
VERTIGOHEEL	463	VISTOGARD	101	SOLN-L2	591, 756
VERZENIO	91	<i>vit a palmitate-vit c-vit d3</i>	396	VIVAGUARD INO	
VESICARE	517	<i>vit b comp-folic-choline-inositol</i>	358	GLUCOSE METER	591, 756
VESICARE LS	517	<i>vit c-echinacea purpurea extract</i>	11	VIVAGUARD INO SMART	
Vestura (28)	257	VITABEX IRON	368	GLUC METER	591, 756
VEVEN	301	VITAFOL FE PLUS	409	VIVAGUARD INO TEST	
VEVYE	779	VITAFOL FE+ (WITH DOCUSATE)	409	STRIP	557, 756
VFEND	56	VITAFOL GUMMIES	411	VIVAGUARD LANCET	591, 756
V-GO 20	650, 755	VITAFOL ULTRA	409	VIVAGUARD LANCING DEVICE	591, 756
V-GO 30	650, 755	VITAFOL-OB	409	LANCET	591, 756
V-GO 40	650, 755	VITAFOL-OB+DHA	409	VIVELLE-DOT	443
VIBERZI	480, 500	VITAFOL-ONE	409	VIVJOA	55
VIBRANT	619, 755	VITAFUSION PRENATAL	387	VIVONEX PEDIATRIC	394
VIBRANT STARTER KIT	619, 755	VITAJOY ADULT MULTI	387	VIVOTIF	108, 110
VICTOZA 2-PAK	430	VITAJOY BIOTIN	418	VIZIMPRO	85
VICTOZA 3-PAK	430	VITAJOY DAILY C	419	VOGELXO	427
VIEKIRA PAK	71	VITAL AF 1.2 CAL	394	Volnea (28)	249
Viena	257	VITAL PEPTIDE 1.5 CAL	394	VONJO	93
vigabatrin	160	VITALVASC	11	VONVENDI	530
Vigadrone	160	VITAMEDMD ONE RX	409	VOQUEZNA	463
VIGAFYDE	161	<i>vitamin a</i>	414	VOQUEZNA DUAL PAK	479
VIGAMOX	788	<i>vitamin a palmitate</i>	414	VOQUEZNA TRIPLE PAK	479
Vigpoder	161	<i>vitamin b complex</i>	358	VORANIGO	84
VIIBRYD	180	<i>vitamin b12-folic acid</i>	416	voriconazole	56
VIJOICE	760	VITAMIN C FIZZY DRINK	413	VORTEX HOLDING	
vilazodone	180	VITAMIN C WITH ROSE		CHAMBER	647, 756
VIMPAT	159	HIPS	419	VORTEX VHC PEDIATRIC	
VIOKACE	469	Vitamin D2	421	MASK	647, 756
Viorele (28)	249	<i>vitamin d2-vitamin k1</i>	420	VOSEVI	70
VIOS AEROSOL DELIVERY SYSTEM	647, 755	<i>vitamin d3-vitamin k2</i>	420	VOTRIENT	99
VIRACEPT	76	<i>vitamin e (dl, acetate)</i>	310, 421	VOWST	463
VIRAGRAPHIS	11	<i>vitamin e acetate (bulk)</i>	241, 422	VOXZOGO	436
		<i>vitamin e-safflower oil</i>	309	VOYDEYA	521
		<i>vitamin e-vitamins a and d</i>	309	VP-CH-PNV	409
		VITAMIN K	423	VRAYLAR	192, 210
		Vitamin K1	423	VTAMA	297
		<i>vitamin k2</i>	423	VUITY	773
				VUMERTY	768

VUSION.....	291	WIDE-SEAL DIAPHRAGM	XCELLENT E.....	414
VYALEV.....	184	60.....	XCELLISTEM.....	349
Vyfemla (28).....	257	WIDE-SEAL DIAPHRAGM	XCLAIR.....	309
VYKAT XR.....	818	65.....	XCOPRI.....	174
Vylibra.....	257	WIDE-SEAL DIAPHRAGM	XCOPRI MAINTENANCE	
VYNDAMAX.....	425	70.....	PACK.....	174
VYNDAQEL.....	425	WIDE-SEAL DIAPHRAGM	XCOPRI TITRATION PACK	174
VYTONE.....	286	75.....	XDEMVY.....	770
VYTORIN 10-10.....	139	WIDE-SEAL DIAPHRAGM	XELJANZ.....	36, 483
VYTORIN 10-20.....	139	80.....	XELJANZ XR.....	36, 483
VYTORIN 10-40.....	139	WIDE-SEAL DIAPHRAGM	XELODA.....	89
VYTORIN 10-80.....	139	85.....	XELPROS.....	790
VYVANSE.....	201	WIDE-SEAL DIAPHRAGM	Xelria Fe.....	257
VYVGART HYTRULO.....	545	90.....	XELSTRYM.....	202, 213
VYZULTA.....	790	WIDE-SEAL DIAPHRAGM	XEMBIFY.....	107
WAINUA.....	426	95.....	XENAZINE.....	226, 227
WAKIX.....	228	WILATE.....	XENLETA.....	76
warfarin.....	522	WILLIS THE WHALE	XEPI.....	286
water for irrigation, sterile....	360	COMPRESSR NEB.....	XERESE.....	299
WAVESENSE AMP.....	591, 756	WINLEVI.....	XERMELO.....	464
WAVESENSE PRESTO		WINREVAIR.....	XEROFORM.....	563, 757
.....	591, 756	WINTERGREEN OIL.....	XEROFORM	
WAYZEN.....	331	Wixela Inhub.....	PETROLATUM DRESSING	
WEEKLY-D.....	421	WOMEN'S 50 PLUS	563, 757
WEGOVY.....	818	ADVANCED.....	XEROFORM	
WELCHOL.....	128	WOMENS DAILY GUMMIES	PETROLATUM	
WELETRIS.....	331	OVERWRAP.....	563, 757
WELIREG.....	92	WOMEN'S DAILY	XHANCE.....	811
WELLBUTRIN SR.....	181	MULTIVITAMIN.....	XIFAXAN.....	77
WELLBUTRIN XL.....	181	WOMEN'S MULTIVITAMIN	XIGDUO XR.....	431
WELLFOLA.....	387	COLLAGEN.....	XIIDRA.....	779
WELLPRO-31.....	500	WOMEN'S PRENATAL	XILAPAK.....	329
Wera (28).....	257	PLUS DHA.....	XIMINO.....	83, 265
WESCAP-C DHA.....	387	WOUNDGELHA MATRIX....	XIRUN.....	331
WESCAP-PN DHA.....	390	WPR PLUS.....	XOFLUZA.....	72
WESCAPS.....	358	Wymzya Fe.....	XOLAIR.....	798
WESNATAL DHA		WYNZORA.....	XOLEGEL.....	291
COMPLETE.....	409	XACIATO.....	XOLREMDI.....	522
WESNATE DHA.....	409	XADAGO.....	XOPENEX HFA.....	804
WES-PHOS 250 NEUTRAL		XALATAN.....	XOSPATA.....	92
.....	371, 514	XALIX.....	XPHOZAH.....	355
WESTAB MAX.....	415, 422	XALKORI.....	XPOVIO.....	91, 99
WESTAB ONE.....	415, 422	XANAX.....	XROMI.....	539
WESTAB PLUS.....	410	XANAX XR.....	XRYLIX (DICLOFENAC-	
WESTGEL DHA.....	410	Xarah Fe.....	KINES TAPE).....	339
WHYTEDERM SURGIPAK.	355	XARELTO.....	XTAMPZA ER.....	18, 19
WHYTEDERM TDPAK.....	328	XARELTO DVT-PE TREAT	XTANDI.....	87
WHYTEDERM TRILASIL		30D START.....	Xulane.....	261
PAK.....	328	XATMEP.....	XULTOPHY 100/3.6.....	435
		XCELLENT C.....	XUREA.....	334

XURIDEN	759	ZELBORAF	90	ZITUVIO	429
XYBIOTIC	500	ZELSUVMI	263	ZMA CLEAR	272
XYLIDERM	346	ZEMAIRA	809	ZOCOR	133
XYLIGEL	766	ZEMBRACE SYMTOUCH	224	ZOKINVY	762
XYLIMELTS	766	ZEMPLAR	758	ZOLINZA	92
XYMOBOLX	356	Zenatane	264	zolmitriptan	224, 225
XYMODINE	364	ZENPEP	469	ZOLOFT	177
XYNTHA	527	ZENPHOR	354, 757	zolpidem	236
XYNTHA SOLOFUSE	528	Zenedi 202, 213, 214, 230, 231		ZOMACTON	450
XYOSTED	427	ZEPATIER	70	ZOMIG	225
XYREM	228	ZEPBOUND	818	Zomig	225
XYWAV	228	ZEPOSIA	483, 770	ZONEGRAN	172
Yargesa	759	ZEPOSIA STARTER KIT		ZONISADE	172
YASMIN (28)	257	(28-DAY)	483, 770	zonisamide	172
YAXATARXYN	305	ZEPOSIA STARTER PACK		ZONTIVITY	538
YAZ (28)	258	(7-DAY)	483, 770	ZORTRESS	543
YCANTH	334	ZERVIASTE	776	ZORVOLEX	41
YESINTEK	282, 480	ZESTORETIC	118	ZORYVE	285, 297, 298
YEZTUGO	51	ZESTRIL	120	Zovia 1-35 (28)	258
YOGURT PLUS CALCIUM		ZETIA	135	ZOVIRAX	71, 299
GUMMIES	364	ZETONNA	811	ZTALMY	169
YOKATAR	305	ZIAGEN	62	ZTLIDO	346
YONI FIT BLADDER		ZICLOCIN	338	ZUBSOLV	238
SUPPORT	591, 757	ZICLOPRO	338	Zumandimine (28)	258
YONSA	85, 87	zidovudine	62, 63	ZUNVEYL	244
YORVIPATH	458	ZIEXTENZO	529	ZURZUVAE	176
YOSPRALA	538	ZILACAINE PATCH	346, 648	ZYCLARA	330
YUM-YUM DOPHILUS	500	ZILBRYSQ	545	ZYDELIG	95, 96
YUPELRI	802	zileuton	797	ZYFLO	798
YUTREPIA	153	ZILOVAL	346	ZYKADIA	87
Yuvafem	817	ZILXI	343	ZYLET	774
Zafemy	261	ZIMHI	50	ZYLOPRIM	520
zaflunakast	800	zinc amino acid chelate	373	ZYMFENTRA	30, 485
zaleplon	236	ZINC BALANCE	373	ZYPITAMAG	133
ZALVIT	411	zinc citrate	373	ZYPRAM	47
ZANAFLEX	548	zinc gluc, oxide-ascorbic		ZYPREXA	192, 210
Zarah	258	acid	373	ZYTIGA	85, 87
ZARONTIN	172	zinc gluconate	373	ZYVOX	75
Zarontin	172	zinc glycinate	373		
ZARXIO	529	zinc oxide	340		
ZATEAN-PN DHA	391	zinc sulfate	373		
ZATEAN-PN PLUS	387	ZINGIBER	415		
ZAVESCA	759	ZIOPTAN (PF)	790		
ZAVZPRET	221	ZIPHEX	411		
ZCORT	448	ziprasidone hcl	188, 210		
ZEGALOGUE		ZIRGAN	789		
AUTOINJECTOR	425	ZITHRANOL	297		
ZEGALOGUE SYRINGE	425	ZITHROMAX	73		
ZEJULA	96	ZITHROMAX TRI-PAK	74		
ZELAPAR	186	ZITHROMAX Z-PAK	74		