Portfolio Medium – Preferred Drug List (PDL)

MemorialCare Select Health Plan

Applies to: MemorialCare Select Members

Last Updated: October 2023

Please note the formulary is subject to change and all previous versions of the formulary will no longer be in effect.

To Access MemorialCare Select Pharmacy information: https://www.memorialcareselecthealthplan.org/access-information

To Access MemorialCare Select EOC: https://www.memorialcareselecthealthplan.org/seaside-select-member-services

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FORMULARY INFORMATION

What is a Formulary?
The Formulary provides a list of covered generic and brand name drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. This Formulary does not apply to drugs or devices that are obtained through the medical benefit portion of your coverage. The plan will cover drugs listed in the formulary as long as the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. The presence of a prescription drug on the formulary does not guarantee an enrollee will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition. For more information regarding the Formulary or your prescription drug benefit, please contact your plan's Member Services department at (855) 367-7747, or for the hearing and speech impaired TTY: 711, Monday through Friday, between 8:00 am – 5:00 pm PST, or refer to your Plan Benefit Documents, available at https://www.memorialcareselecthealthplan.org.

Can the Formulary (drug list) change?
Drugs may be added or deleted from the Formulary during the policy year, and the Formulary will be updated with any changes on a monthly basis. Changes will be effective on the first day of the month. If there is a change in drug or dosage form, if a drug is removed from the Formulary, if prior authorization, quantity limits and/or step therapy restrictions are added to a drug, or if a drug moves to a higher cost sharing tier, the plan will notify affected enrollees of the change before the change becomes effective. If the FDA deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

The Formulary is subject to change and all previous versions of this formulary are no longer in effect.

How does a member fill a prescription?
To obtain drugs at a participating pharmacy, the enrollee must present his or her pharmacy benefit plan identification card. Except for covered emergencies, claims for drugs obtained without using the identification card will be denied. To locate a participating pharmacy (including specialty pharmacies), check the cost-sharing for a particular drug, or enroll in mail-order, visit https://www.memorialcareselecthealthplan.org . Your plan benefits may restrict coverage of specialty drugs only when obtained from a Network Specialty Pharmacy, except in case of an emergency.

What are generic drugs?
The plan covers both brand name drugs and generic drugs provided they are prescribed per Food and Drug Administration (FDA) approved indications and in accordance with the plan pharmacy benefit coverage. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

How to Use this Formulary Document
The categorical list of drugs in this document groups drugs into categories and classes 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 ***bold and italicized lowercase*** 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 ***bold and italicized lowercase*** letters.
- If a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed in all CAPITAL letters 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.

For example, the brand name drug Riomet and its generic would be listed as follows:

RIOMET ORAL SOLUTION 500 MG/5 ML (***metformin***)
metformin oral solution 500 mg/5 ml (RIOMET)

Tier Benefit Design
The Formulary applies to a tier benefit design, where the enrollee shares the cost of prescription drug therapy based on the drug's tier and copay or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Essential Health Benefit/Preventive Care medications, if available on the plan, will be covered without cost sharing (zero copay). To determine the cost-sharing for each drug tier, refer to your Plan Benefit Documents, available at https://www.memorialcareselecthealthplan.org .

Example of Formulary Tier Design:
- Tier 1: Generic medications
- Tier 2: Preferred brand medications (formulary agents) and for applicable plans, high cost generic medications
- Tier 3: Non-preferred brand medications (non-formulary agents)
- $0: Essential Health Benefit medications intended for preventive care under the Patient Protection and Affordable Care Act (ACA) covered at 100% with no deductible, copay or coinsurance required within coverage criteria

Are there any restrictions on coverage of drugs on the Formulary?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:
- **Prior Authorization:** The plan requires enrollees or their prescribing providers to obtain prior authorization for certain drugs. This means that the enrollee will need to obtain approval before the prescription will be covered.
- **Quantity Limits:** For certain drugs, the plan limits the amount of drug that is covered
- **Step Therapy:** In some cases, the plan requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug.
- **Age Limit:** For certain drugs, the plan limits coverage of the drug within a determined age limit.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the Formulary listing using the following symbols (*refer to table below*).

Symbol	Guidelines	Description
AGE	Age Edit	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. *See "**What is a Prior Authorization?**" below for additional information.*
QL	Quantity Limit	Coverage may limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage may depend on previous use of another drug. Prior authorization may be required. *See "**What is Step Therapy?**" below for additional information.*
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance may apply depending on benefit. Prior authorization may be required.
DD	Diabetes Drugs/Devices	Drugs or devices used to treat or manage diabetes

CT	Contraceptives	Drugs used to prevent pregnancy
OCH	Oral Cancer Drugs	Drugs taken by mouth to treat cancer

The enrollee can find out if the drug has any additional requirements or limits by looking within the Formulary.

Are there general exclusions on the formulary?
Many enrollees have specific benefit inclusions, exclusions, copayments, out-of-pocket costs, or a lack of coverage, which are reflected in other Plan Benefit Documents.

The Formulary applies only to outpatient drugs provided to enrollees and does not apply to medications used in inpatient settings. If an enrollee has any specific questions regarding their coverage, they should contact their plan's Member Services department at (855) 367-7747, or for the hearing and speech impaired TTY: 711, Monday through Friday, between 8:00 am – 5:00 pm PST, or refer to your Plan Benefit Documents, available at https://www.memorialcareselecthealthplan.org.

Examples of benefit exclusions:
A. Over-the-Counter (OTC) medications or their equivalents, unless the plan offers coverage of the OTC medications
B. Drugs specifically listed as not covered
C. Any drug product used for cosmetic purposes
D. Medical food/nutritional supplements
E. Non-diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
F. Disposable needles and syringes (non-insulin related)
G. Any drug products used for cosmetic purposes
H. Experiment drug products or any drug product used in an experimental manner
I. Replacement of lost or stolen medication
J. Repackaged drugs and institutional use drugs (e.g. hospital use)
K. Lifestyle drugs (e.g. sexual dysfunction, infertility)
L. Weight loss drugs
M. Non self-administered injectable drug products unless otherwise specified in the Formulary listing
N. Foreign sourced drugs or drugs not approved by the United States FDA, except in certain cases of drug shortage, when covered under the plan

What if a drug is not on the Formulary? How does an enrollee request an exception to the Formulary?
Medically necessary non-formulary drugs are covered and subject to higher copayments. Enrollees and their prescribing providers may request an exception to any prior authorization or step therapy requirement by indicating the Request for Exception on the Pharmacy Prior Authorization form and submitting the form along with any supporting medical documentation to MedImpact by fax at 1-858-790-7100 or request by phone at 1-800-788-2949. Upon receipt of all required supporting information, MedImpact will review your request and make a decision to approve or deny your request. Decisions for routine requests are issued within 72 hours from the receipt of the complete information. If your provider believes your condition is life-threatening (exigent circumstance), your request will be expedited, and a decision will be issued within 24 hours from the receipt of the information. If a decision is not reached within these timeframes, your request is considered approved.

If your request is approved, your plan shall provide coverage for requests for the duration of the prescription, including refills. If your request is denied, your notice of denial will include information on how to file an appeal. Appeals are responded to within 5 days from the time of receipt, and within 72 hours for expedited appeals (for exigent circumstances). The notice will also include information on how to request an external appeal through the Department of Managed Health Care's Independent Medical Review process.

What is a Prior Authorization?
Many drugs have multiple indications, so prior authorizations are placed on those drugs to make sure the drug is safe and appropriate for the enrollee.

How does the program work?
Drugs that require prior authorization will show PA in the Coverage Requirements and Limits column of the Formulary document. Before these drugs are covered, your prescribing provider must show that you have a medically necessary need for the drug. Drugs requiring prior authorization have specific clinical criteria that you must meet before the drug is covered. Your prescribing provider can work with MedImpact to obtain coverage approval for the drug in the same way as requesting coverage for a non-formulary drug, described above.

What are Quantity Limits?
Coverage for certain drugs may be limited to specific quantities per prescription and/or period of time. Prior authorization is required for quantities exceeding the quantity limit.

What is Step Therapy?
Drugs that require step therapy will show ST in the Coverage Requirements and Limits column of the Formulary document. Step therapy encourages safe and competitively priced medication use through a stepwise approach. This means that before a drug requiring step therapy is covered, you must first try other preferred drugs that treat the same medical condition. After trying other preferred drugs first, then the step therapy drug will be covered. If you are unable to try other preferred drugs first, then your prescribing provider can work with MedImpact to obtain coverage approval for the drug in the same way as requesting coverage for a non-formulary drug, described above.

If you previously completed step therapy for a drug while covered under another plan, you may not be required to repeat step therapy for the drug under this plan. The plan may not limit or exclude coverage for a drug that was previously approved, if your provider continues to prescribe the drug for your medical condition, provided the drug is appropriately prescribed and is safe and effective for treating your medical condition.

Preventive Care
Select over-the-counter (OTC) drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B may be covered at a quantity greater than a 30-day supply. It is your plan's intent to comply with federal law regarding preventive care benefits under the Patient Protection and Affordable Care Act. All prescriptions which qualify for the preventive care benefit, as defined by the appropriate federal regulatory agencies, and which are provided by a network-participating pharmacy, will be covered at 100% with no deductible, copay or coinsurance required. All such medications require a prescription from your doctor.

Members who are stable on their current FDA-approved, self-administered hormonal contraceptive, may receive up to a 12-month supply at one time. Select contraceptives are covered with a $0 copayment.

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

- Insulin
- Needles and syringes for injecting insulin
- Prescription medications for the treatment of diabetes
- Glucagon
- Diabetic testing supplies, including blood and urine testing strips and test tablets, lancets and lancet puncture devices and pen delivery systems for the administration of insulin

Other Pharmacy Items
Some Durable Medical Equipment that is covered through your medical benefit is also available at the pharmacy for the management and treatment of diabetes when medically necessary and authorized:

- Blood glucose monitors, including those designed to assist the visually impaired;
- Insulin pumps and all related necessary supplies;

- Continuous glucose monitors and all related necessary supplies;
- Podiatric devices to prevent or treat diabetes-related complications, including extra-depth orthopedic shoes;
- Visual aids, excluding eyewear and/or video-assisted devices, designed to assist the visually impaired with proper dosing of insulin;

Anti-Cancer Drugs
If you are prescribed a covered, orally administered anti-cancer drug, the total amount of your cost-sharing shall not exceed $250 for an individual prescription for up to a 30-day supply.

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

"Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

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

"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

"Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

"Exigent circumstances" are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

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

"Nonformulary drug" is a prescription drug that is not listed on the health plan's formulary.

"Out-of-pocket cost" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

"Prescribing provider" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

"Prescription" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is

in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

"Prior Authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

"Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

"Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

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	
prasterone (dhea) oral capsule 25 mg	Tier 1	
prasterone (dhea) oral tablet 10 mg	Tier 3	
prasterone (dhea) oral tablet 25 mg	Tier 1	
Alternative Therapy - Antiarthritics - Vitamins and Minerals		
acetylglucosamine oral capsule 700 mg	Tier 1	
COSAMIN AVOCA (WITH BOSWELLIA) ORAL TABLET 500-500-33.3-70 MG (***glucosamine hcl/methylsulfonylmethane/boswellia/herbal 182***)	Tier 3	
glucosam-chondr-c-mang citrate oral capsule 375-300-15-0.25 mg	Tier 1	
glucosam-chondr-msm-c-manganes oral capsule 375-300-75-15 mg	Tier 1	
glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg	Tier 1	
glucosamine 2kcl-msm-chondroit oral tablet 500-166.6-400 mg	Tier 3	
glucosamine hcl-hyaluronic oral tablet 1,000-1.65 mg	Tier 1	
glucosamine sulfate oral capsule 500 mg	Tier 1	
glucosamine sulfate oral tablet 1,000 mg	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 3	
GLUCOSAMINE-CHONDROITIN 3X ORAL TABLET 750-625-30 MG (***glucosamine/chondroit-msm no.1/c/manganese/boswellia serrata***)	Tier 1	
glucosamine-chondroitin oral capsule 500-400 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	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg	Tier 1	
glucosam-msm-chond-hrb149-hyal oral tablet 500-500-66.7 mg	Tier 1	
INVIGOFLEX AMPM ORAL TABLETS, SEQUENTIAL 750 MG-600 MG- 50 MG-125 MG (***glucosamine dipot chl/chondroitin sul a na/boswell/turmeric***)	Tier 3	
INVIGOFLEX CS ORAL TABLET 600-125 MG (***chondroitin sulfate/turmeric***)	Tier 3	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG (***glucosamine sulfate***)	Tier 3	
INVIGOFLEX GS ORAL TABLET 750-50 MG (***glucosamine sulfate dipotassium chlor/boswellia serrata ext***)	Tier 3	
MOVE FREE JOINT HEALTH ORAL TABLET 750 MG-100 MG- 1.65 MG-108 MG (***glucosamine/chondroitin/hyaluronic acid/calcium fructoborate***)	Tier 3	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG (***glucosamine/chondroitin/msm/hyaluronic ac/calc fructoborate***)	Tier 3	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG (***glucosamine/chondroitin/msm/d3/hyaluronic acid/cal borate***)	Tier 3	
SYNOVX DJD ORAL CAPSULE 150 MG-150 MG- 250 MG-19 MG (***glucosamin/chondroitin/msm/vit c/manganese/hyaluronic/mussel***)	Tier 3	
SYNOVX RECOVERY ORAL CAPSULE 375-300-237.5 MG (***glucosamine sulfate sodium/chondroitin sulfate sodium/msm***)	Tier 3	
Alternative Therapy - Antidepressants - Vitamins and Minerals		
st. john's wort oral capsule 300 mg	Tier 1	
st. john's wort oral capsule 350 mg	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Antioxidant - Vitamins and Minerals		
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (***vit c,e,zinc,copper 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 3	
ALAMAX PROTECT ORAL CAPSULE 125 MG-95 MCG-250 MG (***alpha lipoic acid/biotin/berberine chloride***)	Tier 3	
alpha lipoic acid oral capsule 100 mg	Tier 3	
alpha lipoic acid oral capsule 200 mg	Tier 1	
alpha lipoic acid oral tablet 600 mg	Tier 1	
alpha lipoic acid oral tablet extended release 600 mg	Tier 3	
alpha lipoic acid-biotin oral capsule 300 mg- 333 mcg	Tier 1	
ALPHA LIPOIC SUSTAIN-BIOTIN ORAL TABLET, IR AND ER, BIPHASIC 300 MG- 330 MCG (***alpha lipoic acid/biotin***)	Tier 3	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (***beta-carotene/ascorbic acid/vite ac/selenium yeast***)	Tier 3	
bilberry frt ext-grape skin xt oral capsule 80-200 mg	Tier 1	
CAROTENALL ORAL CAPSULE 600 MCG-500 MCG -10 MG-10 MG (***beta,alpha-carotene/gamma toco/lycop/lutein/zeaxanth/astaxan***)	Tier 3	
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	
glutathione (bulk) powder 100 %	Tier 3	
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 3	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I-SIGHT ORAL CAPSULE 15 MG-100 MG-75 MG-50 MG (***lutein/a-cysteine/ala/quercet/zinc/taurine/bilberry/lycopene***)	Tier 3	
LIVER PROTECT ORAL CAPSULE 200-200-262.5 MG (***acetylcysteine/alpha lipoic/milk thistle/selenomethionine***)	Tier 3	
lutein oral capsule 20 mg	Tier 1	
lutein-zeaxanthin oral capsule 20-4 mg, 40-1,600 mg-mcg	Tier 1	
lutein-zeaxanthin oral capsule 25-5 mg	Tier 1	
lutein-zeaxanthin-bilberry ext oral capsule 20-1-2.2 mg	Tier 3	
MACULAPF ORAL CAPSULE 10-20-13-4 MG (***choline/lutein/zeaxanthin/astaxanthin***)	Tier 3	
NUMAQULA VITAMIN ORAL TABLET 333 MCG-3 MG-0.67 MG (***multivitamin with minerals/folic acid/lutein/zeaxanthin***)	Tier 3	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (***multivitamin-minerals/folic acid/vit k/lutein/zeaxanthin***)	Tier 3	
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 3	
r-lipoic acid-biotin oral capsule 100 mg-150 mcg	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 3	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (***vit c/vit e/zinc/copper/selen/lutein/zeaxanthin/glutathione***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
BABY COUGH-MUCUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (***blue agave extract/english ivy extract***)	Tier 3	
KINDERMED INFANTS COUGH PLUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (***blue agave extract/english ivy extract***)	Tier 3	
KINDERMED INFANTS NIGHT COUGH ORAL LIQUID 4 GRAM-21 MG- 4 MG/3 ML (***blue agave extract/english ivy extract/chamomile flower ext***)	Tier 3	
Alternative Therapy - Pineal Hormone Agents - Vitamins and Minerals		
melatonin oral drops 1 mg/4 ml	Tier 3	
melatonin oral drops 3 mg/4 ml	Tier 1	
melatonin oral lozenge 5 mg	Tier 3	
melatonin oral tablet extended release 10 mg	Tier 1	
SLOWMAG MG CALM-SLEEP ORAL TABLET,DELAYED RELEASE (DR/EC) 1-71.5 MG (***melatonin/magnesium citrate***)	Tier 3	
Alternative Therapy - Sedative/Hypnotics - Vitamins and Minerals		
SYNOVX CALM ORAL CAPSULE 100-30-15-40 MG (***valerian rt/passion flower/hops/cherry/magnesium comb/potass***)	Tier 3	
tryptophan oral capsule 500 mg	Tier 1	
valerian root-valerian root xt oral capsule 400-110 mg	Tier 3	
valerian-flower-hops-lemon oral capsule 450-100 mg	Tier 3	
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 3	
ashwagandha extract oral capsule 120 mg	Tier 1	
ashwagandha root extract oral capsule 300 mg, 500 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATRANTIL ORAL CAPSULE 275 MG (***tannic acid/horse chestnut seed xt/peppermint leaf xt***)	Tier 3	
AZO CRANBERRY PLUS PROBIOTIC ORAL TABLET 250-30-15 MG (***cranberry fruit concentrate/ascorbic acid/bacillus coagulans***)	Tier 3	
AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (***cranberry fruit extract/ascorbic acid***)	Tier 3	
AZO MEN ORAL CAPSULE 500 MG (***pumpkin seed extract***)	Tier 3	
balsam peru (bulk) liquid	Tier 3	
BERGACOR ORAL TABLET 650 MG (***bergamot extract***)	Tier 3	
BERGACOR PLUS ORAL TABLET 400-250 MG (***bergamot extract/indian gooseberry extract***)	Tier 3	
bitter melon extract oral tablet 750 mg	Tier 3	
borage seed oil oral capsule 1,200 mg	Tier 3	
BOWEL SUPPORT-IRRITABLE BOWEL ORAL CAPSULE,DELAYED RELEASE(DR/EC) (***peppermint oil***)	Tier 3	
CANDICIDAL ORAL CAPSULE 100 MG-150 MG- 50 MG-150 MG (***turmeric/ginger/olive/oregano/sodium caprylate***)	Tier 3	
cinnamon bark extract oral tablet 500 mg	Tier 3	
CITRUS BERGAMOT ORAL CAPSULE 500 MG (***bergamot extract***)	Tier 3	
CORTISOLV ORAL CAPSULE 150-250-50-50 MG (***ashwagandha/magnolia brk/phellod/banaba lf/maral rt/theanine***)	Tier 3	
cranberry conc-ascorbic acid oral capsule 300-100 mg, 4,200-20 mg	Tier 3	
cranberry extract oral capsule 500 mg	Tier 3	
cranberry extract oral tablet 500 mg	Tier 3	
cranberry fruit concentrate oral tablet,disintegrating 125 mg	Tier 3	
cranberry fruit oral capsule 465 mg	Tier 3	
CRANBERRY URINARY TRACT HEALTH ORAL TABLET 250-30-3.5 MG (***cranberry fruit concentrate/ascorbic acid/bacillus coagulans***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRANRX ORAL CAPSULE 500 MG (***cranberry fruit concentrate***)	Tier 3	
curcumin-phosphatidylcholine oral capsule 500 mg	Tier 3	
CURCUPLEX-95 ORAL CAPSULE 500 MG (***turmeric root extract***)	Tier 3	
dandelion root oral capsule 525 mg	Tier 3	
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 3	
DRAMAMINE NON-DROWSY ORAL CAPSULE 500 MG (***ginger***)	Tier 3	
echinacea oral capsule 400 mg	Tier 1	
echinacea purp aerial part ext oral capsule 65 mg	Tier 3	
elderberry fruit oral capsule 350 mg	Tier 3	
ELLURA ORAL CAPSULE 206 MG (***cranberry fruit extract***)	Tier 3	
ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG (***rhubarb root extract***)	Tier 3	
evening primrose oil oral capsule 1,300 mg	Tier 3	
fenugreek seed oral capsule 610 mg	Tier 3	
FLASHARREST ORAL CAPSULE 96.5 MG (***hops extract/spruce fir extract***)	Tier 3	
flaxseed oil oral capsule 1,000 mg	Tier 3	
garlic extract oral tablet 400 mg	Tier 3	
garlic oral capsule 1,000 mg	Tier 3	
garlic oral tablet 400 mg	Tier 3	
GARLIX ORAL CAPSULE 650 MG (***garlic extract***)	Tier 3	
ginger (zingiber officinalis) oral capsule 550 mg	Tier 3	
ginkgo biloba leaf extract oral capsule 120 mg, 125 mg	Tier 3	
GINKGO BILOBA PLUS (BACOPA) ORAL CAPSULE 120-40 MG (***ginkgo biloba leaf extract/bacopa leaf extract***)	Tier 3	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (***herbal complex no.306***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
green tea leaf extract oral capsule 500 mg	Tier 3	
GREEN TEA-600 ORAL CAPSULE 600 MG (***green tea leaf extract***)	Tier 3	
HORMONE PROTECT ORAL CAPSULE 150-30 MG (***diindolylmethane/broccoli seed extract***)	Tier 3	
licorice root (g.glabra) oral capsule 450 mg	Tier 1	
MEDCAPS MENOPAUSE ORAL CAPSULE (***herbal complex no.321***)	Tier 3	
melatonin-pyridoxine (vit b6) oral tablet 5-1 mg	Tier 1	
melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg	Tier 1	
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg	Tier 1	
MENOFEM ORAL CAPSULE (***herbal complex no.323***)	Tier 3	
milk thistle oral capsule 150 mg	Tier 3	
milk thistle sd ext-blessed th oral capsule 175-120 mg	Tier 3	
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG (***tamarindus indica seed/turmeric root extract***)	Tier 3	
NEURIVA DE-STRESS ORAL CAPSULE 100-200-10 MG (***coffee extract/theanine/superoxide dismutase***)	Tier 3	
NEURIVA ORIGINAL ORAL CAPSULE 100-100 MG (***coffee extract/phosphatidyl serine***)	Tier 3	
NEURIVA ORIGINAL ORAL TABLET,CHEWABLE 50-50 MG (***coffee extract/phosphatidyl serine***)	Tier 3	
NOOTROPIC COFFEE-PS ORAL CAPSULE 100-100 MG (***coffee extract/phosphatidyl serine***)	Tier 3	
NRF2 ACTIVATOR ORAL CAPSULE 200-200-50-30 MG (***turmeric xt/green tea xt/pterostilbene/broccoli seed xt***)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	
ONCOPLEX ES ORAL CAPSULE 100 MG (***broccoli seed extract***)	Tier 3	
ONCOPLEX ORAL CAPSULE 30 MG (***broccoli seed extract***)	Tier 3	
ORAXINOL ORAL CAPSULE 500 MG (***herbal complex no.319***)	Tier 3	
oregano oil-flaxseed oil oral capsule 50-25 mg	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peppermint oil oil	Tier 1	
PMS SOOTHE ORAL CAPSULE (***herbal complex no.327***)	Tier 3	
pterostilbene oral capsule 50 mg	Tier 3	
red beet root-sour cherry ext oral tablet,chewable 250-0.5 mg	Tier 3	
red yeast rice oral capsule 600 mg	Tier 3	
REMIFEMIN MENOPAUSE ORAL TABLET 2.5 MG (***black cohosh root extract***)	Tier 3	
resveratrol-ascorbic acid oral capsule 100-100 mg	Tier 3	
SALOXICIN ORAL CAPSULE 60-25-20 MG (***willow bark ext/boswellia serrata ext/herbal complex no. 322***)	Tier 3	
SAMBUCUS ELDERBERRY ORIGINAL ORAL SYRUP 50 MG/5 ML (***elderberry fruit***)	Tier 3	
saw palmetto oral capsule 450 mg	Tier 3	
schisandra oral capsule 580 mg	Tier 3	
shilajit oral capsule 250 mg	Tier 3	
tamarind seed-turmeric extract oral tablet 250 mg	Tier 3	
TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (***shilajit/eurycoma longifolia extract***)	Tier 3	
turmeric root extract oral capsule 500 mg	Tier 3	
turmeric root extract oral tablet 500 mg	Tier 3	
turmeric root-ginger root ext oral tablet,chewable 150-25 mg	Tier 3	
turmeric-ginger-black pepper oral tablet,chewable 125 mg-6 mg- 50 mcg	Tier 3	
turmeric-turmeric root extract oral capsule 450-50 mg	Tier 3	
valerian root oral capsule 450 mg	Tier 3	
VIRAGRAPHIS ORAL CAPSULE 187.5-150-79.2 MG (***andrographis ext/isatis root xt/licorice root xt***)	Tier 3	
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic, Anti-inflammatory or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Central Alpha-2 Receptor Agonists - Arthritis and Pain Drugs		
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml), 5,000 mcg/10 ml	Tier 1	
Analgesic - Neurolysis Agents - Arthritis and Pain Drugs		
DEHYDRATED ALCOHOL INJECTION SOLUTION 98 % (***ethyl alcohol***)	Tier 1	
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (***ziconotide acetate***)	Tier 6	
Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	Tier 6	PA
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 3	
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML (***hydromorphone hcl/pf***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***)	Tier 3	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (***sufentanil citrate***)	Tier 3	PA
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML (***morphine sulfate/pf***)	Tier 6	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 2,750 mcg/55 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 500 mcg/10 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,100 mcg/55 ml, 1,250 mcg/25 ml, 550 mcg/55 ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/50 ml (25 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous solution 20 mcg/ml, 5 mcg/ml, 50 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 20 mcg/2 ml (10 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 50 mcg/5 ml (10 mcg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syring 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)	Tier 1	
fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml	Tier 1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; 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	PA; 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) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)	Tier 1	
hydromorphone (pf) in water intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/25 ml (1 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone in 0.9 % nacl intravenous solution 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml	Tier 1	
hydromorphone in d5w (pf) intravenous pt controlled analgesia syring 3 mg/30 ml (0.1 mg/ml)	Tier 1	
hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)	Tier 1	
hydromorphone injection solution 1 mg/ml	Tier 1	
hydromorphone injection solution 2 mg/ml	Tier 1	
hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
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	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Tier 1	
hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml)	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (***hydrocodone bitartrate***)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML (***morphine sulfate/pf***)	Tier 3	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	Tier 6	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 550 mg/55 ml (10 mg/ml)	Tier 1	
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone in 0.9 % sod.chlorid intravenous syringe 1 mg/ml (1 ml)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
methadone in 0.9 % sod.chlorid intravenous syringe 5 mg/5 ml	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone injection syringe 5 mg/0.5 ml	Tier 1	
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	QL (4 ML per 1 day)
methadone intravenous syringe 10 mg/ml	Tier 1	
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML (***morphine sulfate/pf***)	Tier 1	
morphine (pf) in 0.9 % sod chl injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % sod chl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml	Tier 1	
morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml, 5 mg/5 ml (1 mg/ml)	Tier 1	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	Tier 1	
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	Tier 1	
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA
morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 125 mg/25 ml, 55 mg/55 ml (1 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous syringe 1 mg/ml (1 ml), 3 mg/3 ml (1 mg/ml)	Tier 1	
morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml	Tier 1	
morphine injection solution 2 mg/ml	Tier 3	
morphine injection solution 4 mg/ml	Tier 1	
morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	Tier 1	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg, 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	Tier 3	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 3	QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLINVYK INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML) (***oliceridine fumarate***)	Tier 3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML (***oliceridine fumarate***)	Tier 3	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG (***oxycodone hcl***)	Tier 3	
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	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)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (***oxycodone hcl***)	Tier 3	
tramadol oral solution 5 mg/ml	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	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 3	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 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***)	Tier 3	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 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); 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)
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/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)
Analgesic Opioid Fentanyl Combinations - Arthritis and Pain Drugs		
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	Tier 1	
fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %	Tier 1	
fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 5-0.04 mcg/ml-%, 5-0.075 mcg/ml-%	Tier 1	
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 4 mcg/ml- 0.125 %	Tier 1	
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%	Tier 1	
fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %	Tier 1	
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	Tier 1	
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 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 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)
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 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)

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)
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-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-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 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-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-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 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 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
BUPRENEX INJECTION SOLUTION 0.3 MG/ML (***buprenorphine hcl***)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic or Antipyretic Non-Opioid - Arthritis and Pain Drugs		
acetaminophen intravenous solution 1,000 mg/100 ml (10 mg/ml)	Tier 1	
acetaminophen intravenous solution 500 mg/50 ml (10 mg/ml), 650 mg/65 ml (10 mg/ml)	Tier 1	
acetaminophen intravenous syringe 325 mg/32.5 ml (10 mg/ml), 500 mg/50 ml (10 mg/ml)	Tier 1	
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
butalbital-acetaminophen oral tablet 50-300 mg	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
butalbital/acetaminophen/caffeine (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (***avacopan***)	Tier 6	PA
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab/pf***)	Tier 6	PA
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***)	Tier 6	
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (***adalimumab-atto***)	Tier 5	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-atto***)	Tier 5	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 6	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 6	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 6	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 6	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) PEN PSORIASIS STRT SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 5	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 6	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 6	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 6	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 6	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 6	PA
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (***adalimumab-atto***)	Tier 5	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-atto***)	Tier 5	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 6	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 6	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 6	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 6	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) PEN PSORIASIS STRT SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 5	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA

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 5	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 6	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 6	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 6	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 6	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 6	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, 400 mg	Tier 1	QL (60 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
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 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (***methotrexate/pf***)	Tier 3	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 3	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 3	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 3	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 3	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 3	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 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 12.5 MG/0.5 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 15 MG/0.6 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REDITREX (PF) SUBCUTANEOUS SYRINGE 17.5 MG/0.7 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.8 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 20 MG/0.8 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (3.2 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 22.5 MG/0.9 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (3.6 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 25 MG/ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (4 ML per 28 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 7.5 MG/0.3 ML (***methotrexate/pf***)	Tier 3	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	OCH; 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		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	Tier 6	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	Tier 6	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	Tier 6	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 6	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	Tier 6	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	Tier 6	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	Tier 6	PA
DMARD - Gold Compounds - Arthritis and Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 4	
azathioprine sodium injection recon soln 100 mg	Tier 4	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 4	
cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 4	OCH
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	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	Tier 2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	Tier 6	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 6	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab***)	Tier 6	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	Tier 6	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 6	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 6	PA
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 6	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	Tier 5	PA
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	Tier 5	PA
XELJANZ ORAL TABLET 5 MG (***tofacitinib citrate***)	Tier 5	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib citrate***)	Tier 5	PA
DMARD - Other - Arthritis and Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 6	PA
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 4	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
penicillamine oral capsule 250 mg	Tier 4	PA
penicillamine oral tablet 250 mg	Tier 4	PA
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 30 MG (***apremilast***)	Tier 5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 5	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
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 5	PA
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (***belimumab***)	Tier 6	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	Tier 6	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	
NSAID Analgesic and Topical Irritant Counter-Irritant Combinations - Arthritis and Pain Drugs		
COMFORT PAC-IBUPROFEN KIT 800 MG (***ibuprofen/irritants counter-irritants combination no.2***)	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG (***meloxicam/irritants counter-irritants combination no.2***)	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG (***naproxen/irritant counter-irritant combination no.2***)	Tier 3	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
ketorolac injection cartridge 15 mg/ml	Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection solution 30 mg/ml	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 600 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TORONOVA II SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
ANJESO INTRAVENOUS SUSPENSION 30 MG/ML (***meloxicam***)	Tier 3	
meloxicam oral suspension 7.5 mg/5 ml	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML) (***ibuprofen***)	Tier 3	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) (***ibuprofen***)	Tier 3	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
ibuprofen oral suspension 100 mg/5 ml	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
oxaprozin oral tablet 600 mg	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
indomethacin rectal suppository 100 mg	Tier 1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	
Salicylate Analgesic Combinations - Arthritis and Pain Drugs		
choline,magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
diflunisal oral tablet 500 mg	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic - Non-Parenteral - Drugs for Sedation		
ketamine sublingual troche 100 mg	Tier 1	
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		
desflurane inhalation liquid 100 %	Tier 1	
isoflurane inhalation liquid 99.9 %	Tier 1	
sevoflurane inhalation liquid	Tier 1	
SUPRANE INHALATION LIQUID 100 % (***desflurane***)	Tier 3	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Arylcyclohexylamines - Drugs for Sedation		
ketamine in 0.9 % sod chloride intravenous solution 0.6 mg/ml, 1 mg/ ml, 10 mg/ml, 2 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketamine in 0.9 % sod chloride intravenous syringe 10 mg/ml, 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml), 60 mg/20 ml (3 mg/ml)	Tier 1	
ketamine in nacl, iso-osmotic injection syringe 100 mg/10 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 30 mg/3 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml)	Tier 1	
ketamine in nacl, iso-osmotic intravenous solution 10 mg/ml	Tier 1	
ketamine in nacl, iso-osmotic intravenous syringe 50 mg/5 ml (10 mg/ml)	Tier 1	
ketamine in sterile water injection syringe 50 mg/ml	Tier 1	
ketamine injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	Tier 1	
ketamine intravenous syringe 100 mg/2 ml (50 mg/ml), 50 mg/ml (1 ml)	Tier 1	
General Anesthetic - Parenteral, Barbiturates - Drugs for Sedation		
BREVITAL INJECTION RECON SOLN 500 MG (***methohexital sodium***)	Tier 3	
methohexital in water (pf) intravenous syringe 100 mg/10 ml (10 mg/ml)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
BYFAVO INTRAVENOUS RECON SOLN 20 MG (***remimazolam besylate***)	Tier 3	
midazolam (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	Tier 1	
midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml	Tier 1	
midazolam (pf) in 0.9 % nacl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	Tier 1	
midazolam (pf) injection solution 1 mg/ml, 5 mg/ml	Tier 1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml	Tier 1	
midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
midazolam in 0.9 % sod chlorid intravenous syringe 10 mg/10 ml (1 mg/ml), 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	Tier 1	
midazolam in dextrose 5 % intravenous syringe 50 mg/50 ml (1 mg/ml)	Tier 1	
midazolam in nacl, iso-osmotic injection syringe 2 mg/2 ml (1 mg/ml)	Tier 1	
midazolam in nacl, iso-osmotic intravenous solution 1 mg/ml	Tier 4	
midazolam in nacl,iso-osmo(pf) intravenous solution 1 mg/ml	Tier 1	
midazolam injection solution 1 mg/ml, 5 mg/ml	Tier 1	
midazolam intravenous syringe 125 mg/25 ml (5 mg/ml), 150 mg/30 ml (5 mg/ml), 40 mg/8 ml (5 mg/ml)	Tier 1	
General Anesthetic - Parenteral, Others - Drugs for Sedation		
etomidate intravenous solution 2 mg/ml	Tier 1	
General Anesthetic - Parenteral, Phenol Derivatives - Drugs for Sedation		
propofol intravenous emulsion 10 mg/ml	Tier 1	
PROPOVEN (EUA) (PF) INTRAVENOUS EMULSION 20 MG/ML (***propofol in lipid emulsion mct/lct (1:1)/pf***)	Tier 3	
General Anesthetic Adjuncts - Neuroleptic, Butyrophenone Derivative - Drugs for Sedation		
droperidol injection solution 2.5 mg/ml	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
fentanyl citrate (pf) injection solution 50 mcg/ml	Tier 1	
fentanyl citrate (pf) injection syringe 25 mcg/0.5 ml, 50 mcg/ml	Tier 1	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous prefilled pump reservoir 2,500 mcg/50 ml (50 mcg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 2,750 mcg/55 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous solution 50 mcg/ml	Tier 1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml), 250 mcg/5 ml (50 mcg/ml), 500 mcg/10 ml (50 mcg/ml)	Tier 1	
remifentanil intravenous recon soln 1 mg, 2 mg, 5 mg	Tier 1	
sufentanil citrate intravenous solution 50 mcg/ml	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (3 ML), 0.9 % (5 ML) (***lidocaine hcl buffered with 8.4 % sodium bicarbonate***)	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML) (***lidocaine hcl buffered with 8.4 % sodium bicarbonate***)	Tier 1	
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)	Tier 1	
bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)	Tier 1	
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)	Tier 1	
bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%	Tier 1	
bupivacaine in nacl(pf) injection syringe 25 mg/10 ml (2.5mg/ml)0.25%, 50 mg/20 ml (2.5mg/ml)0.25%	Tier 1	
bupivacaine in nacl(pf) local infiltration elastomeric pump,hi var rate 0.125 % 545 ml	Tier 1	
bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)	Tier 1	
mepivacaine hcl (Carbocaine Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML) (***prilocaine hcl***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML) (***bupivacaine liposome/pf***)	Tier 3	
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	Tier 1	
lidocaine (pf) injection syringe 10 mg/ml (1 %), 100 mg/5 ml (2 %), 200 mg/10 ml (2 %), 50 mg/5 ml (1 %), 60 mg/3 ml (2 %)	Tier 1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	Tier 1	
lidocaine hcl injection syringe 100 mg/5 ml (2 %)	Tier 1	
lidocaine hcl intradermal pen injector 0.5 mg	Tier 1	
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
lidocaine hcl(pf) in 0.9% nacl injection syringe 100 mg/10 ml (1 %)	Tier 1	
lidocaine in nacl,iso-osmo(pf) injection syringe 10 mg/0.5 ml (2 %), 100 mg/10 ml (1 %), 30 mg/3 ml (1%)	Tier 1	
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine with sod phosphate injection syringe 0.9 % (1 ml)	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
mepivacaine injection cartridge 30 mg/ml (3 %)	Tier 1	
NAROPIN (PF) INJECTION SOLUTION 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) (***ropivacaine hcl/pf***)	Tier 3	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (***mepivacaine hcl***)	Tier 1	
POLOCAINE INJECTION SOLUTION 1 % (10 MG/ML), 2 % (***mepivacaine hcl***)	Tier 1	
mepivacaine hcl/pf (Polocaine-Mpf Injection Solution 10 Mg/Ml (1 %), 15 Mg/Ml (1.5 %))	Tier 1	
mepivacaine hcl/pf (Polocaine-Mpf Injection Solution 20 Mg/Ml (2 %))	Tier 4	
POSIMIR INTRA-SUBACROMIAL SPACE SOLUTION 132 MG/ML (***bupivacaine***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)	Tier 1	
ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %	Tier 1	
ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)	Tier 1	
ropivacaine (pf)-nacl,iso-osm injection solution 0.2 % (2 mg/ml)	Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)	Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %	Tier 1	
ropivacaine(pf)-0.9 % sodchlor injection solution 0.2 % (2 mg/ml)	Tier 1	
ropivacaine(pf)-0.9 % sodchlor injection syringe 120 mg/60 ml (2 mg/ml) 0.2 %, 40 mg/20 ml (2 mg/ml) 0.2 %	Tier 1	
ropivacaine(pf)-0.9 % sodchlor local infiltration elastomer pump,hi var rate,pca 0.2 % 545 ml	Tier 1	
ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,hi var rate 0.2 % 545 ml, 0.2 % 745 ml	Tier 1	
ropivacaine(pf)-0.9 % sodchlor local infiltration elastomeric pump,lo var rate 0.2 % 545 ml, 0.2 % 745 ml	Tier 1	
mepivacaine hcl (Scandonest Plain Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
bupivacaine hcl/pf (Sensorcaine-Mpf Injection Solution 0.75 % (7.5 Mg/Ml))	Tier 1	
bupivacaine hcl in dextrose/pf (Sensorcaine-Mpf Spinal Injection Solution 0.75 % (7.5 Mg/Ml))	Tier 1	
XARACOLL IMPLANT IMPLANT 100 MG (***bupivacaine hcl***)	Tier 3	
XYLOCAINE-MPF INJECTION SOLUTION 15 MG/ML (1.5 %) (***lidocaine hcl/pf***)	Tier 3	
XYLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %), 5 MG/ML (0.5 %) (***lidocaine hcl/pf***)	Tier 1	
Local Anesthetic - Esters - Drugs for Sedation		
chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLOROTEKAL INTRATHECAL SOLUTION 10 MG/ML (1 %) (***chloroprocaine hcl/pf***)	Tier 1	
NESACAINE INJECTION SOLUTION 10 MG/ML (1 %) (***chloroprocaine hcl***)	Tier 3	
NESACAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %) (***chloroprocaine hcl/pf***)	Tier 1	
tetracaine hcl (pf) injection solution 1 % (10 mg/ml)	Tier 1	
Local Anesthetic - NSAID Combinations - Drugs for Sedation		
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML (***bupivacaine/meloxicam***)	Tier 3	
Local Anesthetic - Sympathomimetic Combinations - Drugs for Sedation		
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:100,000 (***articaine hcl/epinephrine bitartrate***)	Tier 3	
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:200,000 (***articaine hcl/epinephrine bitartrate***)	Tier 6	
articaine-epinephrine bitart injection cartridge 4 %-1:200,000	Tier 1	
bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	Tier 1	
bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	Tier 1	
bupiv-dexamet-epi in sod chlor injection syringe 112.5-3-0.15 mg/30 ml	Tier 1	
CITANEST FORTE DENTAL INJECTION CARTRIDGE 40 MG/ML (4 %)- 1:200,000 (***prilocaine hcl/epinephrine bitartrate***)	Tier 3	
lidocaine-epinephrine (pf) injection solution 1 %-1:100,000	Tier 1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	Tier 1	
lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000	Tier 1	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine-epineph-sodium chlor injection syringe 100 mg/5 ml (2%)-1:100,000, 15mg/3ml (0.5%) -1:100,000, 50 mg/5 ml (1 %)-1:100,000	Tier 1	
lido-epi with 8.4% sod bicarb injection syringe 1 %-1:100,000 (3 ml)	Tier 1	
lidocaine hcl/epinephrine bitartrate (Lignospan Standard Injection Cartridge 2 %-1:100,000)	Tier 1	
ORABLOC INJECTION CARTRIDGE 4 %- 1:100,000 (***articaine hcl/epinephrine bitartrate***)	Tier 3	
bupivacaine hcl/epinephrine (Sensorcaine-Epinephrine Injection Solution 0.25 %-1:200,000, 0.5 %-1:200,000)	Tier 1	
bupivacaine hcl/epinephrine/pf (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25 %-1:200,000)	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000 (***bupivacaine hcl/epinephrine/pf***)	Tier 1	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:100,000 (***articaine hcl/epinephrine bitartrate***)	Tier 3	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:200,000 (***articaine hcl/epinephrine bitartrate***)	Tier 6	
lidocaine hcl/epinephrine bitartrate (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000 (***lidocaine hcl/epinephrine/pf***)	Tier 3	
Local Anesthetic-Alpha 2 Agonist-NSAID Combinations - Drugs for Sedation		
ropivacaine-clonidin-ketorolac periarticular syringe 123-0.04-15 mg/50 ml	Tier 1	
Local Anesthetic-NSAID-NMDA Receptor Antagonist Combinations - Drugs for Sedation		
bupivacaine-ketorolac-ketamine injection syringe 150-60-60 mg/50 ml	Tier 1	
ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Local Anesthetic-Sympathomimetic-Alpha 2 Agonist-NSAID Combinations - Drugs for Sedation		
ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml	Tier 1	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W) (***nitroglycerin***)	Tier 3	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
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	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (***hydrocortisone acetate/lidocaine hcl/aloe vera***)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	
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 3	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Anticoagulant Reversal Agent for Direct Thrombin Inhibitors - Drugs for Overdose or Poisoning		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML (***idarucizumab***)	Tier 6	
Anticoagulant Reversal Agent for Factor Xa Inhibitors - Drugs for Overdose or Poisoning		
ANDEXXA INTRAVENOUS RECON SOLN 200 MG (***coagulation factor xa,inactivated-zhzo (recombinant)***)	Tier 6	
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
acetylcysteine intravenous solution 200 mg/ml (20 %)	Tier 1	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Alcohol Dehydrogenase Enzyme Inhibitor - Drugs for Overdose or Poisoning		
fomepizole intravenous solution 1 gram/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote - Anticholinesterase and Muscarinic Antagonist Combinations - Drugs for Overdose or Poisoning		
PREVDUO INTRAVENOUS SYRINGE 0.6 MG-3 MG/3ML (0.2 MG-1MG/ML) (***glycopyrrolate/neostigmine methylsulfate***)	Tier 3	
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM (***pralidoxime chloride***)	Tier 3	
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 3	
Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM (***hydroxocobalamin***)	Tier 1	
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML-12.5 GRAM/50 ML (***sodium nitrite/sodium thiosulfate***)	Tier 3	
sodium nitrite intravenous solution 30 mg/ml	Tier 1	
sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)	Tier 1	
Antidote - Digitalis Glycoside Toxicity Agents - Drugs for Overdose or Poisoning		
DIGIFAB INTRAVENOUS RECON SOLN 40 MG (***digoxin immune fab***)	Tier 3	
Antidote - Methemoglobinemia - Drugs for Overdose or Poisoning		
methylene blue (antidote) intravenous solution 1 % (10 mg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (***methylene blue***)	Tier 1	
Antidote - Radioactive Agents - Drugs for Overdose or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	Tier 3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) (***zinc acetate***)	Tier 3	
Benzodiazepine Reversal Agents - Benzodiazepine Antagonists - Drugs for Overdose or Poisoning		
flumazenil intravenous solution 0.1 mg/ml	Tier 1	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 6	PA
CUVRIOR ORAL TABLET 300 MG (***trientine tetrahydrochloride***)	Tier 6	PA
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 4	PA
penicillamine oral capsule 250 mg	Tier 4	PA
penicillamine oral tablet 250 mg	Tier 4	PA
trientine oral capsule 250 mg	Tier 4	PA
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 4	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 4	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 4	PA
deferiprone oral tablet 1,000 mg, 500 mg	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	Tier 6	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	Tier 3	
edetate calcium disodium injection solution 200 mg/ml	Tier 1	
edetate calcium disodium intravenous solution 50 mg/ml	Tier 1	
Chelating Agents - Others - Drugs for Overdose or Poisoning		
pentetate calcium trisodium intravenous solution 200 mg/ml	Tier 1	
pentetate zinc trisodium intravenous solution 200 mg/ml	Tier 1	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
alvimopan oral capsule 12 mg	Tier 1	
ENTEREG ORAL CAPSULE 12 MG (***alvimopan***)	Tier 3	
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 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	Tier 3	ST: Requires prior prescription for Movantik within the past 120 days; 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)
nalmefene injection solution 1 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naloxone injection auto-injector 10 mg/0.4 ml	Tier 1	
naloxone injection solution 0.4 mg/ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	Tier 3	QL (2 ML per 30 days)
Reversal Agents - Heparin Antagonists - Drugs for Overdose or Poisoning		
protamine intravenous solution 10 mg/ml	Tier 1	
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 5	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 5	PA
Beta-lactam Antibiotic and Beta-lactamase Inhibitor Combinations		
XACDURO INTRAVENOUS RECON SOLN 1 GRAM-1 GRAM (0.5 GRAM X 2) (***sulbactam sodium/durlobactam sodium***)	Tier 3	
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
paromomycin oral capsule 250 mg	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	Tier 6	PA
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	Tier 1	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	Tier 1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin oral tablet 500 mg	Tier 1	
streptomycin intramuscular recon soln 1 gram	Tier 1	
tobramycin sulfate injection recon soln 1.2 gram	Tier 1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	Tier 1	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML (***plazomicin sulfate***)	Tier 3	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA INTRAVENOUS RECON SOLN 100 MG (***omadacycline tosylate***)	Tier 3	
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	Tier 1	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	Tier 1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
albendazole oral tablet 200 mg	Tier 1	
EGATEN ORAL TABLET 250 MG (***triclabendazole***)	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
ivermectin oral tablet 3 mg	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
praziquantel oral tablet 600 mg	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	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	
trimethoprim oral tablet 100 mg	Tier 1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (***amphotericin b lipid complex***)	Tier 3	
amphotericin b injection recon soln 50 mg	Tier 1	
amphotericin b liposome intravenous suspension for reconstitution 50 mg	Tier 1	
nystatin oral tablet 500,000 unit	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Echinocandins - Drugs for Fungus		
caspofungin intravenous recon soln 50 mg, 70 mg	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG (***anidulafungin***)	Tier 3	
micafungin intravenous recon soln 100 mg, 50 mg	Tier 1	
REZZAYO INTRAVENOUS RECON SOLN 200 MG (***rezafungin acetate***)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***)	Tier 3	PA
caspofungin intravenous recon soln 50 mg, 70 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG (***anidulafungin***)	Tier 3	
micafungin intravenous recon soln 100 mg, 50 mg	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA INTRAVENOUS RECON SOLN 372 MG (***isavuconazonium sulfate***)	Tier 3	
CRESEMBA ORAL CAPSULE 186 MG (***isavuconazonium sulfate***)	Tier 3	PA
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml	Tier 1	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML (***posaconazole***)	Tier 6	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***)	Tier 3	PA
posaconazole intravenous solution 300 mg/16.7 ml	Tier 1	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	PA
voriconazole intravenous recon soln 200 mg	Tier 1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal other - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	Tier 6	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	Tier 5	PA
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***)	Tier 3	
Antimalarials - Artemisinin and Derivatives - Drugs for Parasites		
artesunate intravenous recon soln 110 mg	Tier 3	
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***)	Tier 3	
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (18 EA per 16 days)
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, 400 mg	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pyrimethamine oral tablet 25 mg	Tier 4	PA
quinine sulfate oral capsule 324 mg	Tier 1	
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***)	Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	Tier 1	
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***)	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg	Tier 1	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***)	Tier 5	PA
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
maraviroc oral tablet 150 mg	Tier 4	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 4	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	Tier 5	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG (***maraviroc***)	Tier 5	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (***maraviroc***)	Tier 5	QL (2 EA per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	Tier 5	PA
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	Tier 5	QL (2 EA per 1 day)
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 5	ST: Requires prior prescription for Descovy or Emtricitabine/Tenofovir (TDF) within the past 120 days; QL (21 ML per 365 days); Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 400 mg/2 ml (200 mg/ml)	Tier 4	Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	Tier 4	ST: Requires prior prescription for Descovy or Emtricitabine/Tenofovir (TDF) within the past 120 days; QL (21 ML per 365 days); Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***)	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	Tier 5	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (***dolutegravir sodium***)	Tier 5	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***)	Tier 5	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG (***cabotegravir sodium***)	Tier 5	QL (1 EA per 1 day); Age (Min 12 Years)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (***cabotegravir/rilpivirine***)	Tier 5	QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	Tier 5	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	Tier 5	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	Tier 5	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	Tier 5	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg, 50 mg	Tier 4	
efavirenz oral tablet 600 mg	Tier 4	
etravirine oral tablet 100 mg	Tier 4	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 4	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTELENCE ORAL TABLET 25 MG (***etravirine***)	Tier 5	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	Tier 4	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 4	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 4	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 4	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	Tier 6	QL (2 EA per 1 day)
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	Tier 4	
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	Tier 5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	Tier 5	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 4	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
abacavir oral solution 20 mg/ml	Tier 4	QL (960 ML per 30 days)
abacavir oral tablet 300 mg	Tier 4	QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 4	QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	Tier 5	QL (850 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamivudine oral solution 10 mg/ml	Tier 4	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 4	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 4	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	Tier 5	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 4	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 4	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	Tier 4	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 4	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 5	QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 5	QL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG (***lopinavir/ritonavir***)	Tier 5	QL (10 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 4	QL (480 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 4	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 4	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 6	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5	QL (1 EA per 1 day)
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 5	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 5	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	Tier 5	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 5	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 5	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	Tier 4	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 4	QL (2 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (***abacavir sulfate/lamivudine/zidovudine***)	Tier 5	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	Tier 6	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	Tier 6	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 4	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 4	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 5	QL (1 EA per 1 day)
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***)	Tier 3	
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 6	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid injection solution 100 mg/ml	Tier 1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
pretomanid oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin intravenous recon soln 600 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	Tier 1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM (***imipenem/cilastatin sodium/relebactam***)	Tier 3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM (***meropenem/vaborbactam***)	Tier 3	
Carbapenem Antibiotics (Thienamycins) - Antibiotics		
ertapenem injection recon soln 1 gram	Tier 1	
meropenem intravenous recon soln 1 gram, 500 mg	Tier 1	
meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml	Tier 1	
Catheter Lock - Antibiotic and Anticoagulant Combinations - Antibiotics		
gentamicin-sodium citrate intra-catheter syringe 960 mcg/3 ml-4 %	Tier 1	
Catheter Lock Solutions - Antibiotics		
gentamicin-sodium citrate intra-catheter syringe 960 mcg/3 ml-4 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cephalosporin Antibiotic and Beta-lactamase Inhibitor Combinations - Antibiotics		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM (***ceftazidime/avibactam sodium***)	Tier 3	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM (***ceftolozane sulfate/tazobactam sodium***)	Tier 3	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cefazolin in 0.9% sod chloride intravenous piggyback 3 gram/100 ml	Tier 1	
cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	Tier 1	
cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml, 2 gram/50 ml	Tier 1	
cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml	Tier 1	
cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml, 3 gram/30 ml	Tier 1	
cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg	Tier 1	
cefazolin injection recon soln 100 gram, 2 gram, 300 g	Tier 1	
cefazolin intravenous recon soln 1 gram	Tier 1	
cefazolin intravenous recon soln 2 gram, 3 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefotetan injection recon soln 1 gram, 2 gram	Tier 1	
cefotetan intravenous recon soln 10 gram	Tier 1	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime sodium injection recon soln 750 mg	Tier 1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefotaxime injection recon soln 1 gram, 2 gram	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	Tier 1	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	Tier 1	
ceftriaxone injection recon soln 100 gram	Tier 1	
ceftriaxone intravenous recon soln 1 gram, 2 gram	Tier 1	
CLAFORAN INJECTION RECON SOLN 10 GRAM (***cefotaxime sodium***)	Tier 3	
CLAFORAN INJECTION RECON SOLN 2 GRAM (***cefotaxime sodium***)	Tier 6	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM (***cefotaxime sodium***)	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	Tier 2	
ceftazidime (Tazicef Injection Recon Soln 1 Gram, 2 Gram, 6 Gram)	Tier 1	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM (***ceftazidime***)	Tier 1	
Cephalosporin Antibiotics - 4th Generation - Antibiotics		
cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 3	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	Tier 3	
cefepime injection recon soln 1 gram, 2 gram	Tier 1	
cefepime intravenous recon soln 100 gram	Tier 1	
Cephalosporin Antibiotics - 5th Generation - Antibiotics		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG (***ceftaroline fosamil acetate***)	Tier 3	
Cephalosporin Antibiotics - Siderophore - Antibiotics		
FETROJA INTRAVENOUS RECON SOLN 1 GRAM (***cefiderocol sulfate tosylate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chloramphenicol Antibiotics and Derivatives - Single Agents - Antibiotics		
chloramphenicol sod succinate intravenous recon soln 1 gram	Tier 1	
CMV Antiviral Agent - Inorganic Pyrophosphate Analogs - Drugs for Viral Infections		
foscarnet intravenous solution 24 mg/ml	Tier 1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML (***foscarnet sodium***)	Tier 6	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
ganciclovir intravenous solution 500 mg/250 ml (2 mg/ml)	Tier 3	
ganciclovir sodium intravenous recon soln 500 mg	Tier 1	
ganciclovir sodium intravenous solution 50 mg/ml	Tier 1	
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
CMV Antiviral Agent - Nucleotide Analogs - Drugs for Viral Infections		
cidofovir intravenous solution 75 mg/ml	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (***maribavir***)	Tier 5	PA
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML (***letermovir***)	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	Tier 3	PA
Cyclic Lipopeptide Antibiotics - Antibiotics		
daptomycin in 0.9 % sod chlor intravenous piggyback 1,000 mg/100 ml, 700 mg/100 ml	Tier 6	
daptomycin in 0.9 % sod chlor intravenous piggyback 350 mg/50 ml, 500 mg/50 ml	Tier 1	
daptomycin intravenous recon soln 350 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
daptomycin intravenous recon soln 500 mg	Tier 1	
Fluorocycline Antibiotics - Antibiotics		
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG (***eravacycline di-hydrochloride***)	Tier 3	
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA INTRAVENOUS RECON SOLN 300 MG (***delafloxacin meglumine***)	Tier 3	
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
FACTIVE ORAL TABLET 320 MG (***gemifloxacin mesylate***)	Tier 3	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 1	
levofloxacin intravenous solution 25 mg/ml	Tier 1	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml	Tier 1	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/250 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml	Tier 1	
vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml	Tier 1	
vancomycin in dextrose 5 % intravenous piggyback 750 mg/150 ml	Tier 1	
vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml	Tier 3	
vancomycin in dextrose 5 % intravenous solution 1.25 gram/250 ml, 1.5 gram/250 ml	Tier 1	
vancomycin injection recon soln 100 gram	Tier 1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg	Tier 1	
vancomycin intravenous recon soln 1.25 gram, 1.5 gram, 5 gram, 750 mg	Tier 1	
vancomycin oral capsule 125 mg	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
vancomycin-0.9 % sod chlor(pf) injection syringe 2.5 mg/0.25 ml	Tier 1	
vancomycin-diluent combo no.1 intravenous piggyback 1 gram/200 ml, 1.25 gram/250 ml, 1.5 gram/300 ml, 1.75 gram/350 ml, 2 gram/400 ml, 500 mg/100 ml, 750 mg/150 ml	Tier 1	
Glycylcycline Antibiotics - Antibiotics		
tigecycline intravenous recon soln 50 mg	Tier 1	
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	Tier 5	QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	Tier 4	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	Tier 5	ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 5	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	Tier 5	PA
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 6	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	Tier 6	PA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5	PA
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***)	Tier 5	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	Tier 5	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	Tier 5	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	Tier 5	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 6	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***)	Tier 6	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
acyclovir in 0.9 % sodium chlr intravenous piggyback 200 mg/100 ml	Tier 1	
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	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acyclovir sodium intravenous solution 50 mg/ml	Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	
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)
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***peramivir/pf***)	Tier 3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 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		
rimantadine oral tablet 100 mg	Tier 1	
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	Tier 3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
clindamycin phosphate injection solution 150 mg/ml	Tier 1	
lincomycin injection solution 300 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Lipoglycopeptide Antibiotics - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION 500 MG (***dalbavancin hcl***)	Tier 3	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG (***oritavancin diphosphate***)	Tier 3	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG (***oritavancin diphosphate***)	Tier 3	
VIBATIV INTRAVENOUS RECON SOLN 750 MG (***telavancin hcl***)	Tier 3	
Macrolide Antibiotics - Antibiotics		
azithromycin intravenous recon soln 500 mg	Tier 1	
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
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	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	Tier 1	
erythromycin lactobionate (Erythrocin Intravenous Recon Soln 500 Mg)	Tier 3	
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 lactobionate intravenous recon soln 500 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
PENTAM INJECTION RECON SOLN 300 MG (***pentamidine isethionate***)	Tier 6	
pentamidine inhalation recon soln 300 mg	Tier 1	
pentamidine injection recon soln 300 mg	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Misc Anti-Infective Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 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 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
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	
Monobactam Antibiotics - Antibiotics		
aztreonam injection recon soln 1 gram, 2 gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Oxazolidinone Antibiotics - Antibiotics		
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	Tier 1	
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG (***tedizolid phosphate***)	Tier 3	
SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***)	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML (***linezolid in dextrose 5 % in water***)	Tier 3	
Penicillin Antibiotic - Natural - Antibiotics		
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (***penicillin g benzathine***)	Tier 3	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	Tier 1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	Tier 1	
penicillin g sodium injection recon soln 5 million unit	Tier 1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
penicillin g potassium (Pfizerpen-G Injection Recon Soln 20 Million Unit, 5 Million Unit)	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1	
nafcillin intravenous recon soln 2 gram	Tier 1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	Tier 1	
Penicillin Antibiotic, Extended-spectrum and Beta-lactamase Inhib Comb - Antibiotics		
piperacillin-tazobactam intravenous recon soln 13.5 gram	Tier 1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	Tier 1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML (***piperacillin and tazobactam in dextrose, iso-osmotic***)	Tier 3	
Penicillin Natural Antibiotic Combinations - Extended Release - Antibiotics		
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (***penicillin g benzathine/penicillin g procaine***)	Tier 3	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA INTRAVENOUS SOLUTION 150 MG/15 ML (***lefamulin acetate***)	Tier 3	
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	Tier 3	PA
Polymyxins and Derivatives - Single Agents - Antibiotics		
bacitracin intramuscular recon soln 50,000 unit	Tier 1	
colistin (colistimethate na) injection recon soln 150 mg	Tier 1	
polymyxin b sulfate injection recon soln 500,000 unit	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	Tier 5	QL (4 EA per 1 day)
darunavir ethanolate oral tablet 600 mg	Tier 4	QL (2 EA per 1 day)
darunavir ethanolate oral tablet 800 mg	Tier 4	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 6	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir ethanolate***)	Tier 5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir ethanolate***)	Tier 5	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir ethanolate***)	Tier 5	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
atazanavir oral capsule 150 mg, 200 mg	Tier 4	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 4	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 5	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	Tier 4	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (***fosamprenavir calcium***)	Tier 5	QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	Tier 5	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	Tier 5	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 4	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	Tier 5	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
ribavirin inhalation recon soln 6 gram	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (***rifamycin sodium***)	Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin intravenous recon soln 600 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rifampin oral capsule 150 mg, 300 mg	Tier 1	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	Tier 2	PA
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG (***nirmatrelvir/ritonavir***)	Tier 2	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***)	Tier 2	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***)	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
VEKLURY INTRAVENOUS RECON SOLN 100 MG (***remdesivir***)	Tier 6	QL (11 EA per 10 days)
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate (Doxy-100 Intravenous Recon Soln 100 Mg)	Tier 1	
doxycycline hyclate intravenous recon soln 100 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate oral tablet 50 mg	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)
doxycycline hyclate oral tablet 75 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG (***minocycline hcl***)	Tier 3	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA INTRAVENOUS RECON SOLN 100 MG (***omadacycline tosylate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
tigecycline intravenous recon soln 50 mg	Tier 1	
XERAVA INTRAVENOUS RECON SOLN 100 MG, 50 MG (***eravacycline di-hydrochloride***)	Tier 3	
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) INTRAVENOUS SOLUTION 10 MG/ML (***tecovirimat***)	Tier 3	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (***tecovirimat***)	Tier 2	
Antineoplastics		
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***)	Tier 5	PA; OCH
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 6	PA
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (***glofitamab-gxbm***)	Tier 6	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (***epcoritamab-bysp***)	Tier 6	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (***mosunetuzumab-axgb***)	Tier 6	PA
Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody		
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML (***talquetamab-tgvs***)	Tier 6	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-maly***)	Tier 6	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab***)	Tier 6	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-awwb***)	Tier 5	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-adcd***)	Tier 5	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-bvzr***)	Tier 5	PA
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
EXKIVITY ORAL CAPSULE 40 MG (***mobocertinib succinate***)	Tier 5	PA; OCH
lapatinib oral tablet 250 mg	Tier 4	PA; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (***amivantamab-vmjw***)	Tier 6	PA
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 6	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 4	PA; OCH
gefitinib oral tablet 250 mg	Tier 4	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	Tier 5	PA; OCH
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	Tier 5	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	Tier 5	PA; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	Tier 5	PA; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
busulfan intravenous solution 60 mg/10 ml	Tier 4	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	Tier 5	OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (***thiotepa***)	Tier 6	
thiotepa injection recon soln 100 mg, 15 mg	Tier 4	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	Tier 5	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 4	
cyclophosphamide intravenous solution 200 mg/ml, 500 mg/ml	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 4	OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (***melphalan hcl/betadex sulfobutyl ether sodium***)	Tier 6	
ifosfamide intravenous recon soln 1 gram, 3 gram	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 4	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	Tier 5	OCH
melphalan hcl intravenous recon soln 50 mg	Tier 4	
melphalan oral tablet 2 mg	Tier 1	OCH
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
carmustine intravenous recon soln 100 mg	Tier 4	
carmustine intravenous recon soln 300 mg, 50 mg	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	Tier 6	PA; OCH
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***)	Tier 6	
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 6	
bendamustine intravenous recon soln 100 mg, 25 mg	Tier 4	
bendamustine intravenous solution 25 mg/ml	Tier 6	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 6	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 6	
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
dacarbazine intravenous recon soln 100 mg, 200 mg	Tier 1	
TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***)	Tier 6	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	Tier 5	PA; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	Tier 6	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	Tier 6	PA; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	Tier 5	PA; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	Tier 5	PA; OCH
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	Tier 5	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (***mitotane***)	Tier 5	OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; OCH
bicalutamide oral tablet 50 mg	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***)	Tier 5	PA; OCH
nilutamide oral tablet 150 mg	Tier 4	OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	Tier 5	PA; OCH
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	Tier 5	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	Tier 5	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 6	PA; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (***daunorubicin/cytarabine liposomal***)	Tier 6	PA
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 6	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	Tier 6	PA
BLENREP INTRAVENOUS RECON SOLN 100 MG (***belantamab mafodotin-blmf***)	Tier 6	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 6	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 6	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 6	PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	Tier 6	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 6	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 6	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 6	PA
Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML (***naxitamab-gqgk***)	Tier 6	PA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML (***dinutuximab***)	Tier 6	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (***pralatrexate***)	Tier 6	PA
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	Tier 4	PA
pemetrexed disodium intravenous recon soln 100 mg, 500 mg	Tier 4	PA
pemetrexed disodium intravenous solution 25 mg/ml	Tier 4	PA
pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg	Tier 4	PA
pemetrexed intravenous solution 25 mg/ml	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (***pemetrexed***)	Tier 6	PA
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	OCH; 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		
cladribine intravenous solution 10 mg/10 ml	Tier 4	
clofarabine intravenous solution 1 mg/ml	Tier 4	
fludarabine intravenous recon soln 50 mg	Tier 4	
fludarabine intravenous solution 50 mg/2 ml	Tier 4	
mercaptopurine oral tablet 50 mg	Tier 1	OCH
nelarabine intravenous solution 250 mg/50 ml	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG (***pentostatin***)	Tier 6	
PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***)	Tier 5	OCH; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (***thioguanine***)	Tier 5	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
fluorouracil (Adrucil Intravenous Solution 2.5 Gram/50 Ml)	Tier 1	
azacitidine injection recon soln 100 mg	Tier 4	
capecitabine oral tablet 150 mg, 500 mg	Tier 4	PA; OCH
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 4	
cytarabine injection solution 20 mg/ml	Tier 4	
decitabine intravenous recon soln 50 mg	Tier 4	
floxuridine injection recon soln 0.5 gram	Tier 4	
fluorouracil intravenous solution 1 gram/20 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	Tier 1	
gemcitabine intravenous recon soln 1 gram, 200 mg	Tier 4	
gemcitabine intravenous recon soln 2 gram	Tier 4	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 4	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (***gemcitabine hcl in 0.9 % sodium chloride***)	Tier 6	
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	Tier 5	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***)	Tier 5	PA; OCH
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (***nivolumab-relatlimab-rmbw***)	Tier 6	PA
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (***elotuzumab***)	Tier 6	PA
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
anastrozole oral tablet 1 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
exemestane oral tablet 25 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	Tier 4	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (***arsenic trioxide***)	Tier 6	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (***calaspargase pegol-mknl***)	Tier 6	PA
ERWINASE INJECTION RECON SOLN 10,000 UNIT (***asparaginase (erwinia chrysanthemi)***)	Tier 6	PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***)	Tier 6	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***)	Tier 6	PA
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	Tier 5	PA; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	Tier 5	PA; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	Tier 5	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	Tier 5	PA; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***)	Tier 5	PA; OCH
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	Tier 5	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 5	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 5	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 5	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 5	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 5	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 5	PA; OCH
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (***mogamulizumab-kpkc***)	Tier 6	PA
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (***loncastuximab tesirine-lpyl***)	Tier 6	PA
Antineoplastic - CD-19 directed CAR-T cell immunotherapy - Drugs for Cancer		
YESCARTA INTRAVENOUS SUSPENSION (***axicabtagene ciloleucel***)	Tier 6	PA
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (***tafasitamab-cxix***)	Tier 6	PA
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML (***ofatumumab***)	Tier 6	PA
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 6	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (***rituximab/hyaluronidase, human recombinant***)	Tier 6	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	Tier 6	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	Tier 6	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	Tier 6	PA
Antineoplastic - CD22 Directed Antibody and Cytotoxin Conjugate - Drugs for Cancer		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (***moxetumomab pasudotox-tdfk***)	Tier 6	PA
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (***daratumumab-hyaluronidase-fihj***)	Tier 6	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (***daratumumab***)	Tier 6	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (***isatuximab-irfc***)	Tier 6	PA
Antineoplastic - CD52 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML (***alemtuzumab***)	Tier 3	
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 5	PA; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 5	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 6	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	Tier 5	PA; OCH
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (***tremelimumab-actl***)	Tier 6	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (***ipilimumab***)	Tier 6	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	Tier 5	PA; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG (***etoposide phosphate***)	Tier 3	
etoposide intravenous solution 20 mg/ml	Tier 1	
etoposide oral capsule 50 mg	Tier 1	OCH
teniposide intravenous solution 50 mg/5 ml	Tier 4	
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (***ixabepilone***)	Tier 6	PA
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	Tier 5	OCH
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 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 5	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		
TAZVERIK ORAL TABLET 200 MG (***tazemetostat hydrobromide***)	Tier 5	PA; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	Tier 5	PA; OCH
LYTGOBI ORAL TABLET 4 MG (***futibatinib***)	Tier 5	PA; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	Tier 5	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***)	Tier 5	PA; OCH
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	Tier 5	PA; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	Tier 5	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	Tier 5	PA; OCH
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	Tier 5	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (***belinostat***)	Tier 6	PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (***panobinostat lactate***)	Tier 5	PA; OCH
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (***romidepsin***)	Tier 6	PA
romidepsin intravenous recon soln 10 mg/2 ml	Tier 4	PA
romidepsin intravenous solution 5 mg/ml	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	Tier 5	OCH
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (***belzutifan***)	Tier 5	PA; OCH
Antineoplastic - Immunotherapy, Therapeutic Vaccines - Drugs for Cancer		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML (***sipuleucel-t|lactated ringers solution***)	Tier 6	
Antineoplastic - Immunotherapy, Virus-Based - Drugs for Cancer		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (***talimogene laherparepvec***)	Tier 6	PA
Antineoplastic - Immunotoxins - Drugs for Cancer		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG (***moxetumomab pasudotox-tdfk***)	Tier 6	PA
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***)	Tier 6	PA
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (***siltuximab***)	Tier 6	PA
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	Tier 6	
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	Tier 5	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	Tier 5	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	Tier 5	PA; OCH
Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG (***ribociclib succinate/letrozole***)	Tier 6	PA; OCH
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (***adagrasib***)	Tier 5	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 320 MG (***sotorasib***)	Tier 5	PA; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (***leuprolide mesylate***)	Tier 6	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	Tier 5	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	Tier 5	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 5	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	Tier 5	PA
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	Tier 4	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (***leuprolide acetate***)	Tier 6	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	Tier 6	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	Tier 6	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	Tier 6	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	Tier 6	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 6	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	Tier 6	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 6	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	Tier 5	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	Tier 5	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate/vitamin e tpgs***)	Tier 5	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	Tier 5	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	Tier 5	PA; OCH
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	Tier 5	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (***eribulin mesylate***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Monoclonal Antibodies for Radiopharmaceutical Therapy - Drugs for Cancer		
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML (***kit for prep yttrium-90/ibritumomab tiuxetan/albumin human***)	Tier 6	
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 4	PA; OCH
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 4	PA; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (***sirolimus protein-bound***)	Tier 6	PA
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	Tier 4	PA
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	Tier 5	PA; OCH
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 5	PA; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	Tier 5	PA; OCH
sorafenib oral tablet 200 mg	Tier 4	PA; OCH
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	Tier 5	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***)	Tier 5	PA; OCH
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	Tier 5	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	Tier 6	PA; OCH
Antineoplastic - Other - Drugs for Cancer		
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG (***bcg live***)	Tier 3	
Antineoplastic - Pan-Class I PI3K Inhibitors - Drugs for Cancer		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (***copanlisib di-hcl***)	Tier 6	PA
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 6	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	Tier 6	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (***copanlisib di-hcl***)	Tier 6	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 6	PA; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 5	PA; OCH
Antineoplastic - Photosensitizers - Drugs for Cancer		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG (***porfimer sodium***)	Tier 6	PA
UVADEX INJECTION SOLUTION 20 MCG/ML (***methoxsalen***)	Tier 3	
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
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 5	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 6	PA; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 5	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
carboplatin intravenous recon soln 150 mg	Tier 4	
carboplatin intravenous solution 10 mg/ml	Tier 4	
cisplatin intravenous recon soln 50 mg	Tier 4	
cisplatin intravenous solution 1 mg/ml	Tier 4	
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 4	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	Tier 4	
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	Tier 5	PA; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	Tier 6	PA; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	Tier 5	PA; OCH
ZEJULA ORAL CAPSULE 100 MG (***niraparib tosylate***)	Tier 5	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***)	Tier 5	PA; OCH
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 4	PA
bortezomib injection recon soln 3.5 mg	Tier 4	PA
bortezomib intravenous recon soln 3.5 mg	Tier 6	PA
bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (***carfilzomib***)	Tier 6	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	Tier 5	PA; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***)	Tier 5	PA; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	Tier 5	PA; OCH
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 5	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 5	PA; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	Tier 6	PA; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***)	Tier 5	PA; OCH
imatinib oral tablet 100 mg, 400 mg	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 5	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 5	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 5	PA; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	Tier 5	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 5	PA; OCH
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 5	PA; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 5	PA
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	Tier 5	PA; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	Tier 5	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	Tier 5	PA; OCH
SCEMBLIX ORAL TABLET 20 MG, 40 MG (***asciminib hydrochloride***)	Tier 5	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib***)	Tier 5	PA; OCH
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 4	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***)	Tier 5	PA; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***)	Tier 5	PA; OCH
TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***)	Tier 5	PA; OCH
TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***)	Tier 5	PA; OCH
VOTRIENT ORAL TABLET 200 MG (***pazopanib hcl***)	Tier 5	PA; OCH
Antineoplastic - Radiolabeled Meta-iodobenzylguanidine (MIBG) Therapy - Drugs for Cancer		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 30 MCI/2 ML (***iobenguane iodine-131***)	Tier 6	PA
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 337.5 MCI/22.5 ML (***iobenguane iodine-131***)	Tier 6	PA
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	Tier 6	PA
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 6	PA
Antineoplastic - Radiopharmaceuticals - Drugs for Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (***sodium iodide-131***)	Tier 3	OCH
strontium-89 chloride intravenous solution 1 mci/ml	Tier 1	
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML) (***radium-223 dichloride***)	Tier 6	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Retinoids - Drugs for Cancer		
tretinoin (antineoplastic) oral capsule 10 mg	Tier 4	OCH
Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer		
fulvestrant intramuscular syringe 250 mg/5 ml	Tier 4	PA
ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***)	Tier 6	PA; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	Tier 2	OCH
tamoxifen oral tablet 10 mg, 20 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	Tier 4	PA; OCH
Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 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 5	PA; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	Tier 5	PA; OCH
RETEVMO ORAL CAPSULE 40 MG, 80 MG (***selpercatinib***)	Tier 5	PA; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
bexarotene oral capsule 75 mg	Tier 4	PA; OCH
Antineoplastic - Taxanes - Drugs for Cancer		
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	Tier 4	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (***cabazitaxel***)	Tier 6	
paclitaxel intravenous concentrate 6 mg/ml	Tier 4	
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	Tier 4	PA
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4	PA; OCH
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	Tier 5	PA; OCH
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	Tier 5	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (***irinotecan hcl***)	Tier 6	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	Tier 5	OCH
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml	Tier 4	
irinotecan intravenous solution 500 mg/25 ml	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (***irinotecan liposomal***)	Tier 6	PA
topotecan intravenous recon soln 4 mg	Tier 4	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 4	
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	Tier 5	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	Tier 5	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (***ramucirumab***)	Tier 6	PA
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL (***vincristine sulfate liposomal***)	Tier 6	PA
vinblastine intravenous solution 1 mg/ml	Tier 4	
vincristine sulfate (Vincasar Pfs Intravenous Solution 1 Mg/Ml, 2 Mg/2 Ml)	Tier 1	
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	Tier 1	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 4	
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
dactinomycin intravenous recon soln 0.5 mg	Tier 4	
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
doxorubicin hcl (Adriamycin Intravenous Recon Soln 50 Mg)	Tier 1	
daunorubicin intravenous solution 5 mg/ml	Tier 4	
doxorubicin intravenous recon soln 10 mg, 50 mg	Tier 1	
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	Tier 1	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 4	
epirubicin intravenous recon soln 50 mg	Tier 4	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Tier 4	
idarubicin intravenous solution 1 mg/ml	Tier 4	
mitoxantrone intravenous concentrate 2 mg/ml	Tier 4	PA
valrubicin intravesical solution 40 mg/ml	Tier 4	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (***valrubicin***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic Antibiotic - Others - Drugs for Cancer		
bleomycin injection recon soln 15 unit, 30 unit	Tier 4	
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (***mitomycin***)	Tier 6	PA
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	Tier 4	
mitomycin (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 4	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (***streptozocin***)	Tier 6	
Antineoplastic -Cephalotaxines - Drugs for Cancer		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (***omacetaxine mepesuccinate***)	Tier 6	PA
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (***trabectedin***)	Tier 6	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (***lurbinectedin***)	Tier 6	PA
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (***avelumab***)	Tier 6	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (***durvalumab***)	Tier 6	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (***atezolizumab***)	Tier 6	PA
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (***dostarlimab-gxly***)	Tier 6	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (***pembrolizumab***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (***cemiplimab-rwlc***)	Tier 6	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (***nivolumab***)	Tier 6	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (***retifanlimab-dlwr***)	Tier 6	PA
Antineoplastic-BCMA Directed Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
BLENREP INTRAVENOUS RECON SOLN 100 MG (***belantamab mafodotin-blmf***)	Tier 6	PA
Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (***tagraxofusp-erzs***)	Tier 6	PA
Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	Tier 6	PA
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 6	PA
Antineoplastic-CD33 Specific Antibody and Cytoxic Antibiotic Conjugate - Drugs for Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	Tier 6	PA
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 6	PA
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 6	PA
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 6	PA
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***)	Tier 5	PA; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 6	PA
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
TRODELVY INTRAVENOUS RECON SOLN 180 MG (***sacituzumab govitecan-hziy***)	Tier 6	PA
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PlGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (***ziv-aflibercept***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (***elranatamab-bcmm***)	Tier 6	PA
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (***teclistamab-cqyv***)	Tier 6	PA
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (***blinatumomab***)	Tier 6	PA
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (***blinatumomab***)	Tier 6	PA
Bone Marrow Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
COSELA INTRAVENOUS RECON SOLN 300 MG (***trilaciclib dihydrochloride***)	Tier 6	PA
Cardiac Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	Tier 1	
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (***pertuzumab***)	Tier 6	PA
Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (***cetuximab***)	Tier 6	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (***necitumumab***)	Tier 6	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (***panitumumab***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (***trastuzumab-hyaluronidase-oysk***)	Tier 6	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (***trastuzumab***)	Tier 6	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-pkrb***)	Tier 6	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-anns***)	Tier 5	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (***margetuximab-cmkb***)	Tier 6	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dkst***)	Tier 5	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dttb***)	Tier 6	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (***pertuzumab-trastuzumab-hyaluronidase-zzxf***)	Tier 6	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-qyyp***)	Tier 5	PA
Fluorouracil and Related Rescue Agents - Drugs for Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (***uridine triacetate***)	Tier 5	OCH; QL (24 EA per 14 days)
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (***tebentafusp-tebn***)	Tier 6	PA
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 6	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (***levoleucovorin***)	Tier 6	
leucovorin calcium injection recon soln 100 mg, 50 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg	Tier 1	
leucovorin calcium injection solution 10 mg/ml	Tier 1	
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous recon soln 50 mg	Tier 4	
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 6	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (***levoleucovorin***)	Tier 6	
leucovorin calcium injection recon soln 100 mg, 50 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg	Tier 1	
leucovorin calcium injection solution 10 mg/ml	Tier 1	
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous recon soln 50 mg	Tier 4	
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (***sodium thiosulfate***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Tissue Protective Agents for Tx of Cancer Chemotherapy Extravasation - Drugs for Cancer		
TOTECT INTRAVENOUS RECON SOLN 500 MG (***dexrazoxane hcl***)	Tier 3	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
ETHYOL INTRAVENOUS RECON SOLN 500 MG (***amifostine crystalline***)	Tier 6	
mesna intravenous solution 100 mg/ml	Tier 1	
MESNEX ORAL TABLET 400 MG (***mesna***)	Tier 3	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	Tier 3	
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	
Antiseptic - Oxidizing Agents - Antiseptics and Disinfectants		
hydrogen peroxide (bulk) solution 30 %	Tier 3	
hydrogen peroxide solution 3 %	Tier 1	
Antiseptic - Phenol Derivatives - Antiseptics and Disinfectants		
phenol liquid	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Biologicals		
Vaccine Viral - Ebola		
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML (***ebola (zaire) recombinant vaccine, live, vero cell/pf***)	Tier 3	
Vaccine Viral - Respiratory Syncytial Virus (RSV)		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	Tier 3	
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG (***respiratory syncytial virus vaccine, antigen 2 of 2***)	Tier 3	
Biologicals - Biological Agents		
Allergenic Extract Others - Biological Agents		
aller ext-american cockroach injection solution 1:20	Tier 3	
allergen ext-german cockroach injection solution 1 :20	Tier 3	
allergenic ext, mixed feathers injection solution 1:20	Tier 3	
allergenic extract-cockroach injection solution 1:20	Tier 3	
allergenic extract-fire ant injection solution 1:10 , 1:20	Tier 3	
allergenic extract-mosquito injection solution 1:100	Tier 3	
CANDIN INTRADERMAL ALLERGEN FDA STANDARD (***candida albicans skin test***)	Tier 3	
Allergenic Extracts - Cat Hair/Dander Extracts - Biological Agents		
cat hair std allergenic ext injection solution 10,000 bau/ml	Tier 3	
Allergenic Extracts - Cow Hair/Dander Extracts - Biological Agents		
allergen ext-cattle epithelium injection solution 1:20	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Allergenic Extracts - Crop Pollen - Biological Agents		
allergen ext-crop pollen-corn injection solution 1:20	Tier 3	
allergenic extract-alfalfa injection solution 1:20	Tier 1	
Allergenic Extracts - Dog Hair/Dander Extracts - Biological Agents		
allergenic ext-dog epithelium injection solution 1:10 , 1:20	Tier 3	
Allergenic Extracts - Grass Pollen - Biological Agents		
all.xt,kblue-june grass pollen injection solution 100,000 bau/ml	Tier 3	
allerg ex,grass pollen-bermuda injection solution 10,000 bau/ml	Tier 3	
allerg ex,grass pollen-orchard injection solution 100,000 bau/ml	Tier 3	
allerg ex-grass pollen-johnson injection solution 1:20	Tier 3	
allerg ext,grass pollen-redtop injection solution 100,000 bau/ml	Tier 3	
allerg ext-grass,perennial rye injection solution 100,000 bau/ml	Tier 3	
allerg xt,grass pollen-timothy injection solution 100,000 bau/ml	Tier 3	
allerg xt,grass-meadow fescue injection solution 100,000 bau/ml	Tier 3	
allergen xt-grass pollen-bahia injection solution 1:20	Tier 3	
allergen xt-grass pollen-brome injection solution 1:20	Tier 3	
allergen xt-grass pollen-quack injection solution 1:10	Tier 3	
allergenic ext-grass pollen injection solution 100,000 bau/ml	Tier 1	
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 3	PA
std grass pollen-sweet vernal injection solution 100,000 bau/ml	Tier 3	
Allergenic Extracts - Horse Hair/Dander Extracts - Biological Agents		
allergenic ex-horse epithelium injection solution 1 :10, 1:20	Tier 3	
Allergenic Extracts - Hymenoptera Venom Derived - Biological Agents		
aller ex-venom-mix vespid prot subcutaneous recon soln 1,650 mcg	Tier 3	
aller ex-venom-mix vespid prot subcutaneous recon soln 3,900 mcg	Tier 1	
aller ex-venom-wht hornet prot injection recon soln 550 mcg	Tier 1	
aller ex-venom-ylw hornet prot injection recon soln 550 mcg	Tier 3	
allergen ext-venom-honey bee injection recon soln 550 mcg	Tier 3	
allergen ex-venom-wasp protein injection recon soln 550 mcg	Tier 3	
yellow jacket venom injection recon soln 550 mcg	Tier 3	
Allergenic Extracts - Mite Extracts - Biological Agents		
allerg xt,d.farinae-d.pteronys injection solution 5,000-5,000 unit/ml	Tier 3	
allergen xt-mite,d.pteronyssin injection solution 10,000 unit/ml	Tier 3	
allergenic ext-mite, d farinae injection solution 10,000 unit/ml	Tier 3	
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Allergenic Extracts - Mold Extracts - Biological Agents		
aller ext-alternaria alternata injection solution 1:20	Tier 3	
aller ext-alternaria alternata injection solution 36,000 unit/ml	Tier 1	
allerg ext-acremonium strictum injection solution 53,000 unit/ml	Tier 3	
allerg ext-penicillium notatum injection solution 1:20 , 31,000 unit/ml	Tier 1	
allergen ext-aspergillus fumig injection solution 1:20	Tier 1	
allergen ext-aspergillus fumig injection solution 8,000 unit/ml	Tier 3	
allergen ext-aureoba.pullulans injection solution 1:20 , 51,000 unit/ml	Tier 1	
allergen ext-botrytis cinerea injection solution 1:20 , 43,000 unit/ml	Tier 3	
allergen ext-c.cladosporioides injection solution 1:20 , 64,000 unit/ml	Tier 3	
allergen ext-candida albicans injection solution 1:1000	Tier 3	
allergen extract-s. cerevisiae injection solution 1:20	Tier 1	
allergen ext-t. mentagrophytes injection solution 1:20	Tier 3	
allergenic ext-mucor plumbeus injection solution 1:20 , 30,000 unit/ml	Tier 3	
allergenic extract-corn smut injection solution 1:20	Tier 3	
allergenic xt-epicoccum nigrum injection solution 1:20	Tier 1	
allergenic xt-epicoccum nigrum injection solution 27,000 unit/ml	Tier 3	
Allergenic Extracts - Rabbit Hair/Dander Extracts - Biological Agents		
allergen ext-rabbit epithelium injection solution 1:10 , 1:20	Tier 3	
Allergenic Extracts - Rodent Hair/Dander Extracts - Biological Agents		
allergenic extract-guinea pig injection solution 1:20	Tier 1	
allergenic xt-mouse epithelium injection solution 1:20	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Allergenic Extracts - Weed Pollen - Biological Agents		
all ext-weed pol-sheep sorrel injection solution 1 :20	Tier 3	
all xt-weed pol-russian thistl injection solution 1:20	Tier 3	
aller ext-spiny pigweed pollen injection solution 1:20	Tier 3	
aller ext-weed pollen-kochia injection solution 1:20	Tier 3	
aller xt-weed pollen-cocklebur injection solution 1:20	Tier 3	
aller xt-weed pollen-goldenrod injection solution 1:20	Tier 3	
aller xt-weed pollen-sagebrush injection solution 1:20	Tier 3	
aller xt-weed poll-yellow dock injection solution 1:20	Tier 3	
allerg ext-tall ragweed pollen injection solution 1:20	Tier 3	
allerg ext-weed pollen-mugwort injection solution 1:20	Tier 3	
allerg ex-weed pol-rgh pigweed injection solution 1:20	Tier 3	
allerg xt-sheep sor,yellw dock injection solution 1:20	Tier 3	
allerg xt-weed poll-dog fennel injection solution 1 :20	Tier 3	
allergen ext-english plantain injection solution 1:20	Tier 3	
allergenic ext-mixed ragweed injection solution 1:20	Tier 3	
allergenic ext-mixed ragweed injection solution 100 unit/ml	Tier 1	
allergenic extract-weed pollen injection solution 1:20	Tier 1	
allergen-weed-lambsquarters injection solution 1:20	Tier 3	
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	Tier 2	PA
weed pollen-carelessweed injection solution 1:40	Tier 3	
weed pollen-short ragweed injection solution 1:20	Tier 3	
weed pollen-true marsh elder injection solution 1:20	Tier 3	
weed pollen-western ragweed injection solution 1:20	Tier 3	
Allergenic Extracts- Tree Pollen - Biological Agents		
all ext-cal pepper tree pollen injection solution 1 :20	Tier 3	
aller ext-tree poll,red cedar injection solution 1:20	Tier 3	
aller ext-tree pollen,am elm injection solution 1:20	Tier 3	
aller ext-tree pollen,bayberry injection solution 1:20	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aller ext-tree pollen,mesquite injection solution 1:20	Tier 3	
aller xt-shagbark hickory poll injection solution 1:20	Tier 3	
aller xt-tree pol,e.cottonwood injection solution 1:20	Tier 3	
aller xt-tree pollen,box elder injection solution 1:20	Tier 3	
aller xt-tree pollen,hackberry injection solution 1 :20	Tier 3	
aller xt-tree pollen,red birch injection solution 1:20	Tier 3	
aller xt-tree pollen,white ash injection solution 1:20	Tier 3	
aller xt-tree pollen-melaleuca injection solution 1:20	Tier 3	
aller xt-tree pollen-white oak injection solution 1:20	Tier 3	
allerg ext-black walnut pollen injection solution 1:20	Tier 3	
allerg ext-tree pollen-acacia injection solution 1:20	Tier 3	
allerg ext-tree pollen-alder injection solution 1:20	Tier 3	
allerg ext-tree pollen-red oak injection solution 1:20	Tier 3	
allerg ext-tree poll-jun, west injection solution 1:20	Tier 3	
allerg ext-tree poll-red maple injection solution 1:20	Tier 3	
allerg xt-tree poll-elm, cedar injection solution 1:20	Tier 3	
allerg xt-white birch pollen injection solution 1:20	Tier 3	
allerg xt-white pine pollen injection solution 1:20	Tier 3	
allergen ext-amer beech pollen injection solution 1:20	Tier 3	
allergen ext-olive tree pollen injection solution 1:20	Tier 3	
allergen ext-tree pollen,pecan injection solution 1:20	Tier 3	
allergen xt tree pol-aust pine injection solution 1:20	Tier 3	
allergen xt-am.sycamore pollen injection solution 1:20	Tier 3	
allergen xt-queen palm pollen injection solution 1 :20	Tier 3	
allergen xt-virginia live oak injection solution 1:20	Tier 3	
allergenic ext-tree pollen injection solution 1:20	Tier 1	
allergn ext-mount.cedar pollen injection solution 1:20	Tier 3	
allergn xt-red mulberry pollen injection solution 1:20	Tier 3	
allergn xt-wht mulberry pollen injection solution 1:20	Tier 3	
tree pollen-arizona cypress injection solution 1:20	Tier 3	
tree pollen-bald cypress injection solution 1:20	Tier 3	
tree pollen-privet injection solution 1:20	Tier 3	
tree pollen-sweet gum injection solution 1:20	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anthrax Monoclonal Antibody - Biological Agents		
RAXIBACUMAB (NAT'L STOCKPILE) INTRAVENOUS SOLUTION 50 MG/ML (***raxibacumab***)	Tier 3	
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (***centruroides (scorpion) polyvalent antivenom***)	Tier 3	
Antivenoms - Snake Antivenoms - Biological Agents		
ANAVIP INJECTION RECON SOLN (***antivenin,crotalidae (equine)***)	Tier 3	
antivenin, micrurus fulvius injection recon soln	Tier 3	
CROFAB INJECTION RECON SOLN (***antivenin,crotalidae fab(ovin)***)	Tier 3	
Antivenoms - Spider Antivenoms - Biological Agents		
antivenin latrodectus mactans injection recon soln 6,000 unit	Tier 3	
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 3	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (***palivizumab***)	Tier 6	PA
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
GOHIBIC (EUA) INTRAVENOUS SOLUTION 10 MG/ML (***vilobelimab***)	Tier 6	PA
REGEN-COV (EUA) INTRAVENOUS SOLUTION 120 MG/ML- 120 MG/ML (***casirivimab (regn10933)/imdevimab (regn10987)***)	Tier 6	QL (22.2 ML per 1 FILL); Age (Min 12 Years)
REGEN-COV (EUA) INTRAVENOUS SOLUTION 60 MG-60 MG/ ML (***casirivimab (regn10933)/imdevimab (regn10987)***)	Tier 6	QL (10 ML per 1 FILL); Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chemicals, foods, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***)	Tier 3	
Clostridioides (Clostridium) difficile Monoclonal Antibody - Biological Agents		
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML (***bezlotoxumab***)	Tier 3	
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	Tier 6	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	Tier 3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	Tier 3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	Tier 3	
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	Tier 3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (***hepatitis b virus vaccine recombinant,isoforms,m,l/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	Tier 3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	Tier 3	
Immune Globulin - Botulinum neurotoxin a/b, human - Biological Agents		
BABYBIG INTRAVENOUS RECON SOLN 100 MG (***botulism immune globulin, human***)	Tier 3	
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (***cytomegalovirus immune globulin (human)***)	Tier 6	
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ASCENIV INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-slra human***)	Tier 6	PA
BIVIGAM INTRAVENOUS SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 6	PA
CNJ-016 (NATIONAL STOCKPILE) INTRAVENOUS SOLUTION 50,000 UNIT (***vaccinia immune globulin human***)	Tier 3	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (***immune globulin,gamma(igg)-hipp human/maltose***)	Tier 6	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 6	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml***)	Tier 6	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	Tier 6	PA
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	Tier 6	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 6	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***)	Tier 6	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 6	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***)	Tier 6	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	Tier 6	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 6	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 6	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYQVIA IG COMPONENT 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,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 6	PA
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 6	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml***)	Tier 6	PA
PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***)	Tier 6	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 6	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 6	PA
Immune Globulin - Hepatitis B - Biological Agents		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (***hepatitis b immune globulin/maltose***)	Tier 3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (***hepatitis b immune globulin***)	Tier 3	
HYPERHEP B INTRAMUSCULAR SYRINGE 220 UNIT/ML (***hepatitis b immune globulin***)	Tier 3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (***hepatitis b immune globulin***)	Tier 3	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (***hepatitis b immune globulin***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immune Globulin - Rabies - Biological Agents		
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (***rabies immune globulin/pf***)	Tier 3	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin/pf***)	Tier 3	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin/pf***)	Tier 3	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin/pf***)	Tier 3	
Immune Globulin - Rho(D) - Biological Agents		
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG) (***rho(d) immune globulin***)	Tier 3	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG) (***rho(d) immune globulin***)	Tier 3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG) (***rho(d) immune globulin***)	Tier 3	
RHOPHYLAC INJECTION SYRINGE 1,500 UNIT (300 MCG)/2 ML (***rho(d) immune globulin***)	Tier 3	
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML (***rho(d) immune globulin/maltose***)	Tier 6	
Immune Globulin - Tetanus - Biological Agents		
HYPERTET (PF) INTRAMUSCULAR SYRINGE 250 UNIT/ML (***tetanus immune globulin/pf***)	Tier 6	
Immune Globulin - Varicella-zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (***varicella-zoster immune globulin/maltose***)	Tier 3	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (***lymphocyte immune globulin,antithymocyte (equine)***)	Tier 5	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (***anti-thymocyte globulin,rabbit***)	Tier 5	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immune Serums - Botulinum Antitoxins - Biological Agents		
botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit	Tier 1	
Live Vaccine and Live Virus Formulations - Vaccines		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (***smallpox vaccine,live***)	Tier 3	
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	Tier 3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (***dengue tetravalent vaccine, live, vero cell/pf***)	Tier 3	
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION 1 ML (***ebola (zaire) recombinant vaccine, live, vero cell/pf***)	Tier 3	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (***talimogene laherparepvec***)	Tier 6	PA
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	Tier 3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	Tier 6	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	Tier 3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	Tier 3	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	Tier 3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG (***bcg live***)	Tier 3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	Tier 3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***)	Tier 5	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 5	PA
Thymus Tissue Replacement - Biological Agents		
RETHYMIC IMPLANT IMPLANT (***thymus tissue-agdc***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	Tier 3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	Tier 3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	Tier 3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	Tier 3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 62 DU/0.5 ML (***diphther,pertus(acel),tetanus,polio vacc,component 1 of 2|pf***)	Tier 3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine|pf***)	Tier 3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine|pf***)	Tier 3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adult***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult|pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult|pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus|hepb|polio|hib conj-meng|pf***)	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus|hepb|polio|hib conj-meng|pf***)	Tier 3	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)|pf***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	Tier 3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***)	Tier 3	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf***)	Tier 3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***)	Tier 3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	Tier 3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND AGE 11 TO 23 YEARS
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND AGE 11 TO 23 YEARS
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND AGE 11 TO 23 YEARS
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND AGE 11 TO 23 YEARS
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL) (***meningococcal a diphtheria-conj vaccine component 2 of 2/pf***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL) (***meningococcal c,y,w-135,dip-conj vaccine component 1 of 2|pf***)	Tier 3	
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 13-valent conjugate vaccine (diphtheria crm)|pf***)	Tier 6	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)|pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)|pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS AND AGE 10 TO 25 YEARS
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1.5 IN 365 DAYS AND AGE 10 TO 25 YEARS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Other - Vaccines		
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	Tier 3	
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (***anthrax vaccine***)	Tier 3	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	Tier 3	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	Tier 3	
Vaccine Viral - Adenovirus - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (***covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf***)	Tier 3	QL (0.3 ML per 1 FILL); Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vac 2023-24 (12 yr and up) xbb.1.5 (raxtozinameran)/pf***)	Tier 3	QL (0.3 ML per 1 FILL); Age (Min 12 Years)
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (***covid vaccine 2023-24 (6 mo-11 yrs) xbb.1.5 (andusomeran)/pf***)	Tier 3	AGE: 6 MONTHS TO 11 YEARS; QL (0.25 ML per 1 FILL)
MODERNA COVID BIVAL(6M UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf***)	Tier 3	AGE: 6 MONTHS OF AGE AND OLDER; QL (0.5 ML per 1 FILL)
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf***)	Tier 3	AGE: 6 MONTHS TO 5 YEARS; QL (0.2 ML per 1 FILL)
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (***covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf***)	Tier 3	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vac 2023-2024 (5-11 years) xbb.1.5 (raxtozinameran)/pf***)	Tier 3	QL (0.3 ML per 1 FILL); Age (Min 5 Years and Max 11 Years)
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (***covid vac 2023-24 (6 mos-4 yrs) xbb.1.5 (raxtozinameran)/pf***)	Tier 3	AGE: 6 MONTHS TO 4 YEARS; QL (0.3 ML per 1 FILL)
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	Tier 3	QL (0.3 ML per 1 FILL); Age (Min 12 Years)
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	Tier 3	QL (0.2 ML per 1 FILL); Age (Min 5 Years and Max 11 Years)
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	Tier 3	AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 1 FILL)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (***covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf***)	Tier 3	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vacc 2023-24 (12 yrs and up) xbb.1.5 (andusomeran)/pf***)	Tier 3	QL (0.5 ML per 1 FILL); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Dengue - Vaccines		
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML (***dengue tetravalent vaccine, live, vero cell/pf***)	Tier 3	
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1.5 IN 365 DAYS AND AGE 9 TO 26 YEARS; Age (Min 9 Years and Max 46 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1.5 IN 365 DAYS AND AGE 9 TO 26 YEARS; Age (Min 9 Years and Max 46 Years)
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2023-24 (36 mos up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2023-24 (6 mos and up)***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza vaccine quadrivalent 2023-24 (65 yr up)/mf59c.1/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (***influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quad 2023-2024(6 month and older)cell derived/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quadriv 2023-2024(6 month and older)cell derived***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (***influenza virus vaccine quadrival split 2023-24(65 yr up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2023-2024(6 mos and up)/pf***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2023-24 (6 mos and up)***)	$0	EHB; $0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
Vaccine Viral - Japanese Encephalitis - Vaccines		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (***japanese encephalitis vaccine/pf***)	Tier 3	
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	Tier 6	
Vaccine Viral - Mpox - Vaccines		
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	Tier 3	
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	Tier 6	
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	Tier 3	
Vaccine Viral - Rabies - Vaccines		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (***rabies vaccine, human diploid cell/pf***)	Tier 3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (***rabies vaccine, purified chicken embryo cell (pcec)/pf***)	Tier 3	
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	Tier 3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	Tier 3	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	Tier 3	
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	Tier 6	
Vaccine Viral - Smallpox - Vaccines		
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML (***smallpox vaccine,live***)	Tier 3	
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	Tier 3	
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	Tier 6	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (***varicella-zoster virus glycoprotein e,rec,component 2 of 2***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
Vaccine Viral - Yellow Fever - Vaccines		
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	Tier 3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	Tier 3	
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***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 2 IN 365 DAYS AND18 YEARS OF AGE OR OLDER
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	Tier 6	
Vaccine Viral- Tick-borne Encephalitis - Vaccines		
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML (***tick-borne encephalitis vaccine***)	Tier 3	
Cardiovascular Therapy Agents		
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
enalaprilat intravenous solution 1.25 mg/ml	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***)	Tier 3	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)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG (***finerenone***)	Tier 3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	
labetalol in dextrose,iso-osm intravenous solution 1 mg/ml	Tier 3	
labetalol in nacl (iso-osmot) intravenous solution 1 mg/ml	Tier 3	
labetalol intravenous solution 5 mg/ml	Tier 1	
labetalol intravenous syringe 10 mg/2 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipin-hcthiazid 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	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***)	Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	Tier 2	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	Tier 3	ST: Requires prior prescription for an ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination within the past 120 days
eprosartan oral tablet 600 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	Tier 2	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	Tier 1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***)	Tier 3	
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 3	PA
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***)	Tier 2	
procainamide injection solution 100 mg/ml, 500 mg/ml	Tier 1	
procainamide intravenous syringe 100 mg/ml	Tier 1	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	Tier 1	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)	Tier 1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)	Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
phenytoin sodium intravenous solution 50 mg/ml	Tier 1	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	Tier 1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol intravenous solution 150 mg/10 ml (15 mg/ml)	Tier 3	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)	Tier 1	
amiodarone intravenous solution 50 mg/ml	Tier 1	
amiodarone intravenous syringe 150 mg/3 ml	Tier 1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
bretylium tosylate injection solution 50 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
ibutilide fumarate intravenous solution 0.1 mg/ml	Tier 1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	Tier 2	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) (***amiodarone in dextrose, iso-osmotic***)	Tier 3	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
diltiazem hcl intravenous recon soln 100 mg	Tier 1	
diltiazem hcl intravenous solution 5 mg/ml	Tier 1	
verapamil intravenous solution 2.5 mg/ml	Tier 1	
verapamil intravenous syringe 2.5 mg/ml	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antiarrhythmic Others - Drugs for Abnormal Heart Rhythms		
adenosine intravenous solution 3 mg/ml	Tier 1	
adenosine intravenous syringe 3 mg/ml	Tier 1	
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (***evinacumab-dgnb***)	Tier 6	PA
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
cholestyramine-aspartame 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 FLAVORED ORAL PACKET 7.5 GRAM (***colestipol hcl***)	Tier 3	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (***lovastatin***)	Tier 3	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 3	PA
atorvastatin oral tablet 10 mg, 20 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***)	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***)	Tier 3	PA
fluvastatin oral capsule 20 mg	$0	EHB; 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, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral capsule 40 mg	$0	EHB; 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, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg	$0	EHB; 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, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin calcium***)	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
niacin oral tablet 500 mg	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 0.5 GRAM (***icosapent ethyl***)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (***icosapent ethyl***)	Tier 1	QL (4 EA per 1 day)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic - PCSK9 Inhibitor, small interfering RNA (siRNA) - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (***inclisiran sodium***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (***inclisiran sodium***)	Tier 3	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic Agents - Dietary Source Combinations - Drugs for Cholesterol		
ANTARCTIC KRILL OIL ORAL CAPSULE 500-115-30-64 MG (***krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan***)	Tier 3	
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 3	
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-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 350-600 MG (***omega-3 fatty acids/dha/epa/other omega-3s/fish oil***)	Tier 3	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG (***omega-3 fatty acids/docosahexaenoic acid/epa/fish oil***)	Tier 1	
krill-om-3-dha-epa-phospho-ast oral capsule 500-115-30-64 mg	Tier 1	
krill-om-3-dha-epa-phospho-ast oral capsule 500-120-30-65 mg, 600-125-32.5-60 mg	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (***methionine/inositol/choline/folic acid***)	Tier 3	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG (***omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth***)	Tier 3	
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 3	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (***omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth***)	Tier 3	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1,000-230-60 MG, 350-90-24-50 MG, 500-115-30-64 MG, 750-225-180-390 MG (***krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omega 3-dha-epa-fish oil oral capsule 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg	Tier 1	
omega 3-dha-epa-fish oil oral capsule 300 mg (120 mg-180mg)-1,000 mg	Tier 3	
omega 3-dha-epa-fish oil oral capsule 300 mg-100 mg-150 mg-1,000 mg, 360 mg-108 mg- 180 mg-1,200 mg, 415-670 mg	Tier 1	
omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg	Tier 1	
omega 3-dha-epa-fish oil-krill oral capsule 339 mg-314 mg- 500 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 3	
OMEGA MONOPURE EPA EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 910-1,300 MG (***omega-3 fatty acids/eicosapentaenoic acid (epa)/fish oil***)	Tier 3	
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 3	
OMEGA-3 2100 ORAL CAPSULE 1,050 MG(300 MG -675 MG-75 MG) (***omega-3 fatty acids/dha/epa/dpa/fish oil***)	Tier 3	
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg	Tier 1	
omega-3 fatty acids-fish oil oral capsule 360-1,200 mg	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	
omega-3s-dha-epa-fish oil oral capsule 720-1,200 mg	Tier 3	
OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG (***omega-3 fatty acids/docosahexaenoic acid/epa/fish oil***)	Tier 3	
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 3	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG (***omega-3 fatty acids/docosahexaenoic acid/epa/fish oil***)	Tier 3	
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 3	
OVEGA-3 ORAL CAPSULE 500-270-135 MG (***omega-3 fatty acids/docosahexaenoic acid/epa***)	Tier 3	
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 Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
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	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	Tier 5	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	
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	Tier 1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate intravenous solution 5 mg/5 ml	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	Tier 3	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)
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
propranolol intravenous solution 1 mg/ml	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol intravenous solution 150 mg/10 ml (15 mg/ml)	Tier 3	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 4	PA
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 4	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl in 0.9% nacl intravenous solution 125 mg/125 ml (1 mg/ml)	Tier 1	
diltiazem hcl intravenous recon soln 100 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl intravenous solution 5 mg/ml	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem in dextrose 5 % intravenous solution 125 mg/125 ml (1 mg/ml)	Tier 1	
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 (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 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	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***)	Tier 6	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***)	Tier 6	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML) (***nicardipine in dextrose, iso-osmotic***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML) (***nicardipine in sodium chloride, iso-osmotic***)	Tier 6	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML (***clevidipine butyrate***)	Tier 3	
CONJUPRI ORAL TABLET 2.5 MG (***levamlodipine maleate***)	Tier 3	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	Tier 1	PA
nicardipine in 0.9 % sod chlor intravenous syringe 1 mg/10 ml	Tier 1	
nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)	Tier 1	
nicardipine intravenous solution 25 mg/10 ml	Tier 1	
nicardipine intravenous syringe 2.5 mg/ml	Tier 1	
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
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	
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
verapamil intravenous solution 2.5 mg/ml	Tier 1	
verapamil intravenous syringe 2.5 mg/ml	Tier 1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Inotropes - Phosphodiesterase Inhibitors - Drugs for the Heart		
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)	Tier 1	
milrinone intravenous solution 1 mg/ml	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***)	Tier 6	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	
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	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (***epinephrine***)	Tier 3	
ADYPHREN II INJECTION KIT 1 MG/ML (***epinephrine***)	Tier 3	
EPINEPHINE PROFESSIONAL EMS INJECTION KIT 1 MG/ML (***epinephrine***)	Tier 1	
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	Tier 1	
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 1	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML (***epinephrine***)	Tier 1	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (***epinephrine***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (***epinephrine***)	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetic - Beta-Adrenergic Agonists - Drugs for Serious Allergic Reaction		
isoproterenol hcl injection solution 0.2 mg/ml	Tier 1	
isoproterenol in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml)	Tier 1	
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
AKOVAZ INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML) (***ephedrine sulfate***)	Tier 3	
BIORPHEN INTRAVENOUS SOLUTION 0.1 MG/ML (***phenylephrine hcl***)	Tier 3	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	Tier 1	
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	Tier 1	
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	Tier 1	
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)	Tier 1	
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	Tier 4	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4	PA
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (***ephedrine sulfate***)	Tier 6	
EMERPHED INTRAVENOUS SYRINGE 25 MG/5 ML (5 MG/ML) (***ephedrine sulfate***)	Tier 3	
EMERPHED INTRAVENOUS SYRINGE 50 MG/10 ML (5 MG/ML) (***ephedrine sulfate***)	Tier 1	
ephedrine sulfate intravenous solution 5 mg/ml, 50 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ephedrine sulfate intravenous syringe 25 mg/5 ml (5 mg/ml)	Tier 1	
ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 15 mg/3 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)	Tier 1	
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	Tier 1	
epinephrine hcl in 5% dextrose intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine hcl in 5% dextrose intravenous syringe 100 mcg/10 ml (10 mcg/ml)	Tier 1	
epinephrine in 0.9 % sod chlor intravenous solution 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)	Tier 1	
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 1	
epinephrine intravenous solution 0.1 mg/ml	Tier 1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norepinephrine bitart in water intravenous solution 2 mg/ml	Tier 1	
norepinephrine bitart in water intravenous syringe 4 mg/50 ml (80 mcg/ml)	Tier 1	
norepinephrine bitartrate intravenous solution 1 mg/ml	Tier 1	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 32 mg/250 ml (128 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenylephrine hcl in 0.9% nacl intravenous solution 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 25 mg/250 ml (100 mcg/ml), 300 mg/250 ml (1,200 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)	Tier 1	
phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 5 mg/50 ml (100 mcg/ml)	Tier 1	
phenylephrine hcl injection solution 10 mg/ml	Tier 1	
phenylephrine in sterile water intravenous syringe 60 mg/50 ml (1,200 mcg/ml)	Tier 1	
racepineph in sod chl,iso (pf) injection syringe 1 mg/ml	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
methyldopate intravenous solution 250 mg/5 ml	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
digoxin oral tablet 62.5 mcg (0.0625 mg)	Tier 1	PA
LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML) (***digoxin***)	Tier 2	
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML) (***digoxin***)	Tier 3	
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
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML) (***digoxin***)	Tier 3	
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine injection solution 20 mg/ml	Tier 1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML) (***nitroprusside sodium in 0.9 % sodium chloride***)	Tier 3	
sodium nitroprusside intravenous solution 25 mg/ml	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
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	
Diuretic - Arginine Vasopressin V1a/V2 Receptor Antagonists - Drugs for High Blood Pressure		
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML (***conivaptan hcl/dextrose 5 % in water***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
acetazolamide sodium injection recon soln 500 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 4	PA
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide injection solution 0.25 mg/ml	Tier 1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynate sodium intravenous recon soln 50 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***)	Tier 3	
furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)	Tier 1	
furosemide injection solution 10 mg/ml	Tier 1	
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Osmotic - Drugs for High Blood Pressure		
mannitol 20 % intravenous parenteral solution 20 %	Tier 1	
mannitol 25 % intravenous solution 25 %	Tier 1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (***mannitol***)	Tier 3	
UREAPRO ORAL POWDER 15 GRAM/SCOOP (***urea***)	Tier 3	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
tolvaptan oral tablet 15 mg	Tier 4	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 4	QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
chlorothiazide sodium intravenous recon soln 500 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Dopamine D1 Receptor Agonists, Antihypertensive - Drugs for High Blood Pressure		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML (***fenoldopam mesylate***)	Tier 3	
Ganglionic Blocking, Non-Depolarizing - Drugs for High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (2 EA per 1 day)
Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs for the Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % (***ethyl alcohol***)	Tier 3	
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (***atropine sulfate***)	Tier 3	
atropine in 0.9 % sod chloride intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 1.2 mg/3 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)	Tier 1	
atropine injection solution 0.4 mg/ml, 1 mg/ml	Tier 1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	Tier 1	
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 INTRAVENOUS RECON SOLN 1,800 MCG (***selexipag***)	Tier 5	PA
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 5	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Patent Ductus Arteriosus (PDA) Treatment Agents , NSAID-type - Drugs for the Heart		
ibuprofen lysine (pf) intravenous solution 20 mg/2 ml	Tier 1	
indomethacin sodium intravenous recon soln 1 mg	Tier 1	
Patent Ductus Arteriosus (PDA) Treatment Agents, Prostaglandin-type - Drugs for the Heart		
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML (***alprostadil***)	Tier 3	
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***)	Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 4	PA
phentolamine injection recon soln 5 mg	Tier 1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
metyrosine oral capsule 250 mg	Tier 1	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	Tier 6	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	Tier 6	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	Tier 6	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	Tier 4	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***)	Tier 5	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***)	Tier 5	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***)	Tier 5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	Tier 5	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	Tier 6	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	Tier 6	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 6	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 6	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (***epoprostenol sodium***)	Tier 6	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	Tier 6	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 5	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 4	PA
bosentan oral tablet 125 mg, 62.5 mg	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	Tier 5	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	Tier 5	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 4	PA
LIQREV ORAL SUSPENSION 10 MG/ML (***sildenafil citrate***)	Tier 6	PA
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	Tier 1	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 4	PA
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Renin Inhibitor, Direct and Diuretic Combinations - Drugs for High Blood Pressure		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren hemifumarate/hydrochlorothiazide***)	Tier 3	
Sclerosing Agents - Drugs for the Heart		
ASCLERA INTRAVENOUS SOLUTION 0.5 % (10 MG/2 ML), 1 % (20 MG/2 ML) (***polidocanol***)	Tier 3	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (***ethanolamine oleate***)	Tier 1	
sodium tetradecyl sulfate intravenous solution 3 % (30 mg/ml)	Tier 1	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (10 MG/ML) (***sodium tetradecyl sulfate***)	Tier 3	
sodium tetradecyl sulfate (Sotradecol Intravenous Solution 3 % (30 Mg/Ml))	Tier 1	
VARITHENA INTRAVENOUS FOAM 1 % (***polidocanol***)	Tier 3	
Vasodilator Combinations - Drugs for High Blood Pressure		
isosorbide-hydralazine oral tablet 20-37.5 mg	Tier 1	
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 2	PA
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
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	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam injection solution 5 mg/ml	Tier 1	
diazepam injection syringe 5 mg/ml	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (***perampanel***)	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 2 MG (***perampanel***)	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (***perampanel***)	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
phenobarbital sodium injection solution 130 mg/ml	Tier 1	
phenobarbital sodium injection solution 65 mg/ml	Tier 1	
primidone oral tablet 125 mg	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	
SEZABY INTRAVENOUS RECON SOLN 100 MG (***phenobarbital sodium***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
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	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 3	QL (10 EA per 30 days)
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 3	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 5	ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
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)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
lacosamide intravenous solution 200 mg/20 ml	Tier 1	
lacosamide oral solution 10 mg/ml	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (***lacosamide***)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (***vigabatrin***)	Tier 6	PA
vigabatrin oral powder in packet 500 mg	Tier 4	PA
vigabatrin oral tablet 500 mg	Tier 4	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML (***fosphenytoin sodium***)	Tier 2	
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	Tier 2	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	Tier 1	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
phenytoin oral suspension 100 mg/4 ml	Tier 1	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
phenytoin sodium intravenous solution 50 mg/ml	Tier 1	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (***eslicarbazepine acetate***)	Tier 3	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTIOM ORAL TABLET 600 MG, 800 MG (***eslicarbazepine acetate***)	Tier 3	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	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 3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (***oxcarbazepine***)	Tier 3	QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (***oxcarbazepine***)	Tier 3	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	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPRONTIA ORAL SOLUTION 25 MG/ML (***topiramate***)	Tier 3	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG (***topiramate***)	Tier 1	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG (***topiramate***)	Tier 1	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (***topiramate***)	Tier 1	QL (4 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 6	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
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)	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML (***brivaracetam***)	Tier 2	
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)
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 250 mg/50 ml, 500 mg/100 ml	Tier 1	
levetiracetam intravenous solution 500 mg/5 ml	Tier 1	
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (***zonisamide***)	Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
rufinamide oral suspension 40 mg/ml	Tier 1	QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	Tier 6	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	Tier 6	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***)	Tier 6	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1) (***cenobamate***)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (***cenobamate***)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
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	
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 3	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	Tier 3	
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 3	PA
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (***brexanolone***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine hcl***)	Tier 6	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	Tier 1	
fluoxetine oral tablet 60 mg	Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 1	
sertraline oral capsule 150 mg, 200 mg	Tier 1	QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	Tier 2	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; 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	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (***vilazodone hcl***)	Tier 2	QL (1 EA per 1 day)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
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		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
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	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
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	

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	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***)	Tier 6	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa/levodopa***)	Tier 3	ST: Requires prior prescription for Carbidopa/levodopa (Sinemet IR/CR) within the past 120 days; QL (10 EA per 1 day)
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (***istradefylline***)	Tier 6	PA
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
tolcapone oral tablet 100 mg	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
benztropine injection solution 1 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (***levodopa***)	Tier 6	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	Tier 6	PA
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (***safinamide mesylate***)	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline hcl***)	Tier 3	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	
apomorphine subcutaneous cartridge 10 mg/ml	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
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	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***)	Tier 3	QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	Tier 1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	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 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (***iloperidone***)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***)	Tier 5	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***)	Tier 5	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***)	Tier 5	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***)	Tier 5	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 5	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***)	Tier 5	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***)	Tier 5	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***)	Tier 5	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***)	Tier 5	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***)	Tier 5	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***)	Tier 5	QL (2.63 ML per 70 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	Tier 5	QL (1 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	Tier 5	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	Tier 5	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (***risperidone***)	Tier 6	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (***risperidone***)	Tier 6	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (***risperidone***)	Tier 6	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (***risperidone***)	Tier 6	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (***risperidone***)	Tier 6	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (***risperidone***)	Tier 6	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (***risperidone***)	Tier 6	QL (0.21 ML per 28 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***)	Tier 3	ST: Requires prior prescription Vraylar within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	Tier 3	QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 1	
haloperidol lactate injection solution 5 mg/ml	Tier 1	
haloperidol lactate intramuscular syringe 5 mg/ml	Tier 1	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	Tier 5	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
chlorpromazine injection solution 25 mg/ml	Tier 1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
fluphenazine decanoate injection solution 25 mg/ml	Tier 1	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (***quetiapine fumarate***)	Tier 3	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	PA
olanzapine intramuscular recon soln 10 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
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 RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***)	Tier 5	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***)	Tier 5	QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	Tier 6	PA
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	Tier 6	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (***aripiprazole***)	Tier 6	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***)	Tier 6	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	Tier 5	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	Tier 5	QL (1 EA per 26 days)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***)	Tier 6	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***)	Tier 5	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***)	Tier 5	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***)	Tier 5	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***)	Tier 5	QL (3.2 ML per 14 days)
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)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (***cariprazine hcl***)	Tier 2	QL (7 EA per 28 days)
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 3	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (***dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate***)	Tier 1	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 1	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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml	Tier 1	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (***methylphenidate hcl***)	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG (***methylphenidate hcl***)	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (***methylphenidate***)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (***methylphenidate***)	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; 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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	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 3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (***methylphenidate hcl***)	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	60mL BOTTLE; QL (60 ML per 30 days)
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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (***dextroamphetamine sulfate***)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
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	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***)	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***)	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR 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 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
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	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
BYFAVO INTRAVENOUS RECON SOLN 20 MG (***remimazolam besylate***)	Tier 3	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam injection solution 5 mg/ml	Tier 1	
diazepam injection syringe 5 mg/ml	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
estazolam oral tablet 1 mg, 2 mg	Tier 1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	Tier 1	
lorazepam injection syringe 2 mg/ml	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
midazolam (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	Tier 1	
midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml	Tier 1	
midazolam (pf) in 0.9 % nacl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	Tier 1	
midazolam (pf) injection solution 1 mg/ml, 5 mg/ml	Tier 1	
midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml	Tier 1	
midazolam in 0.9 % sod chlorid intravenous solution 1 mg/ml	Tier 1	
midazolam in 0.9 % sod chlorid intravenous syringe 10 mg/10 ml (1 mg/ml), 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	Tier 1	
midazolam in dextrose 5 % intravenous syringe 50 mg/50 ml (1 mg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
midazolam in nacl, iso-osmotic injection syringe 2 mg/2 ml (1 mg/ml)	Tier 1	
midazolam in nacl, iso-osmotic intravenous solution 1 mg/ml	Tier 4	
midazolam in nacl,iso-osmo(pf) intravenous solution 1 mg/ml	Tier 1	
midazolam injection solution 1 mg/ml, 5 mg/ml	Tier 1	
midazolam intravenous syringe 125 mg/25 ml (5 mg/ml), 150 mg/30 ml (5 mg/ml), 40 mg/8 ml (5 mg/ml)	Tier 1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 3	QL (10 EA per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
quazepam oral tablet 15 mg	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
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 3	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
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)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	QL (2 EA per 1 day)
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 Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
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	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
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)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	PA
olanzapine intramuscular recon soln 10 mg	Tier 1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
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)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (***cariprazine hcl***)	Tier 2	QL (7 EA per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
CNS and Respiratory Stimulant - Drugs for the Nervous System		
doxapram intravenous solution 20 mg/ml	Tier 1	
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (***dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate***)	Tier 1	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 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day)
amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml	Tier 1	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 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 sulfsaccharate/amphetamine sulf-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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 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)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
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 3	ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Lisdexamfetamine Dimesylate, Methylphenidate HCL, or Mydayis within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (***dextroamphetamine sulfate***)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine oral tablet 200 mg	Tier 1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)	Tier 1	
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Cyclobenzaprine, Duloxetine, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System		
ADDYI ORAL TABLET 100 MG (***flibanserin***)	Tier 3	PA
HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (***bremelanotide acetate***)	Tier 3	PA
Hypnotics - Melatonin - Single Agents - Drugs for Insomnia		
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML (***melatonin***)	Tier 3	
KIDS MELATONIN ORAL TABLET,CHEWABLE 1 MG (***melatonin***)	Tier 1	
melatonin oral capsule 10 mg	Tier 3	
melatonin oral drops 1 mg/4 ml	Tier 3	
melatonin oral drops 3 mg/4 ml	Tier 1	
melatonin oral liquid 2.5 mg/10 ml	Tier 3	
melatonin oral lozenge 5 mg	Tier 3	
melatonin oral tablet 1 mg, 10 mg, 12 mg, 5 mg	Tier 1	
melatonin oral tablet 3 mg	Tier 1	
melatonin oral tablet extended release 10 mg	Tier 1	
melatonin oral tablet,chewable 1 mg, 2.5 mg	Tier 1	
melatonin oral tablet,chewable 5 mg	Tier 1	
melatonin oral tablet,disintegrating 1 mg, 10 mg, 12 mg, 3 mg	Tier 1	
melatonin oral tablet,disintegrating 5 mg	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
melatonin sublingual tablet 10 mg	Tier 1	
MELATONINMAX ORAL TABLET,CHEWABLE 10 MG (***melatonin***)	Tier 1	
Hypnotics - Melatonin Combinations - Drugs for Insomnia		
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	
melatonin-pyridoxal phos (b6) oral tablet,disintegrating 2.5 mg- 338 mcg	Tier 1	
melatonin-pyridoxine (vit b6) oral tablet 5-1 mg	Tier 1	
melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg	Tier 1	
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg	Tier 1	
melatonin-theanine oral tablet 10-5.5 mg	Tier 1	
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	
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 OPTIMIZER ORAL CAPSULE 0.15-50-150-200 MG (***melatonin/gaba/tryptophan/valerian root/hops/lemon balm***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLOWMAG MG CALM-SLEEP ORAL TABLET,DELAYED RELEASE (DR/EC) 1-71.5 MG (***melatonin/magnesium citrate***)	Tier 3	
SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM (***melatonin/mag carbonate,glycinate/pot bic/gaba/glycine/lemon***)	Tier 3	
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (***melatonin/gaba/5-htp/theanine/magnesium citrate,oxide/herbs***)	Tier 3	
UNISOM SIMPLE SLUMBERS ORAL TABLET,CHEWABLE 2.5 MG (***melatonin/passion flower/lemon balm***)	Tier 3	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***)	Tier 6	PA
tasimelteon oral capsule 20 mg	Tier 4	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	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	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 3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	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 Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine mesylate***)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	QL (10 EA per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (***celecoxib***)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
frovatriptan oral tablet 2.5 mg	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	Tier 1	QL (9 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
zolmitriptan nasal spray,non-aerosol 5 mg	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 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
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (***deutetrabenazine***)	Tier 5	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 5	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (***deutetrabenazine***)	Tier 5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	Tier 5	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (***deutetrabenazine***)	Tier 5	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 6	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 6	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (***deutetrabenazine***)	Tier 5	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 5	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (***deutetrabenazine***)	Tier 5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	Tier 5	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (***deutetrabenazine***)	Tier 5	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (***deutetrabenazine***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 5	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (***deutetrabenazine***)	Tier 5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (***deutetrabenazine***)	Tier 5	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (***deutetrabenazine***)	Tier 5	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 6	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 6	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 6	PA
sodium oxybate oral solution 500 mg/ml	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	Tier 5	PA
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***)	Tier 3	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 6	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (***dextroamphetamine sulfate***)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
AMYTAL INJECTION RECON SOLN 500 MG (***amobarbital sodium***)	Tier 1	
pentobarbital sodium injection solution 50 mg/ml	Tier 1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
phenobarbital sodium injection solution 130 mg/ml	Tier 1	
phenobarbital sodium injection solution 65 mg/ml	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	Tier 1	
lorazepam injection syringe 2 mg/ml	Tier 1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	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 3	QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	Tier 3	PA
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia		
dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)	Tier 1	
dexmedetomidine in 0.9 % nacl intravenous syringe 20 mcg/5 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)	Tier 1	
dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)	Tier 3	
dexmedetomidine intravenous solution 100 mcg/ml	Tier 1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (***dexmedetomidine hcl***)	Tier 3	PA
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1,000 MCG/250ML (4 MCG/ML), 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML) (***dexmedetomidine hcl in 0.9 % sodium chloride***)	Tier 3	
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
doxepin oral tablet 3 mg, 6 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (***lofexidine hcl***)	Tier 3	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML (***buprenorphine***)	Tier 6	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML (***buprenorphine***)	Tier 6	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.32 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML (***buprenorphine***)	Tier 6	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.48 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML (***buprenorphine***)	Tier 6	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.64 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML (***buprenorphine***)	Tier 6	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML (***buprenorphine***)	Tier 6	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.16 ML per 5 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML (***buprenorphine***)	Tier 6	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (0.27 ML per 21 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg	Tier 1	QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	Tier 1	QL (1 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***)	Tier 6	PA
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 (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (2 EA per 1 day)
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	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***)	Tier 6	
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTROL INHALATION CARTRIDGE 10 MG (***nicotine***)	$0	EHB; ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; $0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***)	$0	EHB; ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; $0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
varenicline oral tablet 0.5 mg, 1 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
alum, ammonium (bulk) powder	Tier 3	
ascorbic acid(vitamin c)(bulk) granules 100 %	Tier 3	
balsam peru (bulk) liquid	Tier 3	
benzoin (bulk) topical tincture	Tier 3	
citric acid (bulk) powder	Tier 3	
citric acid anhydrous (bulk) granules 100 %	Tier 3	
glutathione (bulk) powder 100 %	Tier 3	
guaiacol liquid	Tier 3	
hydrogen peroxide (bulk) solution 30 %	Tier 3	
hydroxyethyl methacrylate,bulk liquid 96 %	Tier 3	
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (***troche base no.247***)	Tier 3	
vitamin e acetate (bulk) liquid 125 unit/ml	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chemicals - Acids		
hydrochloric acid (bulk) liquid 10 %	Tier 3	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (***dimethyl sulfoxide***)	Tier 3	
Chemicals - Essential Oils		
anise oil	Tier 3	
Chemicals - Fixed Oils		
olive oil oil	Tier 1	
Chemicals - Solvents		
acetone liquid	Tier 3	
isopropyl alcohol solution 70 %, 91 %, 99 %	Tier 3	DD
MURI-LUBE OIL (***mineral oil, light sterile***)	Tier 3	
sesame oil oil	Tier 3	
sodium succinate powder	Tier 3	
Pharmaceutical Adjuvant - Anticorrosive Agents		
butylated hydroxytoluene granules	Tier 3	
butylated hydroxytoluene powder	Tier 3	
Pharmaceutical Adjuvant - Capsule Excipients		
CAPSUBLEND-H POWDER (***cellulose/silica gel/mannitol/magnesium stearate***)	Tier 3	
Pharmaceutical Adjuvant - Cream/Ointment Vehicles		
petrolatum, yellow (bulk) gel 100 %	Tier 3	
WHITE WAX (BEESWAX) WAX 100 %	Tier 3	
Pharmaceutical Adjuvant - Flavoring Agents		
ethyl acetate liquid	Tier 3	
Pharmaceutical Adjuvant - Gelatin Capsules (Empty)		
CAPSULE #1 ORAL CAPSULE (***gelatin capsules (empty)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE (***hypromellose capsules (empty)***)	Tier 3	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Pharmaceutical Adjuvant - Liquid Vehicles Other		
PCCA SUSPENDIT ANHYDROUS TOPICAL LIQUID (***liquid base no.261***)	Tier 3	
Pharmaceutical Adjuvant - Oral Thickening Agents		
GELMIX ORAL POWDER (***maltodextrin/carob***)	Tier 3	
GELMIX ORAL POWDER IN PACKET (***maltodextrin/carob***)	Tier 3	
PURATHICK ORAL POWDER (***maltodextrin/tara gum***)	Tier 3	
PURATHICK ORAL POWDER IN PACKET (***maltodextrin/tara gum***)	Tier 3	
SIMPLYTHICK ORAL GEL IN PACKET 4 GRAM (***xanthan gum***)	Tier 3	
THICK AND EASY ORAL POWDER (***starch***)	Tier 3	
THICK AND EASY ORAL POWDER IN PACKET (***starch***)	Tier 3	
Pharmaceutical Adjuvant - Oral Vehicles		
MX-SOL SF ORAL LIQUID (***compounding vehicle sugar-free no.9***)	Tier 3	
sorbitol solution 70 %	Tier 3	
SYRPALTA ORAL SYRUP (***simple syrup***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (***compound vehicle suspension sugar-free no.24***)	Tier 3	
Pharmaceutical Adjuvant - Parenteral Vehicles		
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION (***water for inj.,bacteriostatic/methylparaben/propylparaben***)	Tier 1	
DILUENT FOR ELITEK 1 ML(1.5MG) INTRAVENOUS SOLUTION (***diluent for rasburicase (poloxamer 188)***)	Tier 3	
DILUENT FOR ELITEK 5ML(7.5MG) INTRAVENOUS SOLUTION (***diluent for rasburicase (poloxamer 188)***)	Tier 3	
DILUENT FOR IXEMPRA (15 MG) INTRAVENOUS SOLUTION 8 ML (***diluent for ixabepilone (castor oil/alcohol)***)	Tier 3	
DILUENT FOR IXEMPRA (45 MG) INTRAVENOUS SOLUTION 23.5 ML (***diluent for ixabepilone (castor oil/alcohol)***)	Tier 3	
DILUENT FOR LEFAMULIN(XENLETA) INTRAVENOUS SOLUTION (***diluent for lefamulin(10mm citrate buffered 0.9 % sod chlor)***)	Tier 3	
DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (***diluent for treprostinil (glycine)***)	Tier 6	
diluent for treprostinil (gly) intravenous solution	Tier 1	
Pharmaceutical Adjuvant - Preservatives		
citric acid (bulk) powder	Tier 3	
citric acid anhydrous (bulk) granules 100 %	Tier 3	
Pharmaceutical Adjuvant - Surfactants		
glyceryl monostearate flakes	Tier 3	
IV SOL STABILIZER FOR BLINCYTO INTRAVENOUS SOLUTION (***stabilizer for blinatumomab***)	Tier 3	
LUMOXITI IV SOLN STABILIZER INTRAVENOUS SOLUTION (***stabilizer for moxetumomab pasudotox-tdfk***)	Tier 6	
polysorbate 80 solution	Tier 3	
Pharmaceutical Adjuvant - Suspending Agents		
hydroxypropyl cellulose powder	Tier 3	
hypromellose powder	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHOCEL E 4 M POWDER (***hypromellose***)	Tier 3	
Pharmaceutical Adjuvant - Tableting		
cellulose (bulk) powder	Tier 3	
zinc stearate powder	Tier 3	
Pharmaceutical Adjuvant - Troche/Soft Lozenge Base		
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (***troche base no.247***)	Tier 3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
AREXVY ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION (***vaccine adjuvant system, as01e/pf, component vial 1 of 2***)	Tier 3	
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (***vaccine adjuvant system, as01b/pf, component vial 1 of 2***)	Tier 6	
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (***cholera vaccine buffer component***)	Tier 3	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (GPE) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***)	Tier 6	PA
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
ADUHELM INTRAVENOUS SOLUTION 100 MG/ML (***aducanumab-avwa***)	Tier 6	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (***lecanemab-irmb***)	Tier 6	PA
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 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
donepezil oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 1	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)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (***memantine hcl/donepezil hcl***)	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
ergoloid oral tablet 1 mg	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	$0	CT; EHB; QL (1 EA per 365 days)
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	$0	CT; EHB; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	$0	CT; EHB; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	$0	CT; EHB; QL (1 ML per 84 days)
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	$0	CT; EHB
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (***levonorgestrel***)	$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (***levonorgestrel***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB; QL (91 EA per 84 days)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
l norgest/e.estradiol-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)	$0	CT; EHB; QL (91 EA per 84 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	$0	CT; EHB; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	$0	CT; EHB
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	$0	CT; EHB; QL (91 EA per 84 days)
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	$0	CT; EHB; QL (28 EA per 28 days)
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	$0	CT; EHB
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 (28) Oral Tablet 1-50 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0	CT; EHB; QL (28 EA per 28 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0	CT; EHB; QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***)	$0	CT; EHB; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (1 EA per 1 day)
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	$0	CT; EHB
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	CT; EHB
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
OCELLA ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	$0	CT; EHB; QL (91 EA per 84 days)
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Taysofy Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	$0	CT; EHB
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	$0	CT; EHB
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Deblitane Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Errin Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Heather Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Incassia Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Jencycla Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyleq Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyza Oral Tablet 0.35 Mg)	$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG (***norethindrone***)	$0	CT; EHB
norethindrone (contraceptive) oral tablet 0.35 mg	$0	CT; EHB
norethindrone (Sharobel Oral Tablet 0.35 Mg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	$0	CT; EHB; ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days)
norethindrone (Tulana Oral Tablet 0.35 Mg)	$0	CT; EHB
Contraceptive Oral - Quadraphasic - Birth Control Pills		
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	$0	CT; EHB
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***)	$0	CT; EHB; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethindrone-ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***)	Tier 3	CT; QL (3 EA per 28 days)
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB; QL (3 EA per 28 days)
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB; QL (3 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	$0	CT; EHB; ST: Requires prior prescription for Etonogestrel/Ethinyl Estradiol within the past 120 days; QL (1 EA per 365 days)
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB; QL (1 EA per 28 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0	CT; EHB; QL (1 EA per 28 days)
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB; QL (1 EA per 28 days)
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Spermicides - Birth Control Pills		
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (***nonoxynol 9***)	$0	CT; EHB
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological		
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***)	Tier 6	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 6	PA
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (***clascoterone***)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ACIOXIAY TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	Tier 3	
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
dapsone topical gel with pump 7.5 %	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (***clindamycin/niacinamide***)	Tier 3	
ECEOXIA TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
DEOXIA TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***)	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (***dapsone/niacinamide***)	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
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	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRAXACE TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 % (***clindamycin phosphate/benzoyl peroxide***)	Tier 3	
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 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (***sulfacetamide sodium/sulfur***)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (***sulfacetamide sodium/sulfur***)	Tier 3	
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	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 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 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 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
benzoyl peroxide topical foam 9.8 %	Tier 1	
BPO TOPICAL GEL 8 % (***benzoyl peroxide***)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (***benzoyl peroxide***)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (***benzoyl peroxide***)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***)	Tier 1	
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 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	Tier 1	
IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % (***tretinoin/niacinamide***)	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
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)
AKLIEF TOPICAL CREAM 0.005 % (***trifarotene***)	Tier 3	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	Tier 3	
AVITA TOPICAL CREAM 0.025 % (***tretinoin***)	Tier 1	
AVITA TOPICAL GEL 0.025 % (***tretinoin***)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (***adapalene***)	Tier 3	Age (Max 39 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***)	Tier 3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % (***tretinoin microspheres***)	Tier 3	Age (Max 39 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	Tier 1	Age (Max 39 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
Acne Therapy Topical Combinations Other - Drugs for the Skin		
DIMOXIA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	Tier 3	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (***halobetasol propionate/tazarotene***)	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, 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		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Tier 1	
ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	Tier 3	
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 5	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (***tildrakizumab-asmn***)	Tier 6	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	Tier 5	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***)	Tier 5	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 5	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	Tier 5	PA
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (***spesolimab-sbzo***)	Tier 6	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***)	Tier 6	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	Tier 6	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 6	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 6	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***secukinumab***)	Tier 6	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) (***secukinumab***)	Tier 6	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (***brodalumab***)	Tier 6	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 5	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 5	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (***ixekizumab***)	Tier 5	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	Tier 6	PA
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (***upadacitinib***)	Tier 5	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	Tier 6	PA
Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 5	PA
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		
EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***)	Tier 2	
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	QL (90 GM per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (***silver***)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***)	Tier 3	
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***)	Tier 3	
NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***)	Tier 3	
silver nitrate topical solution 0.5 %	Tier 1	
silver nitrate topical solution 10 %, 25 %, 50 %	Tier 1	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***)	Tier 3	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 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin		
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	Tier 3	

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 3	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 3	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
Dermatological - Antifungal Allylamines - Drugs for the Skin		
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	Tier 1	
RIMI TOPICAL SOLUTION 5 % (***terbinafine hcl***)	Tier 3	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
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 Benzylamines - Drugs for the Skin		
MENTAX TOPICAL CREAM 1 % (***butenafine hcl***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***)	Tier 3	
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	Tier 1	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***)	Tier 3	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***)	Tier 3	
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 1	
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
clotrimazole topical cream 1 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	
econazole topical cream 1 %	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (***econazole nitrate***)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	Tier 2	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (***ketoconazole/skin cleanser combination no.28***)	Tier 3	
luliconazole topical cream 1 %	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	Tier 1	
oxiconazole topical cream 1 %	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***)	Tier 3	
sulconazole topical cream 1 %	Tier 1	
sulconazole topical solution 1 %	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
tavaborole topical solution with applicator 5 %	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***)	Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	QL (180 GM per 1 FILL)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHEYO TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	Tier 3	
Dermatological - Antifungals Other - Drugs for the Skin		
triacetin liquid 100 %	Tier 3	
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	Tier 5	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
FLUOROPLEX TOPICAL CREAM 1 % (***fluorouracil***)	Tier 3	PA
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	Tier 2	
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI 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		
diclofenac sodium topical gel 3 %	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	Tier 6	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
bexarotene topical gel 1 %	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
calcipotriene scalp solution 0.005 %	Tier 1	
calcipotriene topical cream 0.005 %	Tier 1	
calcipotriene topical foam 0.005 %	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
calcipotriene topical ointment 0.005 %	Tier 1	
calcitriol topical ointment 3 mcg/gram	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
SORILUX TOPICAL FOAM 0.005 % (***calcipotriene***)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
tazarotene topical cream 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	
TAZORAC TOPICAL CREAM 0.05 % (***tazarotene***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VTAMA TOPICAL CREAM 1 % (***tapinarof***)	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 30 MG (***apremilast***)	Tier 5	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 5	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide sodium***)	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 % (***sulfacetamide sodium***)	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (***sulfacetamide sodium***)	Tier 3	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (***selenium sulfide***)	Tier 3	
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID TOPICAL GEL 8.8 % (***anacaulase-bcdb***)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
mafenide acetate topical packet 50 gram	Tier 1	
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***)	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (***mafenide acetate***)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
NUJO TOPICAL SOLUTION 0.1 % (***tacrolimus***)	Tier 3	
NUJU TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***)	Tier 3	
OXIANUJI TOPICAL OINTMENT 0.03-4 % (***tacrolimus/niacinamide***)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***)	Tier 3	
pimecrolimus topical cream 1 %	Tier 1	
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	
Dermatological - Depigmenting Agents - Drugs for the Skin		
hydroquinone topical cream 4 %	Tier 1	
KAXM TOPICAL EMULSION 4 % (***hydroquinone***)	Tier 3	
KEXM TOPICAL EMULSION 6 % (***hydroquinone***)	Tier 3	
KUTEA TOPICAL EMULSION 8 % (***hydroquinone***)	Tier 3	
KUXM TOPICAL EMULSION 8 % (***hydroquinone***)	Tier 3	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 % (***hydroquinone/hyaluronate sodium***)	Tier 3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***)	Tier 3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 % (***hydroquinone/hydrocortisone***)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (***hydroquinone/sunscreens (oxybenzone/octinoxate)***)	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (***hydroquinone/ascorbic acid***)	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (***hydroquinone/ascorbic acid/vit e acetate (d-alpha tocoph)***)	Tier 3	
PROOXIA TOPICAL CREAM 10-4 % (***lactic acid/niacinamide***)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (***fluocinolone acetonide/tretinoin/hydroquinone***)	Tier 3	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
Dermatological - Emollient Combinations - Drugs for the Skin		
CERAVE DAILY MOISTURIZING TOPICAL LOTION (***ceramides 1,3,6-ii***)	Tier 3	
CERAVE FOAMING FACIAL TOPICAL CLEANSER (***ceramides 1,3,6-ii/niacinamide***)	Tier 3	
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE (***ceramides 1,3,6-ii/niacinamide/hyaluronic acid***)	Tier 3	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CLEANSER (***ceramides (1,3,6-ii)/salicylic acid/niacinamide***)	Tier 3	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM (***ceramides (1,3,6-ii)/salicylic acid/niacinamide***)	Tier 3	
CERAVE SA TOPICAL LOTION (***salicylic acid/ceramides 1,3,6-ii***)	Tier 3	
CERAVE TOPICAL CLEANSER (***ceramides 1,3,6-ii***)	Tier 3	
CERAVE TOPICAL CREAM (***ceramides 1,3,6-ii***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Emollient Combinations Other - Drugs for the Skin		
ADVANCED SKIN CARE TOPICAL LOTION (***glycerin/mineral oil/dimethicone/petrolatum,white***)	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 3	
DRY SKIN THERAPY(WITH LANOLIN) TOPICAL LOTION (***lanolin/mineral oil***)	Tier 1	
EUCERIN INTENSIVE REPAIR TOPICAL LOTION (***emollient combination no.110***)	Tier 3	
INTENSE DRY SKIN THERAPY TOPICAL LOTION (***emollient combination no.110***)	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	
PRESERA TOPICAL FOAM (***emollient combination no.80***)	Tier 3	
vitamin e-vitamins a and d topical cream	Tier 1	
XCLAIR TOPICAL CREAM (***hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree***)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
glycerin topical liquid	Tier 1	
glycerin topical solution 99.5 %	Tier 1	
KERASTAT TOPICAL CREAM (***keratin***)	Tier 3	
KERASTAT TOPICAL GEL 5 % (***keratin***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANOLIN (HPA) TOPICAL CREAM 100 % (***modified lanolin***)	Tier 3	
PURELAN TOPICAL CREAM (***lanolin***)	Tier 3	
RADIAGEL TOPICAL GEL (***emollient base***)	Tier 3	
urea topical cream 20 %	Tier 1	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	Tier 3	PA
Dermatological - Eyelid Cleansers - Drugs for the Skin		
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	
VISTA MEIBO EYELID CLEANSING TOPICAL FOAM (***eyelid cleanser combination no.11***)	Tier 3	
VISTA MEIBO EYELID CLEANSING TOPICAL PADS, MEDICATED (***eyelid cleanser combination no.12***)	Tier 3	
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	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 %	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	Tier 3	
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	
clocortolone pivalate topical cream 0.1 %	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***)	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN TOPICAL CREAM 0.025 % (***flurandrenolide***)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
desonide topical cream 0.05 %	Tier 1	
desonide topical gel 0.05 %	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
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	Tier 1	
desoximetasone topical gel 0.05 %	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1	
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	Tier 1	
flurandrenolide topical cream 0.05 %	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
flurandrenolide topical lotion 0.05 %	Tier 1	
flurandrenolide topical ointment 0.05 %	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)
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 %	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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (***halcinonide***)	Tier 3	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 3	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
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 %	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyrate topical ointment 0.1 %	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
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone butyr-emollient topical cream 0.1 %	Tier 1	
hydrocortisone topical cream 1 %, 2.5 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***)	Tier 3	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)
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
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	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (***betamethasone dipropionate***)	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
TEXACORT TOPICAL SOLUTION 2.5 % (***hydrocortisone***)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide (Triderm Topical Cream 0.1 %)	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***)	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	Tier 3	
OXIACHLO TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***)	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	Tier 3	QL (375 GM per 30 days)
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
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 3	
SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser comb no.28***)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
imiquimod topical cream in packet 5 %	Tier 1	QL (2 EA per 1 day)
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***)	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	Tier 3	
QUITAR TOPICAL GEL 5-0.025 % (***imiquimod/tretinoin***)	Tier 3	
Dermatological - Insect Repellents - Drugs for the Skin		
BULLFROG MOSQUITO COAST TOPICAL AEROSOL,SPRAY 20 %- SPF 30 (***aminoprop ethy/oxybenzone/octinoxate/octocrylene/octyl salic***)	Tier 3	
CUTTER ALL FAMILY TOPICAL AEROSOL,SPRAY 7 % (***diethyltoluamide***)	Tier 3	
CUTTER ALL FAMILY TOPICAL TOWELETTE 7.15 % (***diethyltoluamide***)	Tier 3	
CUTTER BACKWOODS DRY TOPICAL AEROSOL,SPRAY 25 % (***diethyltoluamide***)	Tier 1	
CUTTER SKINSATIONS TOPICAL AEROSOL,SPRAY 7 % (***diethyltoluamide***)	Tier 3	
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 3	
RANGER READY REPELLENT TOPICAL SPRAY WITH PUMP 20 % (***icaridin***)	Tier 1	
REPEL SPORTSMEN TOPICAL AEROSOL,SPRAY 29 % (***diethyltoluamide***)	Tier 3	
REPEL TOPICAL TOWELETTE 30 % (***diethyltoluamide***)	Tier 3	
SAWYER CONTROLLED RELEASE TOPICAL LOTION,EXTENDED RELEASE 20 % (***diethyltoluamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 % (***salicylic acid/ibuprofen/cimetidine***)	Tier 3	
GUANENDRUX TOPICAL CREAM 40-10-5 % (***salicylic acid/cimetidine/lidocaine***)	Tier 3	
METDRAY TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***)	Tier 3	
NENDRUX TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (***lactic acid/urea***)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (***urea/emollient combination no.65***)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (***salicylic acid/urea***)	Tier 3	
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
cantharidin in acetone topical solution 0.7 %	Tier 1	
CEM-UREA TOPICAL GEL 45 % (***urea***)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 % (***podofilox***)	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % (***urea***)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 % (***salicylic acid***)	Tier 3	
PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***)	Tier 1	
podofilox topical solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
salicylic acid topical cream 6 %	Tier 1	
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
salicylic acid topical foam 6 %	Tier 1	
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical ointment 3 %	Tier 1	
salicylic acid topical shampoo 6 %	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***)	Tier 3	
SALVAX TOPICAL FOAM 6 % (***salicylic acid***)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (***trichloroacetic acid***)	Tier 3	
trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %	Tier 3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (***salicylic acid***)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (***urea***)	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (***urea***)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***)	Tier 1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***)	Tier 3	PA
Dermatological - Keratoplastic Tar Products - Drugs for the Skin		
coal tar topical solution 20 %	Tier 3	
Dermatological - Liver Derivative Complex - Drugs for the Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (***liver extract (beef-pork)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (***tetracaine/benzocaine/butamben***)	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
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 6	PA
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***)	Tier 3	
sodium chloride topical solution 0.9 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - NSAID Combinations - Drugs for the Skin		
ROAOXIA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	Tier 3	
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	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***)	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***)	Tier 3	
Dermatological - Pigmenting, Melanocyte-Stimulating Hormone Analog - Drugs for the Skin		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***)	Tier 6	PA
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***)	Tier 1	
RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Protectants - Drugs for the Skin		
benzoin (bulk) topical tincture	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (***zinc oxide***)	Tier 1	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***)	Tier 1	
zinc oxide topical ointment 20 %	Tier 1	
zinc oxide topical paste 25 %	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
tazarotene topical cream 0.1 %	Tier 1	
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	Tier 3	
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 3	
DAZOMON TOPICAL GEL 0.25 % (***brimonidine tartrate***)	Tier 3	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
IDAOXIA TOPICAL GEL 1-4 % (***metronidazole/niacinamide***)	Tier 3	
IDARAN TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	Tier 3	
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical gel 0.75 %, 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole topical lotion 0.75 %	Tier 1	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 % (***ivermectin***)	Tier 1	ST: Requires prior prescription for Azelaic Acid or Finacea 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 3	
Dermatological - Soap and/or Cleanser Combinations - Drugs for the Skin		
CETAPHIL DAILY FACIAL CLEANSER TOPICAL CLEANSER (***skin cleanser combination no.44***)	Tier 3	
CETAPHIL GENTLE SKIN CLEANSER TOPICAL CLEANSER (***skin cleanser combination no.42***)	Tier 3	
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	
Dermatological - Sunscreens - Drugs for the Skin		
CERAVE AM TOPICAL LOTION 30 SPF (***homosalate/meradimate/octinoxate/octocrylene/zinc oxide***)	Tier 3	
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 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
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 4-0.18-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 3	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine hcl***)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	Tier 3	
REGENECARE TOPICAL GEL 2 % (***lidocaine hcl/collagen***)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (***lidocaine***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (***ketamine hcl***)	Tier 3	
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 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
methyl salicylate oil	Tier 1	
methyl salicylate topical liquid	Tier 1	
QUTENZA TOPICAL KIT 8 % (***capsaicin/skin cleanser***)	Tier 3	PA
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, 5 X 6 CM, 7 X 7 CM (***human regenerative tissue matrix***)	Tier 3	
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 3	
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 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (***human regenerative tissue matrix***)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (***human regenerative tissue matrix***)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (***human regenerative tissue matrix***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (***biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm***)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
LICE-BEDBUG-MITE BEDDING AEROSOL,SPRAY 0.5 % (***permethrin***)	Tier 1	
lindane topical shampoo 1 %	Tier 1	
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
spinosad topical suspension 0.9 %	Tier 1	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	Tier 3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (***cultured skin substitute,human and bovine***)	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***)	Tier 3	
STRATAGRAFT TOPICAL SHEET 8 CM X 12.5 CM (***keratinocytes, fibroblasts, collagen-dsat***)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution/hypochlorous acid***)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (***silver/silicone/foam bandage***)	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (***silver***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (***foam bandage***)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***)	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (***silver/calcium alginate***)	Tier 3	
KERAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (***alginate dressing/carboxymethylcellulose***)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***)	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (***silver/calcium alginate***)	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (***dressing, collagen/silver***)	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (***silver/calcium alginate***)	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (***silver/calcium alginate***)	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 " (***silver/silicone/foam bandage***)	Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE (***silver***)	Tier 1	
SPECTRAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
STRATACTX TOPICAL GEL (***gel dressing***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRATAGRT TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAXRT TOPICAL GEL (***gel dressing***)	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (***gel dressing***)	Tier 3	
ZENPHOR TOPICAL GEL (***gel dressing***)	Tier 3	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	Tier 2	DD
Diagnostic Agents		
Diagnostic Drugs - In Vivo Other		
KINEVAC INJECTION RECON SOLN 5 MCG (***sincalide***)	Tier 6	
sincalide injection recon soln 5 mcg	Tier 1	
Diagnostic Drugs - Metabolic Function		
METOPIRONE ORAL CAPSULE 250 MG (***metyrapone***)	Tier 6	
Diagnostic Drugs - Thyroid Function		
THYROGEN INTRAMUSCULAR RECON SOLN 0.9 MG (***thyrotropin alfa***)	Tier 6	PA
Diagnostic Radiopharmaceuticals - Cerebral Perfusion Imaging		
CERETEC INTRAVENOUS KIT 0.5 MG (***kit for prep tc-99m/exametazime***)	Tier 3	
Diagnostic Radiopharmaceuticals - Endocrine		
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	OCH
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	OCH
Diagnostic Radiopharmaceuticals - Intra-abdominal and GI Imaging		
CERETEC INTRAVENOUS KIT 0.5 MG (***kit for prep tc-99m/exametazime***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil***)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML (***alprostadil in bacteriostatic sodium chloride***)	Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML (***papaverine hcl/phentolamine mesylate in water***)	Tier 1	
Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (***papaverine hcl/phentolamine mesylate/alprostadil***)	Tier 3	
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
sildenafil oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 5 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (***avanafil***)	Tier 3	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
vardenafil oral tablet,disintegrating 10 mg	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
Eating Disorder Therapy - Drugs for Eating Disorders		
Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	Tier 6	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
megestrol oral suspension 400 mg/10 ml (10 ml)	Tier 1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
acetylcarnitine oral capsule 500 mg	Tier 3	
CARNITEX ORAL CAPSULE 340 MG (***levocarnitine tartrate***)	Tier 3	
L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG (***levocarnitine tartrate***)	Tier 1	
L-CARNITINE ORAL CAPSULE 500 MG (***levocarnitine***)	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
levocarnitine tartrate oral capsule 500 mg	Tier 1	
Amino Acid-Amino Acid Combinations, Oral - Drugs for Nutrition		
XYMOBOLX ORAL POWDER (***amino acids***)	Tier 3	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
arginine hcl (l-arginine) oral tablet 1,000 mg	Tier 1	
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 6	PA
glutamine oral powder 100 %	Tier 1	
L-CARNOSINE ORAL CAPSULE 500 MG (***carnosine***)	Tier 1	
L-GLUTAMINE ORAL CAPSULE 750 MG (***glutamine***)	Tier 1	
L-GLUTAMINE ORAL TABLET 1,000 MG (***glutamine***)	Tier 1	
lysine hcl oral capsule 500 mg	Tier 1	
lysine hcl oral tablet 500 mg	Tier 1	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660 MG (***arginine oxoglurate***)	Tier 3	
taurine oral capsule 1,000 mg	Tier 1	
B-Complex Vitamin Combinations - Drugs for Nutrition		
B ACTIV ORAL CAPSULE 680 MCG DFE (***vitamin b complex/methyltetrahydrofolate glucosamine***)	Tier 3	
b complex-vitamin c-folic acid oral tablet 400 mcg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BALANCED B-50 COMPLEX (FOLIC) ORAL TABLET 50 MCG (***vitamin b complex/folic acid***)	Tier 3	
b-complex with vitamin c oral tablet	Tier 1	
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 3	
MYNEPHRON ORAL CAPSULE 1 MG (***vitamin b complex and vitamin c no.20/folic acid***)	Tier 1	
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 3	
STRESSTABS ENERGY ORAL TABLET 120 MG-400 MCG- 62.5 MG (***vit b comp/vit c/folic ac/arginine/glutamine/taurine/ashwag***)	Tier 1	
TM-VITE RX ORAL TABLET 1,000 MCG (***vitamin b complex and vitamin c combination no.22/folic acid***)	Tier 3	
ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (***vit b complex/folic acid/choline bitartrate/inositol/herbs***)	Tier 1	
vit b comp-folic-choline-inosi oral capsule 400 mcg-25 mg- 100 mg	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 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
vitamin b complex oral capsule	Tier 1	
vitamin b complex oral tablet,disintegrating	Tier 1	

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	
ascorbate calcium-bioflavonoid oral tablet 500-250 mg	Tier 1	
BIO C 1:1 ORAL CAPSULE 500-500 MG (***ascorbic acid/bioflavonoids***)	Tier 3	
Dextrose and Lactated Ringer's Solutions - Drugs for Nutrition		
dextrose 5 %-lactated ringers intravenous parenteral solution	Tier 1	
Dextrose and Sodium Chloride Solutions - Drugs for Nutrition		
d10 %-0.45 % sodium chloride intravenous parenteral solution	Tier 1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	Tier 1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	Tier 1	
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	Tier 1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	Tier 1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	Tier 1	
Dextrose Solutions - Drugs for Nutrition		
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	Tier 1	
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	Tier 1	
dextrose 25 % in water (d25w) intravenous syringe	Tier 1	
dextrose 30 % in water (d30w) intravenous parenteral solution	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	Tier 1	
dextrose 5 % in water (d5w) intravenous parenteral solution	Tier 1	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	Tier 1	
dextrose 50 % in water (d50w) intravenous parenteral solution	Tier 1	
dextrose 50 % in water (d50w) intravenous syringe	Tier 1	
dextrose 70 % in water (d70w) intravenous parenteral solution	Tier 1	
Dextrose Solutions, Concentrated - Drugs for Nutrition		
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	Tier 1	
dextrose 25 % in water (d25w) intravenous syringe	Tier 1	
dextrose 30 % in water (d30w) intravenous parenteral solution	Tier 1	
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	Tier 1	
dextrose 50 % in water (d50w) intravenous parenteral solution	Tier 1	
dextrose 50 % in water (d50w) intravenous syringe	Tier 1	
dextrose 70 % in water (d70w) intravenous parenteral solution	Tier 1	
Dietary Product - Infant Formulas - Drugs for Nutrition		
ADVANTAGE WITH IRON NON-GMO ORAL POWDER 2.07-5.6 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 1	
CALCILO XD ORAL POWDER 2.2-5.6-10.2 GRAM/100 KCAL (***infant formula, special metabolic with iron***)	Tier 3	
CYCLINEX-1 ORAL POWDER 7.5-510 G-KCAL/100 G (***infant formula, special metabolic, urea cycle disorder***)	Tier 3	
ELECARE INFANT FORMULA ORAL POWDER 3.1-4.8-10.8 GRAM/100 KCAL (***infant form. iron, lactose free/dha/arachidonic acid (ara)***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENFAMIL A.R. ORAL POWDER 2.5-5.1-11.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL ENSPIRE GENTLEASE ORAL POWDER 2.3-5.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL NEURO ENFACARE NON-GMO ORAL LIQUID 2.8-5.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL NEURO ENFACARE NON-GMO ORAL POWDER 2.8-5.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL NEURO GENTLEASE NONGMO ORAL LIQUID 2.3-5.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL NEURO GENTLEASE NONGMO ORAL POWDER 2.3-5.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL NEURO GENTLEASE NONGMO ORAL POWDER IN PACKET 2.3-5.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL NEURO SENSITIVE NONGMO ORAL POWDER 2.2-5.3-10.9 GRAM/100 KCAL (***infant form.iron, lact.reduced/dha/arachidonic acid (ara)***)	Tier 3	
ENFAMIL NEUROPRO NON-GMO ORAL LIQUID 2.1-5.3-11.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL NEUROPRO NON-GMO ORAL POWDER 2.1-5.3-11.3 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
ENFAMIL PROSOBEE ORAL LIQUID 2.5-5.3 GRAM/100 KCAL (***infant formula,soy,iron,lac-free/dha/arachidonic acid (ara)***)	Tier 3	
ENFAMIL REGULINE ORAL POWDER 2.3-5.3 GRAM/100 KCAL (***infant formula w-iron/dha/ara/polydextrose/gos***)	Tier 3	
FORTINI INFANT ORAL LIQUID 2.6-5.4-10.1 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (***inf form, glutaric aciduria i***)	Tier 3	
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL (***infant formula, special metabolic, iron, methionine-free***)	Tier 3	
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (***infant formula,spec. metabolic,isovaleric acidemia with iron***)	Tier 3	
KETONEX-1 ORAL POWDER 15-480 G-KCAL (***infant formula with iron,spec.metabolic,maple syrup urine dx***)	Tier 3	
NUTRAMIGEN DHA-ARA ORAL LIQUID 2.8-5.3-10.3 GRAM/100 KCAL (***infant formula with iron,special metabolic,lactose free***)	Tier 3	
NUTRAMIGEN TODDLER ENFLORA-LGG ORAL POWDER 2.5-4.3 GRAM/100 KCAL (***infant formula,iron,spec.metabol,lactose free/l.rhamnosus gg***)	Tier 3	
PEPTICATE ORAL POWDER 2.4-5.2-10.5 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
PFD TODDLER ORAL POWDER 530 KCAL/100 GRAM (***infant formula, special metabolic with iron***)	Tier 1	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (***infant formula for pku, iron, no.2***)	Tier 3	
PRO-PHREE ORAL POWDER 5.5-12.7 GRAM/100 KCAL (***infant formula, special metabolic with iron***)	Tier 3	
PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G (***infant formula,spec. metabolic, propionic acidemia,with iron***)	Tier 3	
PURE BLISS NON-GMO ORAL POWDER 2.07-5.6 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SENSITIVITY WITH IRON ORAL POWDER 2.14-5.4-11.1 GRAM/100 KCAL (***infant form.iron, lact.reduced/dha/arachidonic acid (ara)***)	Tier 3	
SIMILAC 360 TOTAL CARE ORAL LIQUID 2.07-5.4-11 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC 360 TOTAL CARE ORAL POWDER 2.07-5.6-10.5 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC 360 TOTAL CARE SENSITV ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC 360 TOTAL CARE SENSITV ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC FOR SPIT-UP ORAL POWDER 2.1-5.4-11 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC NEOSURE ORAL POWDER 2.8-5.5 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC ORGANIC A2 MILK NO-GMO ORAL POWDER 2.07 GRAM-5.63 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC PRO-ADVANCE NON-GMO ORAL LIQUID 2.07-5.4-11 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC PRO-ADVANCE NON-GMO ORAL POWDER 2.07-5.6-10.5 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC PRO-SENSITIVE NON-GMO ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC PRO-SENSITIVE NON-GMO ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC PRO-TOTAL CMFT NON-GMO ORAL LIQUID 2.32-5.4-10.7 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC PRO-TOTAL CMFT NON-GMO ORAL POWDER 2.32-5.4-10.7 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC SENSITIVE FUSS-GAS ORAL POWDER 2.1-5.4-10.9 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC SPECIAL CARE 24 ORAL LIQUID 3-5.43 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
SIMILAC SPECIAL CARE 30 ORAL SUSPENSION 3-6.61 GRAM/100 KCAL (***infant formula with iron/docosahexaenoic acid/arachidonic ac***)	Tier 3	
TODDLER BEGINNINGS ORAL POWDER 2.6-5.3 GRAM/100 KCAL (***infant formula with iron/soy/dha/arachidonic acid***)	Tier 1	
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL (***infant formula, special metabolic, tyrosinemia, with iron***)	Tier 3	
Dietary Product - Sweeteners - Drugs for Nutrition		
DANDLELION KISSES ORAL DROPS 24 % (***sucrose***)	Tier 3	
saccharin powder	Tier 3	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (***diluent,insulin aspart combination no.1***)	Tier 3	
STERILE DILUENT FOR HUMALOG INJECTION SOLUTION (***diluent for insulin lispro and regular insulin***)	Tier 3	
Diluents - Others - Drugs for Nutrition		
diluent for artesunate intravenous solution	Tier 1	
DILUENT FOR BICNU INTRAVENOUS SOLUTION (***diluent for carmustine (ethanol)***)	Tier 4	
diluent for decitabine intravenous solution	Tier 4	
DILUENT FOR ELIGARD SUBCUTANEOUS SYRINGE (***diluent for leuprolide (polyglactin)***)	Tier 6	
DILUENT FOR ISTODAX INTRAVENOUS SOLUTION 2.2 ML (***diluent for romidepsin (propylene glycol)***)	Tier 3	
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 5.7 ML (***diluent for cabazitaxel (ethanol)***)	Tier 6	
diluent for melphalan intravenous solution 10 ml	Tier 4	
DILUENT FOR NOVOSEVEN RT SUBCUTANEOUS SYRINGE (***diluent for coagulation factor vlla (histidine)***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILUENT FOR VIVITROL INTRAMUSCULAR SOLUTION (***diluent for naltrexone microspheres (carboxymethylcellulose)***)	Tier 6	
DILUENT FOR ZILRETTA INTRA-ARTICULAR SOLUTION (***diluent for triamcinolone acetonide er (carboxymethyl)***)	Tier 3	
diluent, carmustine (ethanol) intravenous solution	Tier 4	
diluent, dexrazoxane (sod lac) intravenous solution	Tier 1	
diluent, romidepsin (prop gly) intravenous solution 2.2 ml	Tier 4	
diluent, voretigene neparvovec subretinal solution	Tier 6	
diluent,temsirolimus (ethanol) intravenous solution	Tier 4	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (***diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)***)	Tier 3	
STERILE WATER DILUENT-CABLIVI INJECTION SYRINGE 1 ML (***diluent for caplacizumab-yhdp (sterile water)***)	Tier 6	
Diluents - Sodium Chloride - Drugs for Nutrition		
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
sodium chloride injection syringe 0.9 %	Tier 1	
Diluents - Sterile Water for Injection - Drugs for Nutrition		
water for injection,sterile (Sterile Water For Injection Injection Solution)	Tier 1	
water for inject, bacteriostat injection solution	Tier 1	
water for injection, sterile injection solution	Tier 1	
water for injection, sterile injection syringe	Tier 1	
Diluents - Vaccine Diluents - Drugs for Nutrition		
DILUENT FOR ACTHIB INTRAMUSCULAR SOLUTION 0.4 % (***diluent for haemophilus b vaccine (tetanus conj)(0.4 % nacl)***)	Tier 3	
DILUENT FOR HIBERIX INTRAMUSCULAR SOLUTION 0.9 % (***diluent for haemophilus b vaccine (tetanus-conj)(0.9 % nacl)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILUENT FOR IMOVAX INTRAMUSCULAR SYRINGE (***diluent for rabies vaccine, human diploid (sterile water)***)	Tier 3	
DILUENT FOR MENHIBRIX INTRAMUSCULAR SOLUTION 0.9 % (***diluent for meningo c,y/haemophilus b conj vacc (0.9 % nacl)***)	Tier 3	
DILUENT FOR PRIORIX SUBCUTANEOUS SYRINGE (***diluent for measles,mumps,and rubella vacc (sterile water)***)	Tier 3	
DILUENT FOR RABAVERT INTRAMUSCULAR SYRINGE (***diluent for rabies vaccine, pcec (sterile water)***)	Tier 3	
DILUENT FOR ROTARIX ORAL SYRINGE (***diluent for oral live rotavirus vaccine (calcium carbonate)***)	Tier 3	
DILUENT FOR YF-VAX (1 DOSE) SUBCUTANEOUS SOLUTION 0.9 % (***diluent for live yellow fever vacc,sd(0.9 % sodium chloride)***)	Tier 3	
DILUENT FOR YF-VAX (5 DOSE) SUBCUTANEOUS SOLUTION 0.9 % (***diluent for live yellow fever vacc,md(0.9 % sodium chloride)***)	Tier 3	
diluent,yellw fev vac,0.4%nacl subcutaneous syringe 0.4 %	Tier 1	
DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SOLUTION (***diluent no.1 for live virus vaccines (sterile water)***)	Tier 3	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (***sodium polystyrene sulfonate/sorbitol solution***)	Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	Tier 3	PA

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Geriatric Vitamins - Drugs for Nutrition		
ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML (***vitamin b complex/zinc sulfate/manganese sulfate***)	Tier 3	
Intraventricular Electrolyte Flush Solutions - Drugs for Nutrition		
intraventricular electrolytes1 intraventricular solution	Tier 3	
Irrigation Solutions - Drugs for Nutrition		
lactated ringers irrigation solution	Tier 3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	Tier 3	
ringer's irrigation solution	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
sodium chloride tablet,soluble 1,000 mg	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (***sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb***)	Tier 3	
water for irrigation, sterile irrigation solution	Tier 1	
Minerals and Electrolytes - Bicarbonate Producing or Containing Agents - Drugs for Nutrition		
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	Tier 1	
sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml, 150 meq/1,150 ml	Tier 1	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	Tier 1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)	Tier 4	
sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	Tier 1	
THAM INTRAVENOUS SOLUTION 36 MG/ML (0.3 M) (***tromethamine***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)	Tier 1	
Minerals and Electrolytes - Calcium Replacement - Drugs for Nutrition		
calcium acetate oral tablet 667 mg	Tier 1	
calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)	Tier 1	
calcium chloride intravenous solution 100 mg/ml (10 %)	Tier 1	
calcium chloride intravenous syringe 100 mg/ml (10 %)	Tier 1	
calcium citrate oral tablet 200 mg (950 mg)	Tier 1	
calcium gluc in nacl, iso-osm intravenous solution 1 gram/100 ml, 1 gram/50 ml, 2 gram/100 ml	Tier 1	
calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml, 1 gram/110 ml, 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml	Tier 1	
calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml	Tier 1	
calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)	Tier 1	
calcium gluconate intravenous solution 100 mg/ml (10%)	Tier 1	
OSSOPAN MD ORAL CAPSULE 200 MG CALCIUM- 1.25 MCG (***calcium combination no.35/vitamin d3/magnesium malate***)	Tier 3	
OSSOPAN-1100 ORAL CAPSULE 275 MG CALCIUM (1,100 MG) (***hydroxyapatite***)	Tier 3	
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 3	
BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG (***calcium/vit d3/magnesium oxide/vit c/vit k2/minerals***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg	Tier 1	
calcium 26-vit d3-magnesium 15 oral capsule 167 mg calcium- 1.67 mcg-83 mg	Tier 3	
calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg	Tier 1	
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-magnesium-vit d3-boron oral capsule 400 mg-133 mg- 6.67 mcg-1 mg	Tier 3	
calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg	Tier 1	
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 3	
OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (***calcium malate/magnesium malate, amino acid chelate***)	Tier 3	
OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (***hydroxyapatite/vitamin d3/vitamin k2/choline/silicon***)	Tier 3	
OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (***hydroxyapatite/vitamin d3/choline/silicon***)	Tier 3	
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 3	
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 3	
VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (***calcium/vit d2/magnesium oxide/ascorbate calcium/vit k2/min***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)	Tier 1	
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)	Tier 1	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)	Tier 1	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)	Tier 3	
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)	Tier 1	
calcium citrate-vitamin d3 oral tablet,chewable 500 mg-12.5 mcg (500 unit)	Tier 1	
calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit), 250 mg-12.5 mcg (500 unit)	Tier 1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	Tier 1	
UPCAL D ORAL POWDER IN PACKET 500 MG-12.5 MCG /5 GRAM (***calcium citrate/cholecalciferol (vitamin d3)***)	Tier 3	
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 - Drugs for Nutrition		
MOVE FREE ULTRA FASTER COMFORT ORAL TABLET 216 MG (***calcium fructoborate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals and Electrolytes - Electrolytes and Dextrose - Drugs for Nutrition		
electrolyte-48 in d5w intravenous parenteral solution	Tier 1	
ELLIOTTS B (PF) INTRATHECAL SOLUTION 73-19-8-3 MG/10 ML (***chemo therapy diluent,e-lytes and dextrose, buffered no.1/pf***)	Tier 3	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 % (***electrolyte-mb solution/dextrose 5 % in water***)	Tier 3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % (***electrolyte-p solution/dextrose 5 % in water***)	Tier 3	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-m solution/dextrose 5 % in water***)	Tier 3	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % (***electrolyte-r solution/dextrose 5 % in water***)	Tier 3	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML (***sodium iodide***)	Tier 1	
LUGOLS ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 3	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals and Electrolytes - Iron - Drugs for Nutrition		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL 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	
ferrous fumarate oral tablet 324 mg (106 mg iron)	Tier 1	
ferrous gluconate oral tablet 324 mg (37.5 mg iron)	Tier 1	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	Tier 1	
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	Tier 1	
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml	Tier 1	
ferrous sulfate oral tablet 325 mg (65 mg iron)	Tier 1	
ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron)	Tier 1	
ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (***iron polysaccharide complex***)	Tier 3	
HEMATEX ORAL TABLET 150 MG IRON (***iron polysaccharide complex***)	Tier 3	
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran complex***)	Tier 3	
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML (***ferric carboxymaltose***)	Tier 4	
INJECTAFER INTRAVENOUS SOLUTION 50 MG IRON/ML (***ferric carboxymaltose***)	Tier 6	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (***ferrous sulfate***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
iron bisglycinate chelate oral capsule 28 mg iron	Tier 3	
iron bisglycinate chelate oral capsule 29 mg iron	Tier 1	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML (***ferric derisomaltose***)	Tier 3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (***iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid***)	Tier 3	
NU-IRON ORAL CAPSULE 150 MG IRON (***iron polysaccharide complex***)	Tier 1	
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (***ferrous sulfate***)	Tier 1	
polysaccharide iron complex oral capsule 150 mg iron	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) (***ferrous sulfate***)	Tier 1	
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	Tier 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (***ferric pyrophosphate citrate***)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (***ferric pyrophosphate citrate***)	Tier 3	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML (***iron sucrose complex***)	Tier 3	
Minerals and Electrolytes - Iron Combinations - Drugs for Nutrition		
BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG (***ferrous sulfate/folic acid***)	Tier 3	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1 MG-12 MCG (***iron asp gly/ascorbic acid/folate no.1/vit b12/zinc/succinic***)	Tier 3	
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 3	
GENTLE IRON ORAL CAPSULE 28 MG IRON-60MG -400 MCG-8 MCG (***iron bis-glycinate chelate/ascorbic acid/folic acid/vit b12***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
HEMATRON-AF ORAL TABLET 150 MG-1,700 MCG DFE-500 MG (***iron,carbonyl/levomefolate calcium/vit c/vit e/b12/b7/copper***)	Tier 3	
iron,carbonyl-vitamin c oral tablet 100-250 mg	Tier 1	
MAXFE (FOLATE) ORAL TABLET 160 MG-1,700 MCG DFE-60 MCG (***iron carb,glycinate/folate/b12/mag ascorbate/biotin/zinc***)	Tier 3	
PROTECT IRON LIQUID ORAL LIQUID 100 MG IRON-250 MG/5 ML (***iron polysaccharide complex/ascorbic acid/vitamin b complex***)	Tier 3	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (***iron bisglycinate/c/methylfolate/b12/l. acidoph,plant/inulin***)	Tier 3	
Minerals and Electrolytes - Magnesium - Drugs for Nutrition		
MAGMIND ORAL CAPSULE 48 MG MAGNESIUM (667 MG) (***magnesium l-threonate***)	Tier 3	
magnesium chloride injection solution 200 mg/ml (20 %)	Tier 1	
magnesium chloride oral tablet 64 mg magnesium	Tier 1	
magnesium citrate oral capsule 100 mg	Tier 1	
magnesium citrate oral tablet,chewable 83.3 mg	Tier 1	
magnesium citrate,mag oxide oral capsule 250 mg	Tier 3	
MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (***magnesium carb,citrate,oxide***)	Tier 3	
magnesium glycinate oral capsule 100 mg magnesium	Tier 1	
magnesium glycinate-mag oxide oral capsule 120 mg magnesium	Tier 3	
magnesium oral tablet 200 mg	Tier 1	
magnesium oxide oral capsule 400 mg magnesium	Tier 3	
magnesium oxide oral tablet 250 mg magnesium	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg	Tier 1	
magnesium oxide oral tablet,chewable 200 mg magnesium	Tier 1	
magnesium sulfate in 0.9 %nacl intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml	Tier 1	
magnesium sulfate in 0.9 %nacl intravenous solution 10 gram/250 ml (40 mg/ml)	Tier 1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml, 2 gram/100 ml	Tier 1	
magnesium sulfate in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 3	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	Tier 1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)	Tier 1	
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	Tier 4	
magnesium sulfate injection solution 4 meq/ml (50 %)	Tier 1	
magnesium sulfate injection syringe 4 meq/ml	Tier 1	
OPTIMAG 125 ORAL CAPSULE 125 MG MAGNESIUM (***magnesium malate, magnesium amino acid chelate***)	Tier 3	
OPTIMAG NEURO ORAL POWDER 200 MG MAGNESIUM/SCOOP (***magnesium malate, threonate, amino acid chelate***)	Tier 3	
SLOWMAG MUSCLE RECOVERY ORAL TABLET,CHEWABLE 85 MG (***magnesium citrate***)	Tier 3	
Minerals and Electrolytes - Magnesium Combinations - Drugs for Nutrition		
MAGNESIUM OPTIMIZER ORAL TABLET 50-25-175-1 MG (***magnesium malate/potassium citrate/taurine/pyridoxal***)	Tier 3	
Minerals and Electrolytes - Manganese - Drugs for Nutrition		
manganese chloride intravenous solution 0.1 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals and Electrolytes - Multiple Minerals - Drugs for Nutrition		
MINREX ORAL CAPSULE 25-100 MG (***minerals/potassium glycinate/betaine hydrochloride***)	Tier 3	
Minerals and Electrolytes - Oral Electrolytes - Drugs for Nutrition		
BIOLYTE ORAL LIQUID (***electrolytes/dextrose/multivit/amino/ginger/milk thistle***)	Tier 3	
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 3	
CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (***sodium chloride/potassium chloride/sodium citrate/rice syrup***)	Tier 1	
electrolytes-dextrose oral packet	Tier 1	
electrolytes-dextrose oral solution	Tier 1	
ENSURE RAPID HYDRATION ORAL POWDER IN PACKET 30 MEQ-10 MEQ- 25 MEQ-11 GRAM (***sodium/potassium/chloride/dextrose***)	Tier 3	
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 3	
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 3	
ORALYTE ORAL SOLUTION (***electrolytes/dextrose***)	Tier 1	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (***sodium/potassium/chloride/dextrose***)	Tier 3	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (***electrolytes/dextrose***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals and Electrolytes - Parenteral Electrolyte Combinations - Drugs for Nutrition		
electrolyte-148 intravenous parenteral solution	Tier 1	
electrolyte-a intravenous parenteral solution	Tier 1	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-s (ph 7.4)***)	Tier 3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-s solution***)	Tier 3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-r solution***)	Tier 3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-r (ph 7.4)***)	Tier 3	
NUTRILYTE INTRAVENOUS SOLUTION 25-40.6-5 MEQ/20 ML (***sodium/potassium/magnes/calcium/chloride/acetate/gluconate***)	Tier 3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-148 solution***)	Tier 6	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-a solution***)	Tier 6	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML (***sodium/potassium/magnesium/calcium/chloride/acetate***)	Tier 3	
Minerals and Electrolytes - Phosphate - Drugs for Nutrition		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML (***sodium glycerophosphate***)	Tier 1	
PHOSPHOROUS SUPPLEMENT ORAL POWDER IN PACKET 280-160-250 MG (***sodium phosphate/potassium phosphates, monobasic and dibasic***)	Tier 1	
potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml, 30 mmol/500 ml	Tier 1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	Tier 1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml (4.7 meq/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium, sodium phosphates oral powder in packet 280-160-250 mg	Tier 1	
sodium phosphate intravenous solution 3 mmol/ml	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		
mag citrate-potassium citrate oral capsule 70-99 mg	Tier 1	
Minerals and Electrolytes - Potassium for Injection - Drugs for Nutrition		
potassium acetate intravenous solution 2 meq/ml	Tier 1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	Tier 1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/250 ml (80 meq/l), 40 meq/500 ml (80 meq/l)	Tier 1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1	
potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)	Tier 1	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l, 40 meq/l	Tier 1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	Tier 1	
potassium chloride in water intravenous piggyback 10 meq/100 ml	Tier 1	
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	Tier 1	
potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml), 100 meq/50 ml	Tier 1	
potassium chloride intravenous solution 2 meq/ml	Tier 1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	Tier 1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1	
potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml	Tier 1	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***)	Tier 1	
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 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,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
potassium citrate oral capsule 99 mg	Tier 3	
potassium gluconate oral tablet 595 mg (99 mg)	Tier 1	
Minerals and Electrolytes - Sodium Chloride, Oral - Drugs for Nutrition		
sodium chloride oral solution 234 mg/ml (4 meq/ml)	Tier 1	
sodium chloride tablet,soluble 1,000 mg	Tier 1	
Minerals and Electrolytes - Trace Mineral Combinations - Drugs for Nutrition		
ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML (***trace elements comb no.1***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION 10 MCG-1 MG- 0.5 MG-5 MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	Tier 1	
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 0.85 MCG-0.1 MG -25MCG-1.5MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	Tier 1	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-25 MCG-1 MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	Tier 1	
MULTRYS INTRAVENOUS SOLUTION 1,000MCG-60MCG- 3 MCG-6 MCG/ML (***zinc sulfate/cupric sulfate/manganese sulfate/selenium***)	Tier 3	
PEDITRACE INTRAVENOUS SOLUTION 521-53.7-3.6 MCG/ML (***zinc,copper,manganese chl/sod selen/sod fluoride/pot iodide***)	Tier 1	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-30 MCG-0.5 MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	Tier 1	
TRALEMENT INTRAVENOUS SOLUTION 3 MG-0.3 MG-55 MCG-60 MCG/ML (***zinc sulfate/cupric sulfate/manganese sulfate/selenium***)	Tier 3	
Minerals and Electrolytes - Trace Minerals - Drugs for Nutrition		
chromium chloride intravenous solution 4 mcg/ml	Tier 1	
chromium picolinate oral tablet 200 mcg	Tier 1	
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML (***cupric chloride***)	Tier 1	
cupric chloride intravenous solution 0.4 mg/ml	Tier 1	
SELENIOUS ACID INTRAVENOUS SOLUTION 60 MCG/ML (***selenium***)	Tier 1	
selenium intravenous solution 40 mcg/ml	Tier 1	
selenium intravenous solution 6 mcg/ml	Tier 1	
Minerals and Electrolytes - Zinc - Drugs for Nutrition		
IS-ZC 50 ORAL TABLET 50 MG (***zinc oxide-zinc citrate***)	Tier 3	
PEPCIX ORAL TABLET,CHEWABLE 16 MG (***polaprezinc (zinc carnosine)***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zinc chloride intravenous solution 1 mg/ml	Tier 1	
zinc citrate oral tablet,chewable 11 mg, 16.7 mg	Tier 3	
zinc gluconate oral tablet 50 mg	Tier 1	
zinc glycinate oral capsule 30 mg	Tier 3	
zinc glycinate oral tablet,chewable 7.5 mg	Tier 1	
zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml	Tier 1	
zinc sulfate intravenous solution 3 mg/ml	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		
ascorbic acid-zinc oxide oral capsule 90-50 mg	Tier 1	
vit c-zinc gluc,cit-echin purp oral lozenge 100-23-20 mg	Tier 1	
ZINC BALANCE ORAL CAPSULE 15-1 MG (***zinc methionine sulfate/copper gluconate***)	Tier 3	
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 3	
ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM (***multivit with minerals/methyltetrahydrofolate glucosa/vit k2***)	Tier 3	
ACTIVNUTRIENTS ORAL TABLET,CHEWABLE 0.75 MG-85 MCG DFE (***multivitamin-minerals no.98/ferric glycinate/m-hydrofolate***)	Tier 3	
ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE (***multivit with minerals/leucovorin calc,m-folate glucosamine***)	Tier 3	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (***vit c,e,zinc,copper 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (***multivitamin with minerals/folic acid/lycopene/lutein***)	Tier 1	
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (***multivitamin with minerals/ferrous fumarate/folic acid/vit k***)	Tier 1	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG (***multivit with minerals/folic acid/lutein/herbal comp no.329***)	Tier 3	
ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG (***multivit-min/folic acid/k1/resveratrol/lutein/herbal no.293***)	Tier 3	
ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML (***multivitamin-minerals/folic/vitamin k/herbal no.332***)	Tier 3	
ALIVE MAX3 POTENCY ORAL TABLET 133.3 MCG DFE-40 MCG (***multivitamin-min/methyltetrahydrofolate/vit k/herbal no.335***)	Tier 3	
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 3	
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 3	
ALIVE MEN'S 50 PLUS ULTRA ORAL TABLET 800 MCG DFE- 120 MCG (***multivit-min/methyltetrahydrofolate/vit k/herbal no.328***)	Tier 3	
ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG (***multivit with minerals/folic/vit k/lutein/herbal complex 293***)	Tier 3	
ALIVE MEN'S GUMMY ORAL TABLET,CHEWABLE 120 MCG- 50 MG (***multivit with minerals/folic acid/herbal complex no.293***)	Tier 3	
ALIVE MEN'S MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG (***multivit-min/methyltetrahydrofolate/vit k/herbal no.330***)	Tier 3	
ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG (***multivitamin-min/methyltetrahydrofolate/vitamin k/herbal 334***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE PREMIUM ADULT ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (***multivit with minerals/folic acid/herbal complex no.293***)	Tier 3	
ALIVE PREMIUM MEN'S ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (***multivit with minerals/folic acid/herbal complex no.293***)	Tier 3	
ALIVE PREMIUM PRENATAL ORAL TABLET,CHEWABLE 120 MCG-25 MG- 66.7 MG (***multivitamin,minerals no.45/folic acid/dha/herbal no.293***)	Tier 3	
ALIVE PREMIUM WOMEN'S 50 PLUS ORAL TABLET,CHEWABLE 80 MCG-166.7 MCG-66.7 MG (***multivit with minerals/folic/lutein/herbal complex no.293***)	Tier 3	
ALIVE PREMIUM WOMEN'S ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (***multivit with minerals/folic acid/herbal complex no.293***)	Tier 3	
ALIVE WOMEN'S 50 PLUS (BLEND) ORAL TABLET 240-120-300 MCG (***multivit with minerals/folic/vit k/lutein/herbal complex 293***)	Tier 3	
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 3	
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 3	
ALIVE WOMEN'S GUMMY VITAMIN ORAL TABLET,CHEWABLE 120 MCG- 37.5 MG (***multivit with minerals/folic acid/herbal complex no.293***)	Tier 3	
ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG (***multivit-min/iron/methyltetrahydrofolate/vit k/herb 333***)	Tier 3	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (***beta-carotene/ascorbic acid/vite ac/selenium yeast***)	Tier 3	
CENTRUM ADULT 50 PLUS ORAL TABLET,CHEWABLE 80 MCG (***multivitamin with minerals/folic acid***)	Tier 3	
CENTRUM ADULTS ORAL TABLET,CHEWABLE 12 MCG (***multivitamin with minerals/folic acid***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRUM CHEWABLES ORAL TABLET,CHEWABLE 8 MG-400 MCG- 80 MCG (***multivitamin with minerals/iron,carbonyl/folic acid/vit k1***)	Tier 3	
CENTRUM MINIS MEN 50 PLUS ORAL TABLET 150-30-300-150 MCG (***multivitamin-mineral/folic acid/phytonadione/lycopene/lutein***)	Tier 3	
CENTRUM MINIS WOMEN 50 PLUS ORAL TABLET 4 MG IRON-200 MCG-25 MCG (***multivitamin with minerals/iron/folic acid/vitamin k/lutein***)	Tier 3	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML (***multivitamin with minerals/ferrous gluconate***)	Tier 1	
CENTRUM SILVER 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 3	
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 3	
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (***multivitamin with minerals/folic acid***)	Tier 1	
DAYAVITE ORAL TABLET 1-75-10 MG (***multivitamin with minerals no.90/folic acid/ala/coq10***)	Tier 3	
DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG (***multivitamin-minerals no.73/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG (***multivitamin with minerals no.89/ferrous fumarate/folic acid***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG (***multivitamin with minerals no.89/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX MULTITAM ORAL TABLET 1,000 MCG (***multivitamin with minerals no.86/folic acid***)	Tier 3	
DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON-500 MCG (***multivitamin with minerals no.89/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON-1 MG (***multivitamin with minerals no.86/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX VENEXA ORAL TABLET 1,000 MCG (***multivitamin with minerals no.86/folic acid***)	Tier 3	
DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.86/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX VENTRIXYL ORAL TABLET 1,000 MCG (***multivitamin with minerals no.86/folic acid***)	Tier 3	
DERMACINRX VITRAMYN ORAL TABLET 1,000 MCG (***multivitamin with minerals no.86/folic acid***)	Tier 3	
DERMACINRX VITRANOL FE ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.86/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX VITRANOL ORAL TABLET 1,000 MCG (***multivitamin with minerals no.86/folic acid***)	Tier 3	
DERMACINRX VITREXATE FE ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.86/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX VITREXATE ORAL TABLET 1,000 MCG (***multivitamin with minerals no.86/folic acid***)	Tier 3	
DERMACINRX ZINTREXYL-C ORAL TABLET 9 MG IRON-500 MCG (***multivitamin with minerals no.89/ferrous fumarate/folic acid***)	Tier 3	
DIABETIC MULTIVITAMIN ORAL TABLET,CHEWABLE 120 MCG (***multivitamin with minerals/folic acid***)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROVEN MENOPAUSE ORAL TABLET 400 MCG-40 MG- 40 MG-100 MG (***multivitamin, min/folic acid/black cohosh/isoflavones/jujube***)	Tier 3	
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	
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 3	
FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE (***multivit with min 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 3	
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 3	
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (***multivit with minerals no.82/folic acid/vit k1/ubidecarenone***)	Tier 3	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG (***multivitamin with minerals/folic acid/biotin***)	Tier 3	
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	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 9 MG IRON-400 MCG (***multivits with calcium and minerals/iron fumarate/folic acid***)	Tier 1	
IMMUNERX ORAL CAPSULE 250 MCG (***multivitamin with minerals no.88/folic acid***)	Tier 3	
KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE (***multivit with min no.83/iron bis-glycinate/folate no.10***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) (***multivitamin with minerals/ferrous gluconate***)	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	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (***multivitamin with minerals/folic acid***)	Tier 1	
MEN'S ONE DAILY ORAL TABLET 400-20-300 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 3	
multivit with min-folic acid oral tablet,chewable 120 mcg	Tier 1	
multivit,calc,min-fa-k1-lycop oral tablet 240 mcg-30 mcg- 300 mcg	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	
multivit-min-ferrous fumarate oral tablet 15 mg iron	Tier 3	
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 3	
NEOVITE ORAL TABLET 1-100-1 MG (***multivit-minerals no.67/folic acid/alpha lipoic acid/lutein***)	Tier 3	
NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG (***levomefolate calc/niacinamide/copper/zinc/selenium/chromium***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUMAQULA VITAMIN ORAL TABLET 333 MCG-3 MG-0.67 MG (***multivitamin with minerals/folic acid/lutein/zeaxanthin***)	Tier 3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	Tier 3	
ONE A DAY MEN COMPLETE ORAL TABLET 240-25-300 MCG (***multivitamin,calcium,minerals/folic acid/vitamin d3/lycopene***)	Tier 3	
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG (***multivitamin with minerals/folic acid***)	Tier 3	
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 MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON (***multivitamin/ferrous sulfate***)	Tier 3	
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	
ONE-A-DAY MEN'S 50 PLUS ORAL TABLET 400-370 MCG (***multivitamin with minerals/folic acid/lycopene***)	Tier 3	
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG (***multivitamin,calcium,minerals/folic acid/vitamin k1/lycopene***)	Tier 3	
ONE-A-DAY TRIPLE IMMUNE SUPPRT ORAL TABLET 400-370 MCG (***multivitamin with minerals/folic acid/lycopene***)	Tier 3	
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (***multivitamin with minerals/folic acid***)	Tier 3	
ONE-A-DAY WOMEN'S 50 PLUS ORAL TABLET 400-20 MCG (***multivitamin,calcium,minerals/folic acid/phytonadione(vit k)***)	Tier 3	
ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG IRON- 400 MCG (***multivitamin with minerals/ferrous fumarate/folic acid***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG (***multivitamin-minerals/folic acid/co q10/lycopene/lutein***)	Tier 1	
OPTIFAST ORAL TABLET,CHEWABLE 120-30 MCG (***multivitamin,calcium,minerals/folic acid/phytonadione(vit k)***)	Tier 3	
PHLEXY-VITS ORAL POWDER IN PACKET 15 MG- 700 MCG (***multivitamin with minerals/ferrous sulfate/folic acid***)	Tier 3	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	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 3	
PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (***multivit with min 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 3	
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	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (***multivitamin/ferrous sulfate/folic acid***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (***vit c/vit e/zinc/copper/selen/lutein/zeaxanthin/glutathione***)	Tier 3	
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 3	
VITREXYL PLUS IRON ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.86/ferrous fumarate/folic acid***)	Tier 3	
WELLFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (***multivit with min 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 MULTIVITAMIN COLLAGEN ORAL TABLET,CHEWABLE 200 MCG- 25 MG (***multivitamin with minerals/folic acid/collagen, hydrolyzed***)	Tier 3	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG (***multivitamin with minerals/folic acid***)	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (***multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha***)	Tier 1	
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 3	
CENTRUM 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
CENTRUM WOMEN 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-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (***multivitamin with folic acid***)	Tier 1	
DERMACINRX DAVIMET ORAL TABLET,CHEWABLE 1,000 MCG (***multivitamin combination no.58/folic acid***)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
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 3	
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	
INFUVITE ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML (***multivitamin infusion adult no.4,vit k,component vial 1 of 2***)	Tier 3	
INFUVITE ADULT (VIAL 2) INTRAVENOUS SOLUTION 600 MCG-60 MCG- 5 MCG/5 ML (***multivitamin infusion adult no.4,vit k,component vial 2 of 2***)	Tier 3	
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML (***multivitamin infusion, adult no.4 with vitamin k***)	Tier 3	
M.V.I. ADULT (VIAL 1) INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/5 ML (***multivitamin infusion adult no.1,vit k,component vial 1 of 2***)	Tier 3	
M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION 3,300 UNIT-200 UNIT/10 ML (***multivitamin infusion, adult no.2 without vitamin k***)	Tier 3	
multivitamin oral tablet	Tier 1	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG (***multivitamin comb no.42/iron,carbonyl/levomefolate/dha***)	Tier 3	
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 DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (***multivitamin no.45/iron fumarate/folate comb no.6/dha***)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (***multivitamin no.46/iron fumarate/folate comb. no.6/dha***)	Tier 3	
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	
WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (***multivitamin combination no.47/ferrous fum/folate no.1/dha***)	Tier 1	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs for Nutrition		
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (***inf form, glutaric aciduria i***)	Tier 3	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (***nutritional therapy, glutaric aciduria type 1***)	Tier 3	
Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs for Nutrition		
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (***infant formula,spec. metabolic,isovaleric acidemia with iron***)	Tier 3	
I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (***nutritional therapy for isovaleric acidemia with iron***)	Tier 3	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***)	Tier 6	PA
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (***medium chain triglycerides***)	Tier 3	
medium chain triglycerides oral oil 14 gram-130 kcal/15 ml	Tier 1	
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 6	PA
ribose oral powder 10 kcal /2 gram (scoop)	Tier 1	
Nutritional Product - Methionine-Free Specific Formulation - Drugs for Nutrition		
HCU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (***nutritional therapy, metabolic disorder, methionine-free***)	Tier 1	
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL (***infant formula, special metabolic, iron, methionine-free***)	Tier 3	
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (***nutritional therapy, metabolic disorder, methionine-free***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - MSUD Specific Formulation - Drugs for Nutrition		
KETONEX-1 ORAL POWDER 15-480 G-KCAL (***infant formula with iron,spec.metabolic,maple syrup urine dx***)	Tier 3	
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (***nutritional therapy for msud with iron***)	Tier 3	
VILACTIN AA PLUS 15 PE ORAL POWDER IN PACKET 37.6 GRAM-375 KCAL/100 GRAM (***nutritional therapy for msud with iron***)	Tier 3	
Nutritional Product - Nutritional Therapy - Drugs for Nutrition		
ALFAMINO JUNIOR ORAL POWDER 14 GRAM-480 KCAL/100 GRAM (***nutritional therapy for impaired digestive function***)	Tier 3	
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (***nutritional tx. glucose intolerance,lactose-free,soy/fiber***)	Tier 3	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (***nutritional therapy for impaired digestive function***)	Tier 3	
ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM-KCAL/ML (***nutritional therapy, compromised immune system, regular***)	Tier 3	
ENSURE SURGERY PERIOP BUNDLE ORAL LIQUID 0.08 GRAM- 1.4 KCAL/ML (***nut.tx.compromised immune system, reg-maltodextrin-fructose***)	Tier 3	
GLUCERNA HUNGER SMART ORAL LIQUID (***nutritional therapy, glucose intolerance,lactose-free,soy***)	Tier 3	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (***nutritional therapy, glucose intolerance,soy***)	Tier 3	
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (***inf form, glutaric aciduria i***)	Tier 3	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (***nutritional therapy, glutaric aciduria type 1***)	Tier 3	
IMPACT ADVANCED RECOVERY ORAL LIQUID 0.1 GRAM-1.12 KCAL/ML (***nutritional therapy, compromised immune system, regular***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICLEANSE GHI ORAL POWDER IN PACKET 26 GRAM-210 KCAL/53 GRAM (***nutritional therapy for impaired digestive function***)	Tier 3	
PEPTAMEN JUNIOR PHGG ORAL LIQUID 0.036 GRAM-1.2 KCAL/ML (***nutritional therapy for impaired digestive function***)	Tier 3	
PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM (***nutritional supplement***)	Tier 3	
RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (***nutritional therapy, impaired renal function***)	Tier 3	
RESTORE FUSION RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (***nutritional therapy, impaired renal function,lactose-free***)	Tier 3	
RESTORE RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (***nutritional therapy, impaired renal function,lactose-free***)	Tier 3	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (***nutritional therapy, impaired renal function,lactose-reduced***)	Tier 3	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (***nut.tx.impaired digest fxn/fiber***)	Tier 3	
Nutritional Product - Parenteral and other Amino Acids - Drugs for Nutrition		
AMINOPROTECT INTRAVENOUS SOLUTION 25-25 MG/ML (***arginine hcl/lysine hcl in sterile water for injection***)	Tier 3	
arginine-lysine in 0.9 % nacl intravenous solution 25-25 mg/ml	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 3	
NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku), no.38***)	Tier 3	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (***infant formula for pku, iron, no.2***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (***nutritional therapy for phenylketonuria (pku) with iron no.1***)	Tier 3	
Nutritional Product - Propionic Acidemia Specific Formulation - Drugs for Nutrition		
PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G (***infant formula,spec. metabolic, propionic acidemia,with iron***)	Tier 3	
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (***nutritional therapy for propionic acidemia with iron***)	Tier 3	
Nutritional Product - Protein Replacements - Drugs for Nutrition		
GI PROTECT ORAL POWDER 2 GRAM-25 KCAL /SCOOP (***whey protein concentrate***)	Tier 3	
IGG PURE ORAL POWDER 8 GRAM-40 KCAL /SCOOP (***whey protein concentrate***)	Tier 3	
NEW ZEALAND WHEY PROTEIN ORAL POWDER 15 GRAM-70 KCAL/16.9 GRAM (***whey protein isolate***)	Tier 3	
PROCEL SINGLES ORAL POWDER IN PACKET 5 GRAM-26 KCAL (***whey protein concentrate***)	Tier 3	
whey protein, conc-isolate oral powder 30 gram- 170 kcal/scoop, 30 gram- 180 kcal/scoop	Tier 1	
Nutritional Product - Tyrosinemia Specific Formulation - Drugs for Nutrition		
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL (***infant formula, special metabolic, tyrosinemia, with iron***)	Tier 3	
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (***nutritional therapy for tyrosinemia with iron***)	Tier 3	
Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs for Nutrition		
CYCLINEX-1 ORAL POWDER 7.5-510 G-KCAL/100 G (***infant formula, special metabolic, urea cycle disorder***)	Tier 3	
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (***nutritional therapy, urea cycle disorder***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Parenteral Nutrition - Amino Acid and Dextrose Combinations - Drugs for Nutrition		
aa 3.5% no.2 ped-d10w-heparin intravenous parenteral solution 3.5 %-10 %- 125 unit/250 ml	Tier 1	
amino acid 3 % no.2 (ped)-d10w intravenous parenteral solution 3-10 %	Tier 1	
amino acid 3.5% no.2(ped)-d10w intravenous parenteral solution 3.5-10 %	Tier 1	
amino acid 4 % no.2 (ped)-d10w intravenous parenteral solution 4-10 %	Tier 1	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/dextrose 15 % in water***)	Tier 3	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acids 4.25 %/dextrose 10 % in water***)	Tier 3	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acids 4.25 % in dextrose 5 % in water***)	Tier 3	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/dextrose 20 % in water***)	Tier 3	
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 % (***amino acid 6 % in dextrose 5 % water***)	Tier 3	
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 % (***amino acids 8 % in dextrose 10% water***)	Tier 3	
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 % (***amino acids 8 % in dextrose 14% water***)	Tier 3	
Parenteral Nutrition - Amino Acid Solutions - Drugs for Nutrition		
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (***parenteral amino acid 10 % combination no.1***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (***parenteral amino acid 15 % combination no.2***)	Tier 3	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 % (***amino acids 7 %***)	Tier 3	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (***parenteral amino acid 10% combination no.5 (pediatric)***)	Tier 3	
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 % (***parenteral amino acid 7 % combination no.1 (pediatric)***)	Tier 3	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (***parenteral amino acid 15% combination no.5***)	Tier 3	
ELCYS INTRAVENOUS SOLUTION 50 MG/ML (***cysteine hcl***)	Tier 6	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % (***parenteral amino acid 15% combination no.6***)	Tier 3	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (***parenteral amino acid 10% combination no.7***)	Tier 3	
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION (***parenteral amino acid 20 % combination no.1***)	Tier 3	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (***parenteral amino acid 10 % combination no.6***)	Tier 3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (***amino acids 10 %***)	Tier 3	
Parenteral Nutrition - Amino Acid, Dextrose, E-Lytes and Fat Emul Comb - Drugs for Nutrition		
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 % (***amino acid 3.31 % no.1/d9.8w/fat emulsions/electrolyte no.10***)	Tier 3	
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 % (***amino acid 2.36 % no.1/d6.8w/fat emulsions/electrolytes no.9***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Parenteral Nutrition - Intravenous Fat Emulsions - Drugs for Nutrition		
CLINOLIPID INTRAVENOUS EMULSION 20 % (***fat emulsions/olive oil/soybean oil/phospholipids,egg***)	Tier 3	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (***fat emulsions***)	Tier 3	
NUTRILIPID INTRAVENOUS EMULSION 20 % (***fat emulsions***)	Tier 3	
OMEGAVEN INTRAVENOUS EMULSION 10 % (***fatty acids combo. no.6/fish oil/glycerin/phospholipids, egg***)	Tier 3	
SMOFLIPID INTRAVENOUS EMULSION 20 % (***fat emulsions/soybean oil/med chain trigl/olive oil/fish oil***)	Tier 1	
Parenteral Nutrition-Amino Acid, Dextrose and Electrolytes Combination - Drugs for Nutrition		
aa 2 % no1 ped-d10-calcium-hep intravenous parenteral solution 2 %-10 %- 2.33 meq/250 ml, 2 %-10 %- 3.75 meq/250 ml	Tier 1	
aa 3% no.2 ped-d10-calcium-hep intravenous parenteral solution 3 %-10 %- 2.33 meq/250 ml, 3 %-10 %- 3.75 meq/250 ml	Tier 1	
aa 4% no2 ped-d10w-calcium-hep intravenous parenteral solution 4 %-10 %- 3.75 meq/250 ml	Tier 1	
aa 6% no.1 ped-d10-calcium-hep intravenous parenteral solution 6 %-10 %- 3.75 meq/250 ml	Tier 1	
aa2.5%no.2 ped-d10-calcium-hep intravenous parenteral solution 2.5 %-10 %- 3.75 meq/250 ml	Tier 1	
aa3.5% no2 ped-d10-calcium-hep intravenous parenteral solution 3.5 %-10 %- 2.33 meq/250 ml, 3.5 %-10 %- 3.75 meq/250 ml	Tier 1	
aas3%no.2ped-d5w-calc gluc-hep intravenous parenteral solution 3 %-5 %- 2.33 meq/250 ml, 3 %-5 %-3.75 meq/250 ml	Tier 1	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % (***amino acids 2.75 %/calcium/electrolyte-tpn soln/d5w***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%***)	Tier 3	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acid 4.25 % comb no.1/dextrose 5 %/electrolytes no.39***)	Tier 3	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/dextrose 15 %/electrolytes***)	Tier 3	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %***)	Tier 3	
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 % (***amino acid 8 % comb no.3/d10w/parenteral electrolytes no.37***)	Tier 3	
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 % (***amino acid 8 % comb no.3/d14w/parenteral electrolytes no.37***)	Tier 3	
Pediatric Vitamins - Drugs for Nutrition		
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (***pediatric multivitamin no.42***)	Tier 1	
GUMMY DINOS ORAL TABLET,CHEWABLE (***pediatric multivitamin no.76***)	Tier 1	
INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (***pediatric multivitamin no.212***)	Tier 1	
INFUVITE PEDIATRIC (VIAL 1) INTRAVENOUS SOLUTION 400 UNIT-200 MCG/4 ML (***multivitamin infusion,pedi no.1,vit k,component vial 1 of 2***)	Tier 3	
INFUVITE PEDIATRIC (VIAL 2) INTRAVENOUS SOLUTION 140-20-1 MCG/ML (***multivitamin infusion,pedi no.1,vit k,component vial 2 of 2***)	Tier 3	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML (***multivitamin infusion, pediatric no.1 with vitamin k***)	Tier 3	
pediatric multivitamin no.171 oral drops 750 unit-35 mg-400 unit/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml	Tier 1	
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 3	
ALIVE PREMIUM KIDS ORAL TABLET,CHEWABLE 66.5 MG (***pediatric multivitamin no.204/herbal complex no.293***)	Tier 3	
CHILDREN'S MULTIVIT (W LUTEIN) ORAL TABLET,CHEWABLE 50 MCG (***pediatric multivitamin no.233/lutein***)	Tier 1	
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 3	
CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET,CHEWABLE 500 MILLION CELL (***pediatric multivitamin no.210/bacillus subtilis/lutein***)	Tier 3	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON (***pediatric multivitamin no.227/ferrous sulfate***)	Tier 3	
FLINTSTONES WITH EXTRA IRON ORAL TABLET,CHEWABLE 18 MG IRON (***pediatric multivitamin no.226/ferrous sulfate***)	Tier 3	
GENADEK ORAL DROPS 19 MCG-500 MCG /ML (***pediatric multivitamin no.196/vitamin d3/vit k1***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HI-D DROP ORAL DROPS 76-1,000 MCG/ML (***pediatric multivitamin no.216/vitamin d3/vit k1***)	Tier 3	
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 3	
KIDS MULTI ZERO ORAL TABLET,CHEWABLE (***pediatric multivitamin no.229***)	Tier 1	
pedi multivit no.194-iron sulf oral drops 10 mg iron/ml	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 3	
Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition		
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 3	
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 3	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG/ML (***pediatric multivitamin no.213 with sodium fluoride***)	Tier 3	
POLY-VI-FLOR GUMMY (ARCOFOLIN) ORAL TABLET,CHEWABLE 0.5 MG (***pediatric multivitamin no.217 with sodium fluoride***)	Tier 3	
POLY-VI-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (***pediatric multivitamin no.219 with sodium fluoride***)	Tier 3	

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 3	
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 sod edta,ps cplex/folic acid/omega3***)	Tier 1	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3***)	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate combo no.6/dha***)	Tier 3	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
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 3	
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 vitamin no.52/iron/folic acid/omega-3/dha***)	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.170/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.170/ferrous fumarate/folic acid***)	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.170/ferrous fumarate/folic acid***)	Tier 3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG (***prenatal vits no.117/sod feredet.-iron ps/folic/om3/dha/epa***)	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (***prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s***)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (***prenatal vits with calcium no.65/iron polysacchar/folic acid***)	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (***prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid***)	Tier 3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG (***prenatal vitamins no.175/ferrous fumarate/folic acid***)	Tier 3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***)	Tier 3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (***prenatal vit no.175/iron fum/folic acid/dha/schiz. algal oil***)	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG (***prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa***)	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (***prenatal vits with calcium no.87/iron bisgly/folic acid/dha***)	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (***prenatal vitamin no.86/iron bis-glycinate/folic acid***)	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (***prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid***)	Tier 3	
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 3	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha***)	Tier 3	
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***)	Tier 3	
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 vit 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 3	
PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (***prenatal vitamins combination no.42/folic acid***)	Tier 1	
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (***prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha***)	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (***prenatal vits no.105/iron amino acid chelate/folic acid/dha***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
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 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 3	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	Tier 1	
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 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	Tier 1	
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 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	Tier 1	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (***prenatal vitamins no.36/ferrous fumarate/folate comb. no.6***)	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/iron fumarate,polysac complex/folic acid***)	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (***prenatal vitamins no.66/iron,carbonyl/folic acid/dha***)	Tier 1	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vit 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 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamin no.13/iron polysaccharides/folate comb no.1***)	Tier 1	
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 3	
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	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	Tier 3	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	Tier 1	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/dha***)	Tier 3	
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 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa***)	Tier 1	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG (***prenatal vitamins no.75/ferrous fumarate/folate comb. no.1***)	Tier 1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha***)	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG (***prenatal vits with calcium no.10/ferrous fumarate/folic acid***)	Tier 3	
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 3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (***prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha***)	Tier 3	
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 vitamin no.52/iron/folic acid/omega-3/dha***)	Tier 3	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (***prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3***)	Tier 1	

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	
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
MULTI-MAC ORAL TABLET 15 MG IRON- 1,750 MCG DFE (***prenatal vitamin no.181/ferrous fumarate/folate***)	Tier 3	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (***prenatal vitamins no.164/ferrous gluconate/folate combo no.6***)	Tier 1	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (***prenatal vitamins no.167/folic acid/docosahexaenoic acid***)	Tier 3	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.178/folic acid/omega3/dha/epa/fish oil***)	Tier 1	
Ringer's and Lactated Ringer's Solutions - Drugs for Nutrition		
lactated ringers intravenous parenteral solution	Tier 3	
ringer's intravenous parenteral solution	Tier 1	
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % (flush) injection syringe	Tier 1	
sodium chloride 0.9 % (flush) injection syringe, with swab cap	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sodium Chloride Solutions, Concentrated - Drugs for Nutrition		
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	Tier 1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	Tier 1	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	Tier 1	
sodium chloride oral solution 234 mg/ml (4 meq/ml)	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
sodium chloride 0.325 % intravenous syringe 0.325 %	Tier 1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 % intravenous piggyback	Tier 1	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	Tier 1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	Tier 1	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	Tier 1	
Sterile Water for Injection - Drugs for Nutrition		
water for injection, sterile intravenous parenteral solution	Tier 1	
Vitamin C Combinations - Drugs for Nutrition		
EMERGEN-C ELDERBERRY ORAL TABLET,CHEWABLE 133.3-16.7 MG (***ascorbic acid/multivit with minerals/elderberry fruit***)	Tier 3	
SAMBUCUS ELDERBERRY VITAMIN C ORAL LOZENGE 250-12.5 MG (***ascorbic acid/ascorbate sodium/elderberry fruit***)	Tier 3	
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (***ascorbic acid/multivit with minerals***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN C POWDER BLEND 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 3	
DERMACINRX DOTREMIN ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (***cholecalciferol (vit d3)/folic acid***)	Tier 3	
DERMACINRX FOLDITAM ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (***cholecalciferol (vit d3)/folic acid***)	Tier 3	
DERMACINRX FOLIXAPURE ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (***cholecalciferol (vit d3)/folic acid***)	Tier 3	
DERMACINRX FOLTAMIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (***cholecalciferol (vit d3)/folic acid***)	Tier 3	
DERMACINRX FOLTREXYL ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (***cholecalciferol (vit d3)/folic acid***)	Tier 3	
DERMACINRX PUREFOLTIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (***cholecalciferol (vit d3)/folic acid***)	Tier 3	
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 3	
Vitamin E Combinations - Drugs for Nutrition		
FAMIL-E ORAL CAPSULE 41-250-38 MG (***vitamin e/vitamin e mixed/tocotrienol***)	Tier 3	
XCELLENT E ORAL CAPSULE 33.5-125-25 MG (***vitamin e/vitamin e mixed/tocotrienol***)	Tier 3	
Vitamins - A - Drugs for Nutrition		
A-25 (VIT A PALMITATE) ORAL CAPSULE 7,500 MCG (25,000 UNIT) (***vitamin a palmitate***)	Tier 1	
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML (***vitamin a palmitate***)	Tier 3	
beta carotene oral capsule 7,500 mcg (25,000 unit)	Tier 1	
vitamin a oral capsule 3,000 mcg (10,000 unit)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B Preparation Combinations - Drugs for Nutrition		
b12-methyltetrahydrofolate-b6 oral tablet,chewable 1,000mcg-680mcg dfe-1.5 mg, 5,000 mcg-1,360 mcg dfe-2.5 mg	Tier 1	
B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG (***thiamine hcl/riboflavin/niacinamide/cyanocobalamin/papain***)	Tier 3	
cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml	Tier 3	
METHYL PROTECT ORAL CAPSULE 1,000 MCG-3,400 MCG DFE-10 MG (***mecobalamin/folate no.11/pyridoxal/vit b2/betaine***)	Tier 3	
NUFOLA ORAL CAPSULE 25 MG-3,500 MCG DFE-1 MG-300 MG (***pyridoxal phosphate/levomefolate calcium/mecobalamin/ala***)	Tier 3	
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		
benfotiamine oral capsule 150 mg	Tier 1	
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	
thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg	Tier 1	
thiamine mononitrate (vit b1) oral tablet 100 mg	Tier 1	
Vitamins - B-12 and Folic Acid Combinations - Drugs for Nutrition		
CELEBRATE B-12 QUICK-MELT ORAL TABLET,DISINTEGRATING 1,000-200 MCG (***cyanocobalamin/mecobalamin/folic acid***)	Tier 3	
DENOVO PLUS B12 ORAL CAPSULE 25,000 MCG DFE-2,000 MCG (***methyltetrahydrofolate calcium/mecobalamin***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (***mecobalamin/levomefolate calcium/turmeric root extract***)	Tier 3	
me-thfolate glucos-mecobalamin oral tablet,disintegrating 1,000 mcg dfe- 2,500 mcg	Tier 1	
vitamin b12-folic acid oral tablet,disintegrating 2,500-400 mcg	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
ADENO-HYDROXO B12 ORAL TABLET,DISINTEGRATING 2,500 MCG (***hydroxocobalamin acetate/cobamamide***)	Tier 3	
B12 ACTIVE ORAL TABLET,CHEWABLE 1,000 MCG (***mecobalamin***)	Tier 3	
B12 SUBLINGUAL LOZENGE 5,000-100 MCG (***cyanocobalamin/cobamamide***)	Tier 1	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
cyanocobalamin (vitamin b-12) oral liquid 1,000 mcg/15 ml	Tier 1	
cyanocobalamin (vitamin b-12) oral lozenge 2,000 mcg	Tier 1	
cyanocobalamin (vitamin b-12) oral lozenge 500 mcg	Tier 3	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg	Tier 1	
cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg	Tier 1	
cyanocobalamin (vitamin b-12) oral tablet,chewable 500 mcg	Tier 1	
cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg	Tier 3	
cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg	Tier 1	
cyanocobalamin (vitamin b-12) sublingual tablet 3,000 mcg	Tier 1	
cyanocobalamin-cobamamide sublingual tablet 5,000-100 mcg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml	Tier 3	
cyanocobalamin (vitamin b-12) (Dodex Injection Solution 1,000 Mcg/Ml)	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 1	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg	Tier 1	
mecobalamin (vitamin b12) oral lozenge 1,000 mcg	Tier 3	
mecobalamin (vitamin b12) oral tablet,chewable 1,000 mcg	Tier 1	
mecobalamin (vitamin b12) oral tablet,chewable 2,500 mcg, 5,000 mcg, 500 mcg	Tier 1	
mecobalamin (vitamin b12) oral tablet,disintegrating 5,000 mcg	Tier 1	
PHYSICIANS EZ USE B-12 INJECTION KIT 1,000 MCG/ML (***cyanocobalamin (vitamin b-12)***)	Tier 3	
VITAMIN B-12 ORAL TABLET 1,000 MCG (***cyanocobalamin (vitamin b-12)***)	Tier 1	
Vitamins - B-2, Riboflavin and Derivatives - Drugs for Nutrition		
riboflavin (vitamin b2) oral tablet 100 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 3	
niacin oral tablet 100 mg, 500 mg	Tier 1	
niacin oral tablet extended release 500 mg	Tier 1	
niacinamide oral tablet 500 mg	Tier 1	
Vitamins - B-5, Pantothenic Acid and Derivatives - Drugs for Nutrition		
calcium pantothenate oral capsule 500 mg	Tier 1	
pantethine oral capsule 450 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
pyridoxine (vitamin b6) injection solution 100 mg/ml	Tier 1	
pyridoxine (vitamin b6) oral liquid 100 mg/2.5 ml	Tier 3	
pyridoxine (vitamin b6) oral tablet 100 mg	Tier 1	
Vitamins - Bioflavonoids - Drugs for Nutrition		
quercetin oral capsule 500 mg	Tier 3	
Vitamins - Biotin - Drugs for Nutrition		
biotin oral capsule 10,000 mcg, 5 mg	Tier 1	
biotin oral tablet 1 mg	Tier 3	
biotin oral tablet 10 mg	Tier 1	
biotin oral tablet,chewable 2,500 mcg	Tier 1	
biotin oral tablet,chewable 5,000 mcg	Tier 1	
biotin oral tablet,disintegrating 10,000 mcg, 5,000 mcg	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	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (***ascorbic acid***)	Tier 3	
ascorbic acid (vitamin c) injection solution 500 mg/ml	Tier 1	
ascorbic acid (vitamin c) oral capsule 1,000 mg	Tier 1	
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 3	
ascorbic acid-ascorbate sodium oral tablet,chewable 94 mg	Tier 1	
BUFFERED C POWDER ORAL POWDER IN PACKET 3,000 MG (***ascorbic acid/minerals***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
VITAJOY DAILY C ORAL TABLET,CHEWABLE 125 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 3	
Vitamins - D and K Combinations - Drugs for Nutrition		
DECARA K ORAL CAPSULE 1,250-200 MCG (***cholecalciferol (vit d3)/vitamin k2***)	Tier 3	
DOSOKAP ORAL TABLET 137.5-200 MCG (***cholecalciferol (vit d3)/vitamin k2***)	Tier 3	
K-RIGHT ORAL CAPSULE 50-500-1,500 MCG (***cholecalciferol (vit d3)/vitamin k1/mk4/mk7***)	Tier 3	
vitamin d3-vitamin k2 oral capsule 125-90 mcg, 250 mcg (10,000 unit)-45 mcg	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol intravenous solution 1 mcg/ml	Tier 1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
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)	Tier 1	
cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)	Tier 1	
cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml), 25 mcg/drop (1000 unit/drop)	Tier 1	
cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)	Tier 1	
cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholecalciferol (vitamin d3) oral tablet,chewable 25 mcg (1,000 unit)	Tier 1	
cholecalciferol (vitamin d3) oral tablet,chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)	Tier 3	
cholecalciferol (vitamin d3) oral tablet,disintegrating 125 mcg (5,000 unit)	Tier 3	
cholecalciferol (vitamin d3) oral tablet,disintegrating 50 mcg (2,000 unit)	Tier 1	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) (***cholecalciferol (vitamin d3)***)	Tier 1	
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML) (***cholecalciferol (vitamin d3)***)	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	Tier 1	
OSTEO-VIT3 ORAL DROPS 1,250 MCG/3 ML (***cholecalciferol (vitamin d3)***)	Tier 3	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) (***cholecalciferol (vitamin d3)***)	Tier 1	
ergocalciferol (vitamin d2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (***cholecalciferol (vitamin d3)***)	Tier 1	
Vitamins - E - Drugs for Nutrition		
vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)	Tier 1	
vitamin e (dl, acetate) oral capsule 90 mg (200 unit)	Tier 1	
vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml	Tier 1	
vitamin e acetate (bulk) liquid 125 unit/ml	Tier 3	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (***folic acid/thiamine/riboflavin/niacin/pyridoxine/b12/c/zinc***)	Tier 3	
methyltetrahydrofolate glucos oral capsule 1,700 mcg dfe, 680 mcg dfe, 8,500 mcg dfe	Tier 1	
Vitamins - Folic Acid Combinations - Drugs for Nutrition		
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	
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
K1-1000 ORAL CAPSULE 1,000 MCG (***phytonadione (vit k1)***)	Tier 3	
MK-7 ORAL CAPSULE 180 MCG, 90 MCG (***vitamin k2***)	Tier 3	
phytonadione (vitamin k1) injection solution 1 mg/0.5 ml, 10 mg/ml	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***)	Tier 1	
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	
vitamin k2 (mk-4) oral tablet 100 mcg	Tier 3	
vitamin k2 oral capsule 100 mcg, 45 mcg	Tier 1	
vitamin k2 oral drops 90 mcg/0.5 ml	Tier 3	
Endocrine		
Antidiabetic - CD3 Directed Monoclonal Antibody		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (***teplizumab-mzwv***)	Tier 6	PA; DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors		
INPEFA ORAL TABLET 200 MG (***sotagliflozin***)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (***fezolinetant***)	Tier 3	PA
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
carboprost tromethamine intramuscular solution 250 mcg/ml	Tier 1	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (***carboprost tromethamine***)	Tier 6	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (***mifepristone***)	Tier 3	
mifepristone oral tablet 200 mg	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (***osilodrostat phosphate***)	Tier 6	PA
RECORLEV ORAL TABLET 150 MG (***levoketoconazole***)	Tier 6	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 6	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	Tier 3	DD; ST: Requires prior prescription for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	Tier 1	DD
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (***glucagon hcl***)	Tier 1	DD; QL (4 EA per 1 FILL)
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	DD; QL (4 EA per 1 FILL)
glucagon hcl injection recon soln 1 mg	Tier 1	DD; QL (4 EA per 1 FILL)
glucose oral tablet,chewable 2 gram	Tier 1	DD
glucose oral tablet,chewable 4 gram	Tier 1	DD
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
SWEET CHEEKS ORAL GEL IN SYRINGE 1.2 GRAM /3 ML (40 %) (***dextrose***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (***dasiglucagon hcl***)	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (***dasiglucagon hcl***)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	Tier 6	PA
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***)	Tier 6	PA
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (***inotersen sodium***)	Tier 6	PA
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***vutrisiran sodium***)	Tier 6	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (***patisiran sodium, lipid complex***)	Tier 6	PA
Androgen - Single Agents - Drugs for Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (***testosterone***)	Tier 3	PA
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (***testosterone undecanoate***)	Tier 3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (***testosterone undecanoate***)	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (***testosterone undecanoate***)	Tier 3	PA
METHITEST ORAL TABLET 10 MG (***methyltestosterone***)	Tier 3	PA
methyltestosterone oral capsule 10 mg	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (***testosterone***)	Tier 3	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (***testosterone cypionate***)	Tier 3	
TESTOPEL IMPLANT PELLET 75 MG (***testosterone***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA
testosterone implant pellet 100 mg, 200 mg, 50 mg	Tier 1	
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	PA
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 %)	Tier 1	PA
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)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***)	Tier 3	PA
Antidiuretic and Vasopressor Hormones - Hormones		
desmopressin injection solution 4 mcg/ml	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (***desmopressin acetate***)	Tier 3	QL (3.8 GM per 30 days)
TERLIVAZ INTRAVENOUS RECON SOLN 0.85 MG (***terlipressin acetate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vasopressin in 0.9 % sod chlor intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)	Tier 1	
vasopressin in 0.9 % sod chlor intravenous syringe 2 unit/2 ml (1 unit/ml)	Tier 1	
vasopressin in dextrose 5 % intravenous solution 20 unit/100 ml (0.2 unit/ml), 50 unit/50 ml (1 unit/ml)	Tier 1	
vasopressin in dextrose 5 % intravenous syringe 5 unit/5 ml (1 unit/ml)	Tier 1	
vasopressin intravenous solution 20 unit/ml	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML (***vasopressin***)	Tier 3	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (***pramlintide acetate***)	Tier 2	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (***pramlintide acetate***)	Tier 2	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	Tier 2	DD; QL (1 EA per 1 day)
ONGLYZA ORAL TABLET 2.5 MG (***saxagliptin hcl***)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
saxagliptin oral tablet 2.5 mg, 5 mg	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***)	Tier 3	DD; ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER 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 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (0.5 ML per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (***exenatide***)	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (1.2 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC 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 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (1 EA per 1 day)
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	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (9 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (9 ML per 30 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (***mifepristone***)	Tier 5	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	DD
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	DD
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 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
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 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***dapagliflozin propanediol/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
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	DD; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin propanediol/saxagliptin hcl***)	Tier 3	DD; ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin pidolate/sitagliptin phosphate***)	Tier 3	DD; ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (***bexagliflozin***)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	Tier 2	DD; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	Tier 2	DD; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin pidolate***)	Tier 3	DD; ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	DD
glipizide oral tablet 10 mg, 5 mg	Tier 1	DD
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	DD
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	DD; 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		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	DD; 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		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin/metformin hcl***)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (***linagliptin/metformin hcl***)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (***linagliptin/metformin hcl***)	Tier 3	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 1	DD; ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
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	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***)	Tier 2	DD; QL (15 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 25-5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) (***romosozumab-aqqg***)	Tier 6	PA
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 6	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 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (***teriparatide***)	Tier 5	PA
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	Tier 6	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	
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
alendronate oral solution 70 mg/75 ml	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
ibandronate intravenous solution 3 mg/3 ml	Tier 1	ST: Requires prior prescription for Alendronate Sodium, Binosto, Fosamax Plus D, Ibandronate Sodium, Risedronate Sodium within the past 120 days
ibandronate intravenous syringe 3 mg/3 ml	Tier 1	ST: Requires prior prescription for Alendronate Sodium, Binosto, Fosamax Plus D, Ibandronate Sodium, Risedronate Sodium within the past 120 days
ibandronate oral tablet 150 mg	Tier 1	
pamidronate intravenous recon soln 30 mg, 90 mg	Tier 1	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risedronate oral tablet 150 mg	Tier 1	ST: Requires prior prescriptions for 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 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 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 Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
zoledronic acid intravenous recon soln 4 mg	Tier 1	
zoledronic acid intravenous solution 4 mg/5 ml	Tier 1	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml, 5 mg/100 ml	Tier 1	
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml	Tier 1	
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 4	QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (***etelcalcetide hydrochloride***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcitonins - Drugs for Menopause and Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
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 3	
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	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs for Women		
estradiol/norethindrone acetate (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***)	Tier 3	ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (***estradiol/levonorgestrel***)	Tier 3	QL (1 EA per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate-ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
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		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	Tier 3	
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)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (***estradiol***)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
estradiol implant pellet 10 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 6 mg	Tier 1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
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%)	Tier 1	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	QL (30 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	QL (37.5 GM per 30 days)
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	Tier 1	QL (2 EA per 7 days)
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 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (***estradiol***)	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***)	Tier 3	ST: Requires prior prescription for Alora or Estradiol 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 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	Tier 3	QL (1 EA per 7 days)
PREMARIN INJECTION RECON SOLN 25 MG (***estrogens, conjugated***)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	Tier 2	
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***)	Tier 3	
betamethasone acet,sod phos injection suspension 6 mg/ml	Tier 1	
Glucocorticoid-Anesthetic Combinations - Drugs for Inflammation		
bupivacaine-dexameth in water injection syringe 112.5-3 mg/30 ml	Tier 1	
LIDOCIDEX-I INJECTION SOLUTION 5-10 MG/1.5 ML (***dexamethasone sodium phosphate/lidocaine hcl***)	Tier 3	
LIDOCILONE I INJECTION SUSPENSION 20-20 MG/4 ML (***triamcinolone acetonide/lidocaine hcl***)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
ACTIVE INJECTION KIT D (PF) INJECTION KIT 10 MG/ML (***dexamethasone sodium phosphate/pf***)	Tier 3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***)	Tier 6	PA
betamethasone sod phosph-water injection solution 6 mg/ml	Tier 1	
cortisone oral tablet 25 mg	Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML (***methylprednisolone acetate***)	Tier 3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***)	Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	Tier 1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	Tier 1	
dexamethasone sodium phosphate injection syringe 4 mg/ml	Tier 1	
dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml, 20 mg/50 ml	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (***dexamethasone sodium phosphate***)	Tier 3	
DOUBLEDEX (PF) INJECTION KIT 10 MG/ML (***dexamethasone sodium phosphate/pf***)	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***)	Tier 6	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (***deflazacort***)	Tier 6	PA
HEXATRIONE INJECTION SUSPENSION 20 MG/ML (***triamcinolone hexacetonide***)	Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
KENALOG INJECTION SUSPENSION 10 MG/ML (***triamcinolone acetonide***)	Tier 6	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (***triamcinolone acetonide***)	Tier 3	
MAS CARE-PAK (PF) INJECTION KIT 10 MG/ML (***dexamethasone sodium phosphate/pf***)	Tier 3	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	Tier 3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	Tier 1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone oral solution 15 mg/5 ml	Tier 1	
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)	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML (***triamcinolone acetonide***)	Tier 3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML (***triamcinolone acetonide***)	Tier 3	
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 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (***hydrocortisone sodium succinate***)	Tier 3	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML (***methylprednisolone sodium succinate/pf***)	Tier 3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML (***methylprednisolone sodium succinate/pf***)	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM (***methylprednisolone sodium succinate***)	Tier 3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG (***methylprednisolone sodium succinate***)	Tier 6	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***)	Tier 6	PA
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide injection suspension 40 mg/ml	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG (***triamcinolone acetonide***)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	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 5	
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***)	Tier 6	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 6	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	Tier 6	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (***somatropin***)	Tier 6	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (***somatropin***)	Tier 6	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (***somatrogon-ghla***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5	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 6	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 6	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***)	Tier 6	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (***somatropin***)	Tier 6	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***)	Tier 6	PA
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 6	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 6	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (***somatropin***)	Tier 6	PA
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	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 3	DD; ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 3	DD; ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (30 ML per 28 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	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 3	DD; ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 3	DD; ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 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 3	DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	DD; QL (24 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (***insulin regular, human in 0.9 % sodium chloride***)	Tier 3	DD
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 3	DD; ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 3	DD; ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 1	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (40 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Tier 3	DD; ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Tier 3	DD; ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD; ST: Requires prior prescription for Levemir Flexpen, Levemir Flextouch, Levemir, Semglee, or Semglee (yfgn) within the past 120 days; QL (30 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin detemir***)	Tier 2	DD; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	Tier 2	DD; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aglr***)	Tier 3	DD; ST: Requires prior prescription for Levemir Flexpen, Levemir Flextouch, Levemir, Semglee, or Semglee (yfgn) within the past 120 days; QL (30 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine-yfgn***)	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-yfgn***)	Tier 2	DD; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 3	DD; ST: Requires prior prescription for Levemir Flexpen, Levemir Flextouch, Levemir, Semglee, or Semglee (yfgn) within the past 120 days; QL (18 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	Tier 3	DD; ST: Requires prior prescription for Levemir Flexpen, Levemir Flextouch, Levemir, Semglee, or Semglee (yfgn) within the past 120 days; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (***insulin aspart (niacinamide)/pump cartridge***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (niacinamide)***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (***insulin lispro***)	Tier 1	DD; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	Tier 1	DD; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	Tier 1	DD; QL (40 ML per 28 days)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog,Insulin Lispro, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, Lyumjev Tempo Pen U-100, or Lyumjev within the past 120 days; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	Tier 3	DD; QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
metformin oral solution 500 mg/5 ml	Tier 1	DD
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	DD
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	DD
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML (***metformin hcl***)	Tier 3	DD; ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	Tier 6	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***)	Tier 6	QL (1 EA per 1 day)
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 6	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (***leuprolide acetate***)	Tier 6	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***)	Tier 6	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	Tier 6	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (***histrelin acetate***)	Tier 6	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***)	Tier 6	PA
LHRH (GnRH) Agonist Analog Pituitary Supp. and Progestin Comb. - Drugs for Women		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30) (***leuprolide acetate/norethindrone acetate***)	Tier 6	PA
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (***leuprolide acetate***)	Tier 6	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	Tier 6	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	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	Tier 2	PA
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (***estradiol***)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
INTRAROSA VAGINAL INSERT 6.5 MG (***prasterone (dhea)***)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women		
OSPHENA ORAL TABLET 60 MG (***ospemifene***)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 injection solution 0.2 mg/ml (1 ml)	Tier 1	
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Oxytocic - Oxytocin and Analogs - Drugs for Women		
oxytocin in 0.9 % sod chloride intravenous solution 15 unit/250 ml, 20 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml	Tier 1	
oxytocin in dextrose 5 % in lr intravenous solution 20 unit/1,000 ml, 30 unit/500 ml	Tier 1	
oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml	Tier 1	
oxytocin injection solution 10 unit/ml	Tier 3	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (***oxytocin***)	Tier 3	
Progestins - Drugs for Women		
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	Tier 4	PA
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
cabergoline oral tablet 0.5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***)	Tier 6	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***)	Tier 6	PA
Renin-Angiotensin-Aldosterone System (RAAS) Hormones - Hormones		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (***angiotensin ii acetate, human***)	Tier 3	
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
raloxifene oral tablet 60 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
lanreotide subcutaneous syringe 120 mg/0.5 ml	Tier 4	PA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***)	Tier 6	PA
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 LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (***octreotide acetate, microspheres***)	Tier 6	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	Tier 6	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	Tier 6	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***)	Tier 5	PA

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (***teprotumumab-trbw***)	Tier 6	PA
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid,pork***)	Tier 3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 3	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or 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	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
liothyronine intravenous solution 10 mcg/ml	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	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)
levothyroxine intravenous recon soln 100 mcg	Tier 1	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	Tier 1	
levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml	Tier 1	
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	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (***levothyroxine sodium***)	Tier 3	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 3	PA
Enzymes - Vitamins and Minerals		
Enzymes - Vitamins and Minerals		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase***)	Tier 3	
bromelains oral tablet 500 mg	Tier 3	
HYLENEX INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase, human recombinant***)	Tier 3	
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (***hyaluronidase, human recombinant***)	Tier 3	
FDB Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (***homeopathic drugs***)	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS (***homeopathic drugs***)	Tier 3	
CARBO-COMPOSITUM INJECTION SOLUTION (***homeopathic drugs***)	Tier 6	
CRALONIN ORAL DROPS (***homeopathic drugs***)	Tier 3	
EYE ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
LAMIOFLUR ORAL DROPS (***homeopathic drugs***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLANTAGO-HOMACCORD ORAL DROPS (***homeopathic drugs***)	Tier 3	
POPULUS COMPOSITUM ORAL DROPS (***homeopathic drugs***)	Tier 3	
PSORINOHEEL ORAL DROPS (***homeopathic drugs***)	Tier 3	
RENEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
SABAL-HOMACCORD ORAL DROPS (***homeopathic drugs***)	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS (***homeopathic drugs***)	Tier 3	
VERTIGOHEEL ORAL DROPS (***homeopathic drugs***)	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
ZEEL INJECTION SOLUTION (***homeopathic drugs***)	Tier 6	
Gastrointestinal Therapy Agents		
Agents to Treat CHAPLE Disease		
VEOPOZ INJECTION SOLUTION 200 MG/ML (***pozelimab-bbfg***)	Tier 6	PA
Fecal Microbiota Transplantation (FMT)		
REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***)	Tier 6	PA
VOWST ORAL CAPSULE (***fecal microbiota spores, live-brpk***)	Tier 5	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antacid - Calcium - Drugs for Ulcers and Stomach Acid		
PRELIEF ORAL TABLET 65 MG (***calcium glycerophosphate***)	Tier 3	
Antacid - Magnesium - Drugs for Ulcers and Stomach Acid		
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antacid Combinations Other - Drugs for Ulcers and Stomach Acid		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (***calcium phosphate, tribasic/melatonin***)	Tier 3	
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***)	Tier 5	ST: Requires prior prescription for Antiretrovirals 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 5	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
Antidiarrheal GI Adsorbent-Intestinal Flora Modifiers Combinations - Drugs for Diarrhea		
ACIDOPHILUS-PECTIN ORAL CAPSULE 75 MILLION CELL -100 MG (***lactobacillus acidophilus/pectin***)	Tier 3	
Antidiarrheal Miscellaneous Combinations - Drugs for Diarrhea		
BANATROL PLUS ORAL POWDER IN PACKET (***banana flakes/transgalactooligosaccharides***)	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
dimenhydrinate injection solution 50 mg/ml	Tier 1	
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2) Antagonists - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML) (***amisulpride***)	Tier 2	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2 ML (2.5 MG/ML) (***amisulpride***)	Tier 3	
droperidol injection solution 2.5 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide hcl***)	Tier 3	
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	Tier 1	
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 1	
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	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
ANZEMET ORAL TABLET 50 MG (***dolasetron mesylate***)	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	Tier 1	
granisetron (pf) intravenous solution 100 mcg/ml	Tier 1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 1	
granisetron hcl oral tablet 1 mg	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
ondansetron hcl (pf) injection solution 4 mg/2 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ondansetron hcl (pf) injection syringe 4 mg/2 ml	Tier 1	
ondansetron hcl intravenous solution 2 mg/ml	Tier 1	
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
palonosetron intravenous solution 0.25 mg/2 ml	Tier 3	
palonosetron intravenous solution 0.25 mg/5 ml	Tier 1	
palonosetron intravenous syringe 0.25 mg/5 ml	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML (***granisetron***)	Tier 3	
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
APONVIE INTRAVENOUS EMULSION 7.2 MG/ML (***aprepitant***)	Tier 3	
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL (3 EA per 21 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML (***aprepitant***)	Tier 3	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	Tier 2	QL (3 EA per 21 days)
fosaprepitant intravenous recon soln 150 mg	Tier 1	
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	Tier 3	QL (2 EA per 14 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG (***fosnetupitant chloride hcl/palonosetron hcl***)	Tier 3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML (***fosnetupitant chloride hcl/palonosetron hcl***)	Tier 3	
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 6	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 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml)	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
BEVITROL ORAL CAPSULE 9,000-112,500- 112,500 UNIT (***lipase/protease/amylase***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
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 3	
PANXYME PH ORAL CAPSULE 10.2-10-45 MG (***lipase/protease/amylase***)	Tier 3	
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 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase***)	Tier 3	
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 (***lipase/protease/amylase***)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
DAIRY DIGESTIVE ORAL TABLET 9,000 UNIT (***lactase***)	Tier 1	
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT (***lactase***)	Tier 1	
lactase oral tablet 3,000 unit, 9,000 unit	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	Tier 6	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (***chenodiol***)	Tier 6	PA
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine (pf) intravenous solution 20 mg/2 ml	Tier 1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	Tier 1	
famotidine intravenous solution 10 mg/ml	Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (***rabeprazole sodium***)	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 1	QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
esomeprazole sodium intravenous recon soln 20 mg, 40 mg	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (***esomeprazole magnesium***)	Tier 2	QL (1 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole intravenous recon soln 40 mg	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (***omeprazole magnesium***)	Tier 3	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (***prucalopride succinate***)	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
Gastrointestinal Antiflatulents - Drugs for the Stomach		
activated charcoal oral capsule 260 mg	Tier 1	
activated charcoal oral capsule 280 mg	Tier 3	
BEANAID ORAL CAPSULE 300 UNIT (***alpha-d-galactosidase***)	Tier 1	
BEANO ORAL TABLET 400 UNIT (***alpha-d-galactosidase***)	Tier 3	
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 6	PA
metoclopramide hcl injection solution 5 mg/ml	Tier 1	
metoclopramide hcl injection syringe 5 mg/ml	Tier 1	
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
atropine injection solution 0.4 mg/ml, 1 mg/ml	Tier 1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	Tier 1	
atropine intravenous solution 0.4 mg/ml, 1 mg/ml	Tier 1	
atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)	Tier 1	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate injection solution 0.5 mg/ml	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	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	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (***glycopyrrolate***)	Tier 3	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) in water injection syringe 0.2 mg/ml	Tier 1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate injection solution 0.2 mg/ml	Tier 1	
glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML (***glycopyrrolate/pf***)	Tier 3	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML), 1 MG/5 ML (0.2 MG/ML) (***glycopyrrolate/pf***)	Tier 3	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (***dicyclomine hcl***)	Tier 3	
dicyclomine intramuscular solution 10 mg/ml	Tier 1	
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	Tier 1	
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 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***)	Tier 3	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 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg, 8 mcg	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 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 3	PA
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
IBS Agent - Selective Partial 5-HT4 Receptor Agonists - Drugs for Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (***tegaserod hydrogen maleate***)	Tier 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab***)	Tier 6	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 5	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab***)	Tier 5	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	Tier 5	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	Tier 5	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***)	Tier 3	ST: Requires prior prescription for Mesalamine within the past 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM (***mesalamine***)	Tier 1	
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1	
mesalamine oral capsule, extended release 500 mg	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (***mesalamine***)	Tier 2	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
budesonide rectal foam 2 mg/actuation	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***)	Tier 6	PA
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (***upadacitinib***)	Tier 5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	Tier 5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	Tier 5	PA
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	Tier 6	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	Tier 6	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (***adalimumab-atto***)	Tier 5	PA
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-atto***)	Tier 5	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 6	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 6	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 6	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 6	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) PEN PSORIASIS STRT SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 5	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 5	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 6	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 6	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	Tier 6	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	Tier 6	PA
Intestinal Flora Modifiers - Drugs for Diarrhea		
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (***lactobacillus acidophilus,salivarius|b.bifidum|s.thermophil***)	Tier 3	
acidophilus-pectin, citrus oral tablet 25 million cell -100 mg	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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (***lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus***)	Tier 3	
AZO DUAL PROTECTION ORAL CAPSULE 5 BILLION CELL- 15 MG (***l.crispatus/l.gasseri/l.jensenii/l.rhamnosus/bacteriophages***)	Tier 3	
BACICAP ORAL CAPSULE 20 BILLION CELL (***lactobacillus acidophilus,paracasei,plantarum/b.animalis***)	Tier 3	
BACID WITH LACTOSPORE ORAL CAPSULE 1 BILLION CELL (***bacillus coagulans***)	Tier 3	
bacillus coagulan,subtilis-xos oral tablet,chewable 1 billion cell- 40 mg	Tier 1	
BILAC ORAL CAPSULE 33 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
BIOMEPRO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (***lactobacillus acidophilus/lactobacillus casei/l. rhamnosus***)	Tier 3	
BIOMEPRO ORAL LIQUID 100 BILLIION CELL/104 ML (***lactobacillus acidophilus/lactobacillus casei/l. rhamnosus***)	Tier 3	
CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET,CHEWABLE 1.5 BILLION CELL (***l. acidophilus/l. rhamnosus/b. breve/s. thermophilus***)	Tier 1	
CHILDREN'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 3	
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE 11 BILLION CELL (***lactobacillus paracasei/lactobacillus rhamnosus***)	Tier 3	
CULTURELLE BABY CALM-COMFORT ORAL DROPS 1.5B CELL-1 MG/ 5 DROPS (***lactobacillus rhamnosus gg/chamomile flowers extract***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE BABY HEALTH DEVELOP ORAL POWDER IN PACKET 2 BILLION CELL- 50 MG-300 MG (***l. rhamnosus*/*b. animalis*/*dha*/*fucosyllactose*/*vitamin d3***)	Tier 3	
CULTURELLE BABY PROBIOTIC-DHA ORAL DROPS 2.5 B CELL- 70 MG/0.5 ML (***lactobacillus rhamnosus gg*/*bifidobacterium animalis*/*dha***)	Tier 3	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG, 12 BILLION CELL -200 MG (***lactobacillus rhamnosus gg*/*inulin***)	Tier 3	
CULTURELLE GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (***bacillus subtilis*/*inulin***)	Tier 3	
CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG (***l. rhamnosus gg*/*ascorbic acid*/*zinc oxide*/*elderberry fruit***)	Tier 3	
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 3	
CULTURELLE KIDS GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-1 GRAM (***lactobacillus rhamnosus*/*bifidobac animalis*/*fucosyllactose*/*d3***)	Tier 3	
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (***bacillus subtilis*/*inulin***)	Tier 3	
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 3	
CULTURELLE KIDS PROBIO-FIBER ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM (***lactobacillus rhamnosus gg*/*fiber***)	Tier 3	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (***lactobacillus rhamnosus gg***)	Tier 3	
CULTURELLE KIDS PROBIOTICS ORAL TABLET,CHEWABLE 5 BILLION CELL (***lactobacillus rhamnosus gg***)	Tier 3	
CULTURELLE METABOLISM-WT MGMT ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (***lactobacillus rhamnosus*/*bifido animalis*/*vit b6*/*vit b12***)	Tier 3	
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (***lactobacillus rhamnosus gg***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE PRENATAL PROBIOTIC ORAL TABLET,CHEWABLE 12 BILLION CELL (***lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus***)	Tier 3	
CULTURELLE PROBIOTIC-PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (***bacillus coagulans/bacillus subtilis/inulin/ascorbic acid***)	Tier 3	
CULTURELLE TOTAL BALANCE ORAL CAPSULE 11 BILLION CELL (***lactobacillus paracasei/lactobacillus rhamnosus***)	Tier 3	
CULTURELLE WOMEN'S WELLNESS ORAL TABLET,CHEWABLE 12 BILLION CELL (***lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus***)	Tier 3	
DAILY PROBIOTIC (4 STRAINS) ORAL CAPSULE 11 BILLION CELL -15 MG (***lactobacillus paracasei,rhamnosus/b.animalis/ascorbic acid***)	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 3	
DERMACINRX PROBINATE ORAL CAPSULE 31 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
DERMACINRX PROBISOL ORAL CAPSULE 31 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
DERMACINRX PROBITRAN ORAL CAPSULE 31 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
DERMACINRX PROBITROL ORAL CAPSULE 31 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
DERMACINRX PROMEROL ORAL CAPSULE 31 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (***bacillus coagulans/digestive enzymes combo no.10***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIGEST PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (***saccharomyces boulardii***)	Tier 1	
DIGESTIVE ADV MULTISTRAIN GMMY ORAL TABLET,CHEWABLE 1 BILLION CELL (***bacillus coagulans/bacillus subtilis***)	Tier 3	
DIGESTIVE ADVANTAG KID PRO-PRE ORAL TABLET,CHEWABLE 400 MILLION CELL (***bacillus coagulans***)	Tier 3	
DIGESTIVE ADVANTAGE ADVANCED ORAL CAPSULE 10 BILLION CELL (***l.acidoph,paracasei, b.lactis***)	Tier 3	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL (***bacillus coagulans***)	Tier 3	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (***bacillus coagulans/protease/amylase/lipase***)	Tier 3	
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL (***bacillus coagulans***)	Tier 3	
DIGESTIVE ADVANTAGE LACTOS SUP ORAL CAPSULE 500 MILLION CELL-3,000 UNIT (***bacillus coagulans/lactase***)	Tier 3	
DIGESTIVE ADVANTAGE PROBIO-PRE ORAL TABLET 800 MILLION CELL (***bacillus coagulans***)	Tier 3	
DIGESTIVE ADVANTAGE PROBIO-PRE ORAL TABLET,CHEWABLE 400 MILLION CELL (***bacillus coagulans***)	Tier 3	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (***bacillus coagulans/calcium carbonate***)	Tier 3	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (***lactobacillus acidophilus,rhamnosus/bifido infantis,longum***)	Tier 1	
ENFAMIL DUAL PROBIOTICS-VIT D ORAL DROPS 2.5BILLION CELL -10 MCG/6 DROPS (***lactobacillus rhamnosus/bifidobacterium animalis/vitamin d3***)	Tier 3	
ENVIVE ORAL CAPSULE 12 BILION CELL (***l.acidoph,paracasei, b.lactis***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL, 5 BILLION CELL (***lactobacillus reuteri/lactobacillus rhamnosus gg***)	Tier 3	
FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL (***lactobacillus acidophilus/lactobacillus rhamnosus gg***)	Tier 3	
FLORASAVE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL -15 MG (***lactobacillus no.65/bifidobac no.7/b.subtilis/bacteriophages***)	Tier 3	
FLORASTORBABY ORAL POWDER IN PACKET 250 MG (***saccharomyces boulardii***)	Tier 3	
FLORASTORKIDS ORAL POWDER IN PACKET 250 MG (***saccharomyces boulardii***)	Tier 3	
FLORASTORSELECT GUT BOOST ORAL CAPSULE 250-300 MG (***saccharomyces boulardii/inulin***)	Tier 3	
FLORASTORSELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG (***saccharomyces boulardii/vitamin c/vitamin d3/zinc gluconate***)	Tier 3	
FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL (***lactobacillus reuteri/bifidobacterium infantis/fos***)	Tier 3	
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 3	
FORTIFY OPTIMA ADVANCED CARE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 BILLION CELL-75 MG (***lactobacillus combo no.20/bifido no.9/inulin/acacia***)	Tier 3	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (***lactobacillus acidophilus/b.animalis/b.bifidum/b.infantis***)	Tier 3	
FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (***l.acidophilus,gasseri/bifidobact animalis,bifidum,infantis***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
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 3	
FORTIFY WOMEN PROBIO(L.SALIV.) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL-50 MG (***lactobacillus combo no.32/bifidobacterium animalis/inulin***)	Tier 3	
FORTIFY WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL -50 MG (***lactobacillus combo no.51/bifidobacterium animalis/inulin***)	Tier 3	
IDEAL BOWEL SUPPORT ORAL CAPSULE 10 BILLION CELL (***lactobacillus plantarum***)	Tier 3	
INFANT PROBIOTIC ORAL DROPS 1 BILLION CELL/0.5 ML (***bifidobacterium infantis***)	Tier 3	
JARRO-DOPHILUS ALLERGEN FREE ORAL CAPSULE 10 BILLION CELL (***l.acidoph,paracasei,plantarum,rhamn-b.animalis,breve***)	Tier 3	
JARRO-DOPHILUS BABY ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (***lactobacillus casei/l. rhamnosus/bifido no.4/gos***)	Tier 3	
JARRO-DOPHILUS BABY PROBIOTIC ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (***l.casei,rhamnosus/bifidobacterium breve,infantis,longum/gos***)	Tier 3	
JARRO-DOPHILUS DIGEST SURE ORAL TABLET 5 BILLION CELL- 188 MG (***l.acidophilus,plantarum,rhamnosus/b.animalis,breve/enzymes***)	Tier 3	
JARRO-DOPHILUS EPS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25 BILLION CELL, 5 BILLION CELL, 50 BILLION CELL (***lactobac no.19/bifidobac breve,longum/lactoc lactis/p. acidi***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARRO-DOPHILUS GUT CALM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8 BILLION CELL (***lactobac. plantarum/s. boulardii/pediococcus acidilactici***)	Tier 3	
JARRO-DOPHILUS KIDS ORAL TABLET,CHEWABLE 500 MILLION CELL-50 MG (***l.acidophilus,plantarum/b.animalis,breve/fos/inulin***)	Tier 3	
JARRO-DOPHILUS PLUS FOS ORAL CAPSULE 3.4 BILLION CELL-210 MG (***lactobacillus no.33/bifido animalis,longum/fos/inulin***)	Tier 3	
JARRO-DOPHILUS PRENATAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 6 BILLION CELL (***l. crispatus,gasseri,jensenii,rhamnosus/b. infantis***)	Tier 3	
JARRO-DOPHILUS ULTRA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (***l.acidop,casei,helv,paracas,plant,rham,sal/b.anim,long, brev***)	Tier 3	
JARRO-DOPHILUS WOMEN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL (***lactobacillus crispatus/l. gasseri/l. jensenii/l. rhamnosus***)	Tier 3	
lactobacillus acidophilus oral capsule 500 million cell	Tier 1	
lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)	Tier 1	
lactobacillus acidophilus oral tablet 1 billion cell	Tier 1	
lactobacillus acidoph-l.bulgar oral tablet 1 million cell	Tier 1	
MAGE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 BILLION CELL -15 MG (***l. acidoph,rhamn/bifido animalis/b. subtilis/bacteriophages***)	Tier 3	
MVW COMPLETE FORM PROBIOT MINI ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -15 MG (***lactobacil/bifidobac/s.boulard/b.subtil/s.therm/bacteriophag***)	Tier 3	
NEWFLORA ORAL CAPSULE 10 BILLION CELL (***lactobacillus acidophilus***)	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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL (***l.acidoph,casei,salivar/b.animalis/lactococ.lactis/e.faecium***)	Tier 3	
OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL (***l.acidophil,brevis,casei,sal/b.anim,bifid/lactococcus lactis***)	Tier 3	
OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL (***bifidobacterium animalis, bifidum/lactococcus lactis***)	Tier 3	
OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL (***l.acido,casei,para,plant,sali/b.anim,bif/lactococcus lactis***)	Tier 3	
ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
PRIMADOPHILUS BIFIDUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (***lactobacillus acidophilus,rhamnosus/bifidobact.breve,longum***)	Tier 3	
PRIMADOPHILUS ORIGINAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (***lactobacillus acidophilus/lactobacillus rhamnosus gg***)	Tier 3	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
PROBACAP ORAL CAPSULE 10 BILLION CELL (***lactobacillus acidophilus***)	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (***bacillus coagulans/inulin***)	Tier 3	
PROBIO DEFENSE ORAL CAPSULE 2 BILLION CELL- 2 MG-12.5 MCG (***l. helveticus,rhamnosus/b. longum/zinc yeast/selenium yeast***)	Tier 3	
PROBIOMAX 350 DF ORAL POWDER IN PACKET 350 BILLION CELL (***lacto no.89/bifido no.9/l.lactis/s.thermophilus***)	Tier 3	
PROBIOMAX DAILY DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL (***lactobacillus acidophilus,plantarum/bifido animalis,longum***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOMAX DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL (***lactobacillus acidophilus,plantarum/bifido animalis,longum***)	Tier 3	
PROBIOMAX IG 26 DF ORAL CAPSULE 500 MILLION CELL-500 MG (***bacillus coagulans/hyperimmune egg***)	Tier 3	
PROBIOMAX PLUS DF ORAL POWDER IN PACKET 40 BILLION CELL -1.5 GRAM (***l.acidophilus,plantarum/b.animalis,longum/s.boulardii/l arch***)	Tier 3	
PROBIOMAX SB DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL (***l.acidophilus/l.plantarum/b.animalis/b.longum/s.boulardii***)	Tier 3	
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(14-STRN) ORAL TABLET,CHEWABLE 3 BILLION CELL (***lactobacillus no.66/bifidobacterium no.4/s.thermophilus***)	Tier 1	
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,longu m/inulin***)	Tier 1	
PROBIOTIC DIGEST(L.RHAM,INULN) ORAL CAPSULE 20 BILLION CELL -200 MG (***lactobacillus rhamnosus gg/inulin***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOTIC DIGEST(LACTO,BIFIDO) ORAL CAPSULE 1.5 BILLION CELL (***l.acidophilus/l.gasseri/l.rhamnosus/b.bifidum/b.longum***)	Tier 1	
PROBIOTIC DUO ORAL TABLET,CHEWABLE 1.5 BILLION CELL (***bacillus coagulans/bacillus subtilis***)	Tier 3	
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 3	
PROBIOTIC PEARLS WOMEN'S ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (***lactobac acidophilus/lactobac plantarum/lactobac rhamnosus***)	Tier 3	
PROBIOTIC YEAST SUPPORT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5.02 BILLION CELL (***lactobacillus crispatus/kluyveromyces marxianus***)	Tier 3	
PROBIOTIC-IMMUNE ORAL TABLET,CHEWABLE 1 BILLION CELL- 45 MG-25 MCG (***bacillus coagulans,subtilis/vitamin c/vit d3/zinc gluconate***)	Tier 3	
PROBIZEN ORAL CAPSULE 32 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 1	
PROMELLA ORAL CAPSULE 32 BILLION CELL (***lactobacillus acidophilus/bifidobacterium animalis***)	Tier 3	
REJUVAFLOR ORAL CAPSULE 10 BILLION CELL (***lactobacillus acidophilus***)	Tier 1	
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL (***saccharomyces boulardii***)	Tier 1	
saccharomyces boulardii oral capsule 250 mg	Tier 1	
saccharomyces boulardii-yeast oral capsule,delayed release(dr/ec) 5 billion cell- 200 mg	Tier 1	
SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (***lactobacillus combination no.4***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (***bifidobacterium animlis*/*bifidobacterium infantis*/*s. thermoph***)	Tier 3	
TRUBIOTICS BABY ORAL DROPS 3 BILLION CELL /0.27 ML (***bifidobacterium animalis***)	Tier 3	
TRUBIOTICS GUMMY ORAL TABLET,CHEWABLE 1.5BILLION CELL -7.5 MCG-1.8 G (***bacillus subtilis*/*cholecalciferol (vit d3)*/*inulin***)	Tier 3	
TRUBIOTICS KIDS CHEWABLE ORAL TABLET,CHEWABLE 6 BILLION CELL (***lactobacillus rhamnosus gg*/*bifidobacterium animalis (lactis)***)	Tier 3	
TRUBIOTICS KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1.8 GRAM (***bacillus subtilis*/*inulin*/*ascorbic acid***)	Tier 3	
TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (***lactobacillus acidophilus*/*bifidobacterium animalis***)	Tier 3	
ULTIMATE FLORA BABY PROBIOTIC ORAL POWDER 4 BILLION CELL/GRAM (***lactobacillus rhamnosus*/*bifido bifidum,breve,infantis,longum***)	Tier 3	
UP4 PROBIOTICS ADULT 50 PLUS ORAL CAPSULE 25 BILLION CELL (***lactobacillus acidophilus*/*l. plantarum*/*bifido no.7***)	Tier 3	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL (***lactobacillus acidophilus*/*l. plantarum*/*bifido no.7***)	Tier 3	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (***lactobacillus acidophilus*/*bifidobacterium animalis*/*vit d2***)	Tier 3	
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 3	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (***bacillus coagulans*/*bacillus subtilis*/*inulin*/*ascorbic acid***)	Tier 3	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (***lactobacillus combination no.51*/*bifidobacterium combo no.4***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (***l.acidophilus/l.gasseri/l.plant/l.rham/b.animalis/cranberry***)	Tier 3	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (***bacillus coagulans/bacillus subtilis/inulin/ascorbic acid***)	Tier 3	
VISBIOME ORAL DROPS 0.5 BILLION CELL/DROP (***lactobacillus no.2/bifidobacterium no.1/s.thermophilus***)	Tier 3	
XYBIOTIC ORAL CAPSULE 15 BILLION CELL -1,000 MCG-25MG (***l. acidophilus/bacillus coagulans/folic acid/inulin***)	Tier 3	
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 3	
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 3	PA
ZELNORM ORAL TABLET 6 MG (***tegaserod hydrogen maleate***)	Tier 3	ST: Requires prior prescriptions for Linzess and Lubiprostone within the past 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG (***palifermin***)	Tier 6	
Laxative - Bulk Forming - Drugs to Prevent Constipation		
BENEFIBER CLEAR SF (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/3.5 GRAM (***wheat dextrin***)	Tier 3	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER 3 GRAM/4 GRAM (***wheat dextrin***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (***wheat dextrin***)	Tier 3	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM (***wheat dextrin***)	Tier 3	
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/aspartame***)	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 GUMMIES (WITH B-COMPLEX) ORAL TABLET,CHEWABLE 2.5 GRAM (***polydextrose/vitamin b complex***)	Tier 1	
FIBER GUMMIES ORAL TABLET,CHEWABLE 2 GRAM (***inulin***)	Tier 1	
FIBER SUPPLEMENT(WHEATDEXTRIN) ORAL POWDER 3 GRAM/3.8 GRAM (***wheat dextrin***)	Tier 1	
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (***psyllium husk (with sugar)***)	Tier 1	
HYFIBER FOR KIDS ORAL LIQUID 6 GRAM/15 ML (***fructooligosaccharides/polydextrose***)	Tier 3	
KONSYL DAILY FIBER (STEVIA) ORAL POWDER IN PACKET 3.5 GRAM (***psyllium husk/sweetleaf***)	Tier 3	
KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM (***psyllium husk***)	Tier 3	
NUTRISOURCE FIBER ORAL PACKET (***guar gum***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
psyllium husk oral capsule 0.4 gram	Tier 1	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (***psyllium husk/aspartame***)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (***psyllium husk***)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM (***psyllium husk***)	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM (***psyllium husk (with sugar)***)	Tier 3	
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/aspartame***)	Tier 1	
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
sorbitol solution 70 %	Tier 3	
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***)	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	$0	EHB; $0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
peg-electrolyte soln oral recon soln 420 gram	$0	EHB; $0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	$0	EHB; $0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	$0	EHB; $0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (***peg 3350/sodium sulfate,chloride/potassium chlor/magnesium***)	$0	EHB; $0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***)	$0	EHB; $0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
Laxative - Stimulant - Drugs to Prevent Constipation		
SENOKOT KIDS ORAL TABLET,CHEWABLE 8.7 MG (***senna leaf extract***)	Tier 3	
SENOKOT ORAL TABLET,CHEWABLE 8.7 MG (***senna leaf extract***)	Tier 3	
SENOKOT-CHAMOMILE ORAL TEA 1,400 MG- 1,100 MG (***senna leaf/herbal complex no.324***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 5	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 5	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 LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (***octreotide acetate, microspheres***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (***finasteride/tadalafil***)	Tier 3	PA
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	Tier 6	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***)	Tier 5	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	Tier 5	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 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 3	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	Tier 2	PA
RIMSO-50 INTRAVESICAL SOLUTION 50 % (***dimethyl sulfoxide***)	Tier 3	
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	Tier 5	
tiopronin oral tablet 100 mg	Tier 4	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
GEMTESA ORAL TABLET 75 MG (***vibegron***)	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	Tier 3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	Tier 2	
Oxalosis Agent - Oxalate Inhibitor, HAO1 Directed siRNA - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (***lumasiran sodium***)	Tier 6	PA
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (***calcium acetate***)	Tier 3	QL (60 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphate Binders - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (***calcium acetate***)	Tier 3	QL (60 ML per 1 day)
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)

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 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL 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 5	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 5	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
finasteride oral tablet 5 mg	Tier 1	
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	Tier 3	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (***sodium phosphate,dibasic/pot phos,monob/sod phosphate mono***)	Tier 1	
Urinary Alkalinizer - Citrates - Drugs for Infections		
LITHOLYTE ORAL POWDER IN PACKET 10 MEQ (***potassium citrate/magnesium citrate/sodium bicarbonate***)	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml	Tier 1	
sodium citrate-citric acid oral solution 500-334 mg/5 ml	Tier 1	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML (***sodium/potassium/potassium citrate/sodium citrate/cit ac***)	Tier 1	
Urinary Analgesics - Drugs for Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	
Urinary Antibacterials Other - Drugs for Infections		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML (***plazomicin sulfate***)	Tier 3	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 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 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	
solifenacin oral tablet 10 mg, 5 mg	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (***solifenacin succinate***)	Tier 3	PA
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	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	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	

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 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	
flavoxate oral tablet 100 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (***oxybutynin chloride***)	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
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	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine (gout) oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine (gout) oral tablet 0.6 mg	Tier 1	QL (4 EA per 1 day)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***)	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG (***rasburicase***)	Tier 3	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (***pegloticase***)	Tier 6	PA
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
allopurinol sodium intravenous recon soln 500 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (***lesinurad/allopurinol***)	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Agents		
Cell Therapy Agents - Nicotinamide Modified Hematopoietic Stem Cells		
OMISIRGE INTRAVENOUS SUSPENSION (***omidubicel-onlv***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 6	PA
CABLIVI INJECTION RECON SOLN 11 MG (***caplacizumab-yhdp***)	Tier 6	PA
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	Tier 6	PA
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 6	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***)	Tier 6	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 6	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 3	
ACD-A SOLUTION (***citrate dextrose solution***)	Tier 3	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (***dextrose-water/sodium citrate/citric acid***)	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (***sodium chloride/sodium citrate***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 % (***sodium citrate dihydrate***)	Tier 3	
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 6	
Antiporphyria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (***hemin***)	Tier 6	
Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	Tier 6	PA
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (***c1 esterase inhibitor***)	Tier 6	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (***c1 esterase inhibitor***)	Tier 6	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***)	Tier 6	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***)	Tier 6	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	Tier 6	PA
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	Tier 4	PA
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)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (***edoxaban tosylate***)	Tier 3	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 6	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 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 6	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 6	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 6	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 5	PA
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (***human prothrombin complex concentrate (pcc)-lans***)	Tier 6	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate (pcc), 4-factor***)	Tier 6	
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	Tier 6	
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 6	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	Tier 6	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant, threonine 148***)	Tier 6	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix complex, prothrombin cplx conc(pcc) no.4, 3-factor***)	Tier 6	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***factor ix (human) recombinant, pegylated***)	Tier 6	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	Tier 6	
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 6	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (***coagulation factor viia recombinant-jncw***)	Tier 6	
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 6	
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 6	
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 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 6	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***)	Tier 6	
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 6	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-dom truncated peg-exei***)	Tier 6	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (***antihemophilic factor, human***)	Tier 6	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (***antihemophilic factor, human***)	Tier 6	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (***antihemophilic factor, human***)	Tier 6	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (***antihemophilic factor, human***)	Tier 6	
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 6	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***)	Tier 6	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor, human***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 6	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 6	
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 6	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 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 6	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (***antihemophilic factor viii, recombinant porcine sequence***)	Tier 6	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii, human recombinant***)	Tier 6	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	Tier 6	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	Tier 6	
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 6	
Factor VIII-Mimetic Agent, Monoclonal Antibody - Drugs for the Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML (***emicizumab-kxwh***)	Tier 6	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***)	Tier 6	
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (***factor xiii***)	Tier 6	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***)	Tier 6	
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***)	Tier 6	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-pbbk***)	Tier 6	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***tbo-filgrastim***)	Tier 6	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***tbo-filgrastim***)	Tier 6	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim***)	Tier 6	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim***)	Tier 6	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim***)	Tier 6	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim***)	Tier 6	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	Tier 5	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	Tier 5	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-apgf***)	Tier 5	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-ayow***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-ayow***)	Tier 6	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (***eflapegrastim-xnst***)	Tier 6	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-fpgk***)	Tier 6	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 6	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 6	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***)	Tier 6	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	Tier 6	PA
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	Tier 5	PA
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 6	PA
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
aminocaproic acid intravenous solution 250 mg/ml	Tier 1	
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG) (***fibrinogen***)	Tier 6	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (***fibrinogen***)	Tier 3	
tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	Tier 1	
tranexamic acid oral tablet 650 mg	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 6	
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (***ferric subsulfate***)	Tier 3	
AVITENE FLOUR TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (***microfibrillar collagen***)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (***microfibrillar collagen***)	Tier 3	
GELFILM IMPLANT FILM (***gelatin***)	Tier 3	
GEL-FLOW NT TOPICAL SYRINGE (***gelatin sponge,absorbable***)	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***)	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (***gelatin sponge,absorbable/porcine skin***)	Tier 3	
GELFOAM TOPICAL SPONGE 4 (***gelatin sponge,absorbable/porcine skin***)	Tier 3	
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (recombinant)***)	Tier 3	
SURGIFLO TOPICAL SYRINGE (***gelatin sponge,absorbable***)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
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 3	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 " (***fibrinogen/thrombin (human plasma derived)***)	Tier 3	
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 3	
FLOSEAL TOPICAL KIT 2,500 UNIT (***thrombin(human plasma derived)/gelatin matrix, bovine***)	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (***fibrinogen/thrombin (human plasma derived)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous syringe 2,500 unit/5 ml(500 unit/ml), 6,000 unit/3ml (2,000 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml	Tier 3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
Human Albumin - Drugs for the Blood		
ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION 25 % (***albumin human***)	Tier 3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION 5 % (***albumin human***)	Tier 3	
albumin, human 25 % intravenous parenteral solution 25 %	Tier 3	
albumin, human 5 % intravenous parenteral solution 5 %	Tier 3	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 % (***albumin human-kjda***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALBURX (HUMAN) 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (***albumin human***)	Tier 3	
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (***albumin human***)	Tier 3	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (***albumin human***)	Tier 3	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (***albumin human***)	Tier 3	
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (***albumin human***)	Tier 3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (***albumin human***)	Tier 3	
PLASBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION 25 % (***albumin human***)	Tier 3	
PLASBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION 5 % (***albumin human***)	Tier 3	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 4	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 4	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 4	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	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	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 5	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 5	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 5	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***)	Tier 5	QL (30 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***)	Tier 5	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***)	Tier 5	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 5	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	Tier 5	QL (18 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (***crizanlizumab-tmca***)	Tier 6	PA
Plasma Expanders - Drugs for the Blood		
hetastarch 6 % in 0.9 % nacl intravenous solution 6 %	Tier 1	
HEXTEND INTRAVENOUS SOLUTION 6 % (***hetastarch/electrolyte solution,lactated***)	Tier 3	
LMD 10 % IN 0.9 % SODIUM CHLOR INTRAVENOUS PARENTERAL SOLUTION 10 % (***dextran 40 in 0.9 % sodium chloride***)	Tier 3	
LMD 10 % IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 10 % (***dextran 40 in dextrose 5 % in water***)	Tier 3	
Plasma Fractions - Drugs for the Blood		
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (***plasma human, blood group a***)	Tier 3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (***plasma human, blood group ab***)	Tier 3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (***plasma human, blood group b***)	Tier 3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION 45 TO 70 MG/ML (***plasma human, blood group o***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLASMANATE INTRAVENOUS PARENTERAL SOLUTION 5 % (***plasma protein fraction***)	Tier 3	
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
ATRYN INTRAVENOUS RECON SOLN 1,750 UNIT, 525 UNIT (***antithrombin iii, human recombinant***)	Tier 6	
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (***plasminogen, human-tvmh***)	Tier 6	PA
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT (***antithrombin iii (human plasma derived)***)	Tier 3	
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	Tier 2	QL (2 EA per 1 day)
KENGREAL INTRAVENOUS RECON SOLN 50 MG (***cangrelor tetrasodium***)	Tier 3	
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (***tirofiban hcl monohydrate***)	Tier 6	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (***tirofiban hcl monohydrate in 0.9 % sodium chloride***)	Tier 6	
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	Tier 4	
tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml)	Tier 4	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
prasugrel oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	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 3	QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 6	PA
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***)	Tier 6	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 6	PA
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***)	Tier 6	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***)	Tier 6	
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***)	Tier 6	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***)	Tier 6	PA
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 6	PA
SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***)	Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG (***hydroxyurea***)	Tier 3	QL (2 EA per 1 day)
Sickle Hemoglobin (HbS) Polymerization Inhibitor - Drugs for the Blood		
OXBRYTA ORAL TABLET 300 MG, 500 MG (***voxelotor***)	Tier 6	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (***voxelotor***)	Tier 6	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml	Tier 6	
argatroban in nacl (iso-os) intravenous solution 50 mg/50 ml (1 mg/ml)	Tier 6	
argatroban intravenous solution 100 mg/ml	Tier 6	
dabigatran etexilate oral capsule 150 mg, 75 mg	Tier 1	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG (***dabigatran etexilate mesylate***)	Tier 3	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 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
bivalirudin intravenous recon soln 250 mg	Tier 4	
bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thrombolytic - Nucleotide Type - Drugs for the Blood		
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML (***defibrotide sodium***)	Tier 3	
Thrombolytic - Tissue Plasminogen Activators - Drugs for the Blood		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG, 50 MG (***alteplase***)	Tier 3	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG (***alteplase***)	Tier 3	
RETAVASE INTRAVENOUS RECON SOLN 10 UNIT, 10 X 2 UNIT (20 UNIT) (***reteplase***)	Tier 3	
TNKASE INTRAVENOUS RECON SOLN 50 MG (***tenecteplase***)	Tier 3	
Thrombopoietin Receptor Agonists - Drugs for the Blood		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 6	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 6	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 6	PA
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	Tier 6	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	Tier 6	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (***eltrombopag olamine***)	Tier 5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	Tier 5	PA
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatobiliary System Treatment Agents - Drugs for the Liver		
AHP Agents - ALAS1 Degradation, small interfering RNA (siRNA) based - Drugs for the Liver		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (***givosiran sodium***)	Tier 6	PA
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***)	Tier 5	PA
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***)	Tier 6	PA
BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***)	Tier 6	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML (***maralixibat chloride***)	Tier 6	PA
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (***emapalumab-lzsg***)	Tier 6	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***anifrolumab-fnia***)	Tier 6	PA
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 3	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
cyclosporine intravenous solution 250 mg/5 ml	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	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/Ml)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	Tier 6	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (***tacrolimus***)	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	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (***inebilizumab-cdon***)	Tier 6	PA
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***)	Tier 6	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	
RAPAMUNE ORAL SOLUTION 1 MG/ML (***sirolimus***)	Tier 2	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (***sirolimus***)	Tier 2	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (***basiliximab***)	Tier 5	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 4	
azathioprine sodium injection recon soln 100 mg	Tier 4	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***)	Tier 5	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Locomotor System		
ALS Agents - Antisense Oligonucleotide (ASO)		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (***tofersen***)	Tier 6	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 6	PA
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	Tier 6	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 4	PA
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	Tier 5	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (***edaravone***)	Tier 6	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 6	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 6	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles		
EXSERVAN ORAL FILM 50 MG (***riluzole***)	Tier 6	PA
riluzole oral tablet 50 mg	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Amyotrophic Lateral Sclerosis (ALS) Agents - Others - Drugs for Nerves and Muscles		
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM (***sodium phenylbutyrate/taurursodiol***)	Tier 6	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (***rozanolixizumab-noli***)	Tier 6	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	Tier 6	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (***efgartigimod alfa-fcab***)	Tier 6	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
neostigmine in sterile water injection syringe 5 mg/5 ml	Tier 1	
neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml	Tier 1	
neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	Tier 1	
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	
REGONOL INJECTION SOLUTION 5 MG/ML (***pyridostigmine bromide***)	Tier 3	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (***casimersen***)	Tier 6	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (***eteplirsen***)	Tier 6	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (***viltolarsen***)	Tier 6	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (***golodirsen***)	Tier 6	PA
Musculoskeletal Therapy Agent - Joint Tissue Replacement - Drugs for Muscles, Ligaments, Tendons, and Bones		
MACI IMPLANT SHEET 500,000 CELL/ CM2 (3CM X 5CM) (***autologous cultured chondrocytes/collagen, porcine***)	Tier 3	
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (***hyaluronate sodium, stabilized***)	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (***hyaluronate sod, cross-linked***)	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (***hyaluronate sodium, modified, non-crosslinked***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (***hyaluronate sodium, stabilized***)	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***)	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***)	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (***collagenase clostridium histolyticum***)	Tier 6	
Neuromuscular Blocker - Depolarizing Agents - Drugs for Nerves and Muscles		
succinylcholine chloride injection solution 20 mg/ml	Tier 1	
succinylcholine chloride intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)	Tier 1	
succinylcholine-0.9% nacl (pf) intravenous syringe 200 mg/10 ml (20 mg/ml)	Tier 1	
succinylcholine-sod cl,iso(pf) injection solution 20 mg/ml	Tier 1	
succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (***onabotulinumtoxina***)	Tier 6	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	Tier 6	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	Tier 6	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	Tier 6	PA
Neuromuscular Blocker - Nondepolarizing Agents - Drugs for Nerves and Muscles		
atracurium intravenous solution 10 mg/ml	Tier 1	
cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml	Tier 1	
rocuronium intravenous solution 10 mg/ml	Tier 1	
rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 50 mg/5 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)	Tier 1	
vecuronium bromide intravenous recon soln 10 mg, 20 mg	Tier 1	
vecuronium in sterile water intravenous syringe 10 mg/10 ml (1 mg/ml)	Tier 1	
Selective Relaxant Binding Agent - Modified gamma-cyclodextrin - Drugs for Nerves and Muscles		
BRIDION INTRAVENOUS SOLUTION 100 MG/ML (***sugammadex sodium***)	Tier 3	
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	Tier 1	QL (8 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)	Tier 1	
baclofen intrathecal syringe 50 mcg/ml (1 ml)	Tier 1	
baclofen oral solution 5 mg/5 ml	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	Tier 1	PA
baclofen oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML) (***baclofen***)	Tier 3	
GABLOFEN INTRATHECAL SYRINGE 50 MCG/ML (1 ML) (***baclofen***)	Tier 6	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML (***baclofen***)	Tier 3	
metaxalone oral tablet 400 mg	Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
methocarbamol injection solution 100 mg/ml	Tier 1	
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
orphenadrine citrate injection solution 30 mg/ml	Tier 1	
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
tizanidine oral capsule 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	Tier 1	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		
dantrolene intravenous recon soln 20 mg	Tier 1	
dantrolene oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
dantrolene sodium (Revonto Intravenous Recon Soln 20 Mg)	Tier 1	
RYANODEX INTRAVENOUS SUSPENSION FOR RECONSTITUTION 250 MG (***dantrolene sodium***)	Tier 3	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	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		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG (***cyclobenzaprine hcl/irritants counter-irritants combo no.2***)	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG (***tizanidine hcl/irritant counter-irritants combination no.2***)	Tier 3	
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (***nusinersen sodium/pf***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***)	Tier 6	PA
Medical Supplies and Durable Medical Equipment (DME)		
Medical Supplies and DME - Epidural Administration Sets		
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (***epidural administration set***)	Tier 6	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (***epidural administration set***)	Tier 6	
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Administration Sets - Medical Supplies and Durable Medical Equipment		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (***blood administration set***)	Tier 3	
Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment		
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 3	
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	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP (***blood sugar diagnostic, disc-type***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHOICEDM CLARUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY STEP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLU LINK TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE G2 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE PROVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EZ SMART TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA G20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G30-PREMIUM V10 TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V10 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V30A STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GENSTRIP TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GM100 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTIUM EZ STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIUM TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTUMRX STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PREMIUM V10 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
QUINTET AC STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
REFUAH PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS250S TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS260 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SMARTEST TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
Medical Supplies and DME - Blood Glucose-Ketone Comb. Test Supplies - Medical Supplies and Durable Medical Equipment		
CARETOUCH KETONE-GLUCOSE MONIT DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
FORA TN'G ADVANCE PRO MONITOR DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
GOJJI MULTI-FUNCTIONAL METER DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
GOJJI MULTI-FUNCTIONAL METER KIT (***blood ketone and glucose monitor***)	Tier 3	DD
NOVA MAX PLUS GLUC-KETON METER DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX PLUS GLUC-KETON METER KIT (***blood ketone and glucose monitor***)	Tier 3	DD
PRECISION XTRA KETONE-GLUCOSE KIT (***blood ketone and glucose monitor***)	Tier 1	DD
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	DD
FORA D10 KIT (***blood-glucose meter and wrist blood pressure monitor***)	Tier 3	DD
FORA D15 GLUCOSE-BP MONITOR DEVICE (***blood-glucose and blood pressure meter with adult cuff***)	Tier 3	DD
FORA D40D GLUCOSE-BP MONITOR DEVICE (***blood-glucose and blood pressure meter with adult cuff***)	Tier 3	DD
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
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 3	
T.E.D. KNEE LENGTH-M-LONG (***compression stocking,knee high,long length,small circumferen***)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***)	Tier 3	
Medical Supplies and DME - Conception Assistance Supplies - Medical Supplies and Durable Medical Equipment		
CONCEPTION KIT (***conception assistance supplies combination no.1***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	QL (8 EA per 30 days)
BD VERITOR AT-HOME COVID19 TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CELLTRION DIATRUST COV-19 HOME KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	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 3	QL (8 EA per 30 days); Age (Min 2 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	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 3	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	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 3	
Q-CARE RX Q4 KIT 0.12 % (***dental suction device/chlorhexidine gl/dental swab comb no.1***)	Tier 3	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment		
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	Tier 3	
Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment		
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	Tier 3	
KANGAROO 924 SAFETY SCREW (***pump set***)	Tier 3	
KANGAROO EPUMP SET (***feeder container with pump set***)	Tier 3	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	Tier 3	
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
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 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment		
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
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 3	
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
2TEK GLUCOSE/BLOOD PRESSURE KIT (***blood-glucose meter and wrist blood pressure monitor***)	Tier 3	DD
ACCU-CHEK AVIVA PLUS METER (***blood-glucose meter***)	Tier 3	DD
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK GUIDE GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ACCU-CHEK GUIDE ME GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ADVANCED GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE REDI-CODE PLUS (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX AMP GLUC MONITOR SYS (***blood-glucose meter***)	Tier 3	DD
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
ASSURE HAEMOLANCE PLUS 1.2 MM (***blade lancet, safety***)	Tier 2	DD
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ASSURE PLATINUM GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ASSURE PRISM MULTI METER (***blood-glucose meter***)	Tier 3	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***)	Tier 3	DD
BIONIME RIGHTEST GM300 SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
BIOTEL CARE BGM-4 METER (***blood-glucose meter***)	Tier 3	DD
BLOOD GLUCOSE MONITORING KIT (***blood-glucose meter***)	Tier 3	DD
blood-glucose meter	Tier 3	DD
blood-glucose meter kit	Tier 3	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARESENS N (***blood-glucose meter***)	Tier 3	DD
CARESENS N VOICE (***blood-glucose meter***)	Tier 3	DD
CARETOUCH GLUCOSE MONITORING KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	Tier 3	DD
CHOICEDM CLARUS (***blood-glucose meter***)	Tier 3	DD
CLEVER CHEK BLOOD GLUCOSE (***blood-glucose meter***)	Tier 3	DD
CLEVER CHEK BLOOD GLUCOSE SYST KIT (***blood-glucose meter***)	Tier 3	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHOICE BLOOD GLUC SYS (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE MICRO (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE PRO (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE TALK GLUCOSE SYS (***blood-glucose meter***)	Tier 3	DD
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
CONTOUR METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR METER KIT (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT EZ METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT EZ METER KIT (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT GEN METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT GEN METER KIT (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT LINK 2.4 KIT (***blood-glucose meter, wireless***)	Tier 3	DD
CONTOUR NEXT LINK KIT (***blood-glucose meter, wireless***)	Tier 3	DD
CONTOUR NEXT METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT ONE METER (***blood-glucose meter***)	Tier 3	DD
DARIO BLOOD GLUCOSE MONITOR DEVICE (***blood-glucose meter,for mobile device***)	Tier 3	DD
DEXCOM G6 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIATRUE PLUS BLOOD GLUCOSE MET (***blood-glucose meter***)	Tier 3	DD
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY PLUS II BLOOD GLUCOSE MET (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY STEP BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
EASY TALK BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
EASY TOUCH BLU LINK GLUC SYST (***blood-glucose meter***)	Tier 3	DD
EASY TOUCH GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
EASY TRAK BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
EASY TRAK II BLOOD GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EASYGLUCO METER KIT (***blood-glucose meter***)	Tier 3	DD
EASYGLUCO MONITORING SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
EASYMAX NG (***blood-glucose meter***)	Tier 3	DD
EASYMAX NG KIT (***blood-glucose meter***)	Tier 3	DD
EASYMAX V SPEAKING GLUCOSE SYS (***blood-glucose meter***)	Tier 3	DD
EASY-TOUCH BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ELEMENT COMPACT GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ELEMENT COMPACT V GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (***blood-glucose meter***)	Tier 3	DD
EMBRACE BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO BLOOD GLUCOSE KIT KIT (***blood-glucose meter***)	Tier 3	DD
EMBRACE EVO GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE PRO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
EMBRACE TALK BLOOD GLUCOSE SYS KIT (***blood-glucose meter***)	Tier 3	DD
EMBRACE TALK GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
EMBRACE WAVE PLUS GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
EVENCARE G2 (***blood-glucose meter***)	Tier 3	DD
EVENCARE G3 GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
EVENCARE KIT (***blood-glucose meter***)	Tier 3	DD
EVENCARE MINI MONITOR SYSTEM (***blood-glucose meter***)	Tier 3	DD
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 6	DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 6	DD
EVERSENSE SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
EVOLUTION BLOOD GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E-Z JECT THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART PLUS SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
EZ SMART SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FORA D10 KIT (***blood-glucose meter and wrist blood pressure monitor***)	Tier 3	DD
FORA D15 GLUCOSE-BP MONITOR DEVICE (***blood-glucose and blood pressure meter with adult cuff***)	Tier 3	DD
FORA D20 KIT (***blood-glucose meter***)	Tier 3	DD
FORA D40D GLUCOSE-BP MONITOR DEVICE (***blood-glucose and blood pressure meter with adult cuff***)	Tier 3	DD
FORA G20 KIT (***blood-glucose meter***)	Tier 3	DD
FORA G30A (***blood-glucose meter***)	Tier 3	DD
FORA GD50 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
FORA PREMIUM V10 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORA TEST N'GO VOICE METER (***blood-glucose meter***)	Tier 3	DD
FORA TN'G VOICE METER (***blood-glucose meter***)	Tier 3	DD
FORA V10 KIT (***blood-glucose meter***)	Tier 3	DD
FORA V12 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
FORA V12 BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
FORA V20 KIT (***blood-glucose meter***)	Tier 3	DD
FORA V30A (***blood-glucose meter***)	Tier 3	DD
FORA V30A KIT (***blood-glucose meter***)	Tier 3	DD
FORACARE GD20 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORACARE GD40A GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORACARE GD40B GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE T1 BLOOD GLUC SYS (***blood-glucose meter***)	Tier 3	DD
FREESTYLE FLASH SYSTEM KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE FREEDOM KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE INSULINX (***blood-glucose meter***)	Tier 1	DD
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE PRECISION NEO METER (***blood-glucose meter***)	Tier 1	DD
FREESTYLE SIDEKICK II KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE SYSTEM KIT KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE UNISTIK 2 (***lancets***)	Tier 1	DD
GDRIVE KIT (***blood-glucose meter***)	Tier 3	DD
GE100 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE100 BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
GE333 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
GLUCO NAVII GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD 01 METER KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD EXPRESSION (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD EXPRESSION KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE CONNEX METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE EXPRESS METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE METER KIT KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE XL METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD VITAL KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 3	DD
GLUCOCOM BLOOD GLUCOSE KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GM100 KIT (***blood-glucose meter***)	Tier 3	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GOODLIFE AC-302 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
GUARDIAN CONNECT TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHPRO GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INFINITY METER KIT KIT (***blood-glucose meter***)	Tier 3	DD
INFINITY STARTER KIT KIT (***blood-glucose meter***)	Tier 3	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
JAZZ WIRELESS 2 METER KIT KIT (***blood-glucose meter***)	Tier 3	DD
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN (***lancets***)	Tier 2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 1	DD
LANCETS,ULTRA THIN , 26 GAUGE (***lancets***)	Tier 2	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICRODOT BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
MICRODOT BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
MICROLET LANCET (***lancets***)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH KIT (***blood-glucose meter***)	Tier 3	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
ON CALL EXPRESS METER (***blood-glucose meter***)	Tier 3	DD
ON CALL EXPRESS METER KIT (***blood-glucose meter***)	Tier 3	DD
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS METER (***blood-glucose meter***)	Tier 3	DD
ON CALL PLUS METER KIT (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID METER (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID METER KIT (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID PAL METER (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID PAL METER KIT (***blood-glucose meter***)	Tier 3	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH ULTRA2 METER (***blood-glucose meter***)	Tier 1	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH VERIO FLEX METER (***blood-glucose meter***)	Tier 1	DD
ONETOUCH VERIO FLEX START KIT (***blood-glucose meter***)	Tier 1	DD
ONETOUCH VERIO REFLECT METER (***blood-glucose meter***)	Tier 1	DD
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
OPTUMRX (***blood-glucose meter***)	Tier 3	DD
OPTUMRX KIT (***blood-glucose meter***)	Tier 3	DD
PHARMACIST CHOICE GLUCOSE SYS (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIP BLOOD GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
POGO AUTOMATIC BLOOD GLUC SYS (***blood-glucose meter***)	Tier 3	DD
PRECISION (***blood-glucose meter***)	Tier 1	DD
PRECISION XTRA MONITOR (***blood-glucose meter***)	Tier 1	DD
PREMIER BLU GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
PREMIER CLASSIC GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
PREMIER COMPACT GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
PREMIER VOICE GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
PREMIUM BLOOD GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PREMIUM V10 (***blood-glucose meter***)	Tier 3	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRESTO PRO BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRO VOICE V8 GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PRO VOICE V9 GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PRODIGY AUTOCODE METER KIT (***blood-glucose meter***)	Tier 3	DD
PRODIGY AUTOCODE MONITOR SYST (***blood-glucose meter***)	Tier 3	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY POCKET METER KIT (***blood-glucose meter***)	Tier 3	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY VOICE GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
QUINTET AC (***blood-glucose meter***)	Tier 3	DD
QUINTET BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
REFUAH PLUS GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
RELION ALL-IN-ONE METER KIT (***blood-glucose meter***)	Tier 3	DD
RELION CONFIRM KIT (***blood-glucose meter***)	Tier 3	DD
RELION MICRO GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
RELION MICRO GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
RELION PRIME METER (***blood-glucose meter***)	Tier 3	DD
REVEAL BLOOD GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GM250S GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GM260 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GM550 SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GM700SB GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GT333 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
RIGHTEST MAX PLUS GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SINGLE-LET (***lancets***)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
SMART SENSE MONITORING SYSTEM (***blood-glucose meter***)	Tier 3	DD
SMARTEST EJECT KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST LANCET (***lancets***)	Tier 2	DD
SMARTEST PERSONA GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
SMARTEST PERSONA STARTER KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST PRONTO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
SMARTEST PRONTO STARTER KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST PROTEGE KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST SMART CODE METER KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST TALKING METER KIT (***blood-glucose meter***)	Tier 3	DD
SOFT TOUCH LANCETS (***lancets***)	Tier 2	DD
SOLUS V2 AUDIBLE METER (***blood-glucose meter***)	Tier 3	DD
SOLUS V2 AUDIBLE METER KIT (***blood-glucose meter***)	Tier 3	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TEST EASYPLUS MINI METER (***blood-glucose meter***)	Tier 3	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
TD GOLD BLOOD GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
TD GOLD VOICE GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***)	Tier 2	DD
TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***)	Tier 3	DD
TEST N'GO BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUE METRIX AIR GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
TRUE METRIX AIR GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
TRUE METRIX GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
TRUE METRIX GO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TRUERESULT BLOOD GLUCOSE SYSTM KIT (***blood-glucose meter***)	Tier 3	DD
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK SMART SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTIMA MONITOR (***blood-glucose meter***)	Tier 1	DD
ULTRA FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA TLC LANCETS (***lancets***)	Tier 1	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ULTRATRAK GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ULTRATRAK GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
ULTRATRAK ULTIMATE (***blood-glucose meter***)	Tier 3	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD INO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
VIVAGUARD INO SMART GLUC METER (***blood-glucose meter***)	Tier 3	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
WAVESENSE AMP KIT (***blood-glucose meter***)	Tier 3	DD
WAVESENSE PRESTO (***blood-glucose meter***)	Tier 3	DD
WAVESENSE PRESTO KIT (***blood-glucose meter***)	Tier 3	DD
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
NIGHTTIME UNDERPANTS L-XL (***diaper,brief,youth,disposable***)	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Infant Diapers - Medical Supplies and Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 1 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 2 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 3 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 4 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 5 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 6 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
GIRLS TRAINING PANTS 4T-5T (***diaper/brief,infant-toddler, disposable***)	Tier 3	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
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 3	DD
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 3	DD
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 3	DD
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 1 ml***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 3	DD
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
BD 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 3	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE 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 3	DD
BD INSULIN SYRINGE ULTRA-FINE 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 3	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
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 3	DD
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 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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 3	DD
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 3	DD
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 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
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 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD

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 3	DD
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 3	DD
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 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
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 32 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
EASY 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, 1 ML 32 GAUGE X 5/16" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 3	DD
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 3	DD
EASY TOUCH UNI-SLIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 3	DD
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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 3	DD
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	DD
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	DD
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 3	DD
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 3	DD
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 3	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 3	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 3	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 3	DD
insulin syr|ndl u100 half mark syringe 0.3 ml 31 gauge x 1|4"	Tier 3	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
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 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"	Tier 3	DD
LITE TOUCH 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 3	DD
LITE TOUCH 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 3	DD
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 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 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
MONOJECT INSULIN SAFETY SYRING 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 3	DD
MONOJECT INSULIN SAFETY SYRING 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 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (***syringe with needle,insulin disposable***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	Tier 3	DD
PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 3	DD
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 3	DD
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 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 1 ml***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 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 3	DD
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 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 (half unit mark)***)	Tier 3	DD
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 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" (***syringe with needle,insulin 0.5 ml (half unit mark)***)	Tier 3	DD
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
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 3	DD
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 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
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 3	DD
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 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
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 containr***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
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 3	DD
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 3	DD
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 3	DD
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 3	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 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 3	DD
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 3	DD
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 3	DD
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
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 3	DD
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 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
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 3	DD
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 3	DD
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 3	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (***syringe with needle, insulin, safety, 1 ml***)	Tier 3	DD
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 3	
FILTERED EXTENSION SET INFUSION SET (***intravenous administration extension set with filter***)	Tier 3	
HI-VOLUME PUMPING CHAMBER SET (***transfer sets***)	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (***intravenous administration extension set***)	Tier 3	
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 3	
PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***)	Tier 3	
PHASEAL Y-SITE (***y-site line connector, closed system***)	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (***intravenous administration set***)	Tier 3	
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MAXX CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	Tier 3	
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	Tier 3	DD
CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
eua patient assessment	Tier 3	
PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
PRO-CEPTION VAGINAL (***medical supply, miscellaneous***)	Tier 3	
RECONSTITUBE KIT (***medical supply, miscellaneous***)	Tier 3	
SUPPOSITORY SHELL, SMALL DEVICE (***suppository mold***)	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 6	
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***)	Tier 3	DD
TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	Tier 3	
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	Tier 3	
XENOVIEW EMPTY DELIVERY BAG (***inhalation bag with mouthpiece***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 3	
AERONEB GO NEBULIZER (***nebulizer***)	Tier 3	
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
ALTERA NEBULIZER HANDSET (***nebulizer***)	Tier 3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 3	
AURA PORTANEB (***nebulizer***)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 3	
LC PLUS (***nebulizer***)	Tier 3	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	Tier 3	
MICROAIR MESH NEBULIZER (***nebulizer***)	Tier 3	
MINI PLUS NEBULIZER (***nebulizer***)	Tier 3	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	Tier 3	
PARI LC SPRINT SINUS (***nebulizer***)	Tier 3	
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	Tier 3	
SIDESTREAM (***nebulizer***)	Tier 3	
SIDESTREAM NEBULIZER (***nebulizer***)	Tier 3	
SIDESTREAM PLUS (***nebulizer***)	Tier 3	
SINUSTAR NEBULIZER (***nebulizer***)	Tier 3	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	Tier 3	
TRUNEB NEBULIZER (***nebulizer***)	Tier 3	
VIXONE NEBULIZER (***nebulizer***)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (***nebulizer***)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (***nebulizer***)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
HALO B-LOCK CLOSED LINE ADAPTR (***connector luer lock, closed system***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALO CLOSED BAG ADAPTOR (***infusion adapter, closed system***)	Tier 3	
HALO CLOSED LINE ADAPTOR (***connector luer lock, closed system***)	Tier 3	
HALO CLOSED SYRINGE ADAPTOR (***needle injector, luer lock, closed system***)	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM (***vial size converter, closed system***)	Tier 3	
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	Tier 3	
I-PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***)	Tier 3	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***)	Tier 3	
PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***)	Tier 3	
PHASEAL INFUSION CLAMP (***clamp, iv tubing***)	Tier 3	
PHASEAL INJECTOR LUER (***needle injector, luer, closed system***)	Tier 3	
PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***)	Tier 3	
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL (***pen injector device***)	Tier 6	
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	Tier 3	
Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (***peak flow meter/inhaler, assist devices***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 3	
MINI WRIGHT 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		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	Tier 3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
ALL FLOW 1000 KIT (***nebulizer accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALL FLOW 1000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 4000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 4000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 6000 PFT FILTER (***nebulizer accessories***)	Tier 3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 3	
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	Tier 3	
INSPIRATION ELITE FILTER (***nebulizer accessories***)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
nebulizer and compressor device	Tier 3	
NOSE CLIP (***nebulizer accessories***)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
PILLOW MASK CHILD (***nebulizer accessories***)	Tier 3	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***)	Tier 3	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	Tier 3	
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	Tier 3	
REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***)	Tier 3	
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
RUBBER MOUTHPIECE (***nebulizer accessories***)	Tier 3	
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	Tier 3	
SAMI THE SEAL MASK (***nebulizer accessories***)	Tier 3	
SIDESTREAM MASK (***nebulizer accessories***)	Tier 3	
SILICONE MASK (***nebulizer accessories***)	Tier 3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 3	
Medical Supplies and DME - Scar Treatments - Medical Supplies and Durable Medical Equipment		
SILINOIN TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 3	
Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment		
FOLLISTIM PEN DEVICE SUBCUTANEOUS PEN INJECTOR (***pen injector device (for follitropin beta)***)	Tier 6	
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, bifurcated***)	Tier 6	
NERIA MULTI (QUAD-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, quad-furcated***)	Tier 6	
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, trifurcated***)	Tier 6	
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM (***subcutaneous administration set***)	Tier 6	
SOFT-GLIDE SAF-Q SUBCUTANEOUS INFUSION SET 12 MM X 30.5 CM, 9 MM X 30.5 CM (***subcutaneous administration set, safety***)	Tier 6	
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 3	DD
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,automated dosing,bt with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, subcut automated dosing, bluetooth***)	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
MINIMED 630G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
MINIMED 770G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***)	Tier 3	DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	DD

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 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***)	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR (***catheter***)	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***)	Tier 3	
DOVER FOLEY CATHETER 24 FR (***catheter***)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	Tier 3	
DOVER UNIVERSAL TRAY (***catheterization tray***)	Tier 3	
FEMALE CATHETER 14 FR (***catheter***)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (***urinary bag/catheter***)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***)	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	Tier 3	
SELF-CATHETER, FEMALE 14 FR (***catheter***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	Tier 3	
SPEEDICATH (FEMALE) 16 FR (***catheter***)	Tier 3	
TOUCH-TROL 10 FR (***catheter***)	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	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 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	Tier 3	
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 3	
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 3	DD
AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TRUSTEEL INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (***dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl***)	Tier 6	
Tissue Bulking Implants - Ureteral - Medical Supplies and Durable Medical Equipment		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1) (***dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl***)	Tier 6	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
2TEK GLUCOSE/BLOOD PRESSURE KIT (***blood-glucose meter and wrist blood pressure monitor***)	Tier 3	DD
ACCU-CHEK AVIVA PLUS METER (***blood-glucose meter***)	Tier 3	DD
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK GUIDE GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ACCU-CHEK GUIDE ME GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
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 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ADVANCED GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days)
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE REDI-CODE PLUS (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE REDI-CODE PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
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 3	DD
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 3	DD
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 3	DD
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	Tier 3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT (***peak flow meter/inhaler, assist devices***)	Tier 3	
AERONEB GO NEBULIZER (***nebulizer***)	Tier 3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AGAMATRIX AMP GLUC MONITOR SYS (***blood-glucose meter***)	Tier 3	DD
AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
ALL FLOW 1000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 1000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 4000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 4000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 6000 PFT FILTER (***nebulizer accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (***foam bandage***)	Tier 3	
ALTERA NEBULIZER HANDSET (***nebulizer***)	Tier 3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	Tier 3	
ASSURE 4 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS 1.2 MM (***blade lancet, safety***)	Tier 2	DD
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 1 ml***)	Tier 3	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ASSURE PLATINUM GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASSURE PRISM MULTI METER (***blood-glucose meter***)	Tier 3	DD
ASSURE PRISM MULTI STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 3	
AURA PORTANEB (***nebulizer***)	Tier 3	
AUTOSOFT 30 INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
BARDEX I.C. FOLEY CATHETER 24 FR (***catheter***)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 3	DD
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
BD 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 3	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE 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 3	DD
BD INSULIN SYRINGE ULTRA-FINE 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 3	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 3	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD
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 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
BD VERITOR AT-HOME COVID19 TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BIGFOOT UNITY KIT (***flash glucose sensor|blood glucose test strips|pen needles***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	Tier 3	DD
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BIONIME RIGHTEST GM300 SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BIOTEL CARE BGM-4 METER (***blood-glucose meter***)	Tier 3	DD
BLOOD GLUCOSE MONITORING KIT (***blood-glucose meter***)	Tier 3	DD
BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
blood-glucose meter	Tier 3	DD
blood-glucose meter kit	Tier 3	DD
BOYS TRAINING PANTS 4T-5T (***diaper/brief,infant-toddler, disposable***)	Tier 3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (***blood sugar diagnostic, disc-type***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARESENS N (***blood-glucose meter***)	Tier 3	DD
CARESENS N TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CARESENS N VOICE (***blood-glucose meter***)	Tier 3	DD
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CARETOUCH GLUCOSE MONITORING KIT (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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 3	DD
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 3	DD
CARETOUCH KETONE-GLUCOSE MONIT DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***)	Tier 3	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
CELLTRION DIATRUST COV-19 HOME KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	Tier 3	DD
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	Tier 3	DD
CHOICEDM CLARUS (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHOICEDM CLARUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHEK BLOOD GLUCOSE (***blood-glucose meter***)	Tier 3	DD
CLEVER CHEK BLOOD GLUCOSE SYST KIT (***blood-glucose meter***)	Tier 3	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHOICE BLOOD GLUC SYS (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE MICRO (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE NEB KIT-ADULT (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
CLEVER CHOICE PRO (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TALK GLUCOSE SYS (***blood-glucose meter***)	Tier 3	DD
CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 3	
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 3	
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
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 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
CONCEPTION KIT (***conception assistance supplies combination no.1***)	Tier 3	
CONTOUR METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR METER KIT (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT EZ METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT EZ METER KIT (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT GEN METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT GEN METER KIT (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT LINK 2.4 KIT (***blood-glucose meter, wireless***)	Tier 3	DD
CONTOUR NEXT LINK KIT (***blood-glucose meter, wireless***)	Tier 3	DD
CONTOUR NEXT METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT ONE METER (***blood-glucose meter***)	Tier 3	DD
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
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 3	
DARIO BLOOD GLUCOSE MONITOR DEVICE (***blood-glucose meter,for mobile device***)	Tier 3	DD
DARIO BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
DEXCOM G6 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DIAPERS, UNISEX SIZE 1 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 2 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 3 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 4 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 5 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIAPERS, UNISEX SIZE 6 (***diaper/brief,infant-toddler, disposable***)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (***blood-glucose meter***)	Tier 3	DD
DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***)	Tier 3	
DOVER FOLEY CATHETER 24 FR (***catheter***)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	Tier 3	
DOVER UNIVERSAL TRAY (***catheterization tray***)	Tier 3	

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 3	DD
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 3	DD
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 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD
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 3	DD
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

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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 32 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
EASY 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, 1 ML 32 GAUGE X 5/16" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (***blood-glucose meter***)	Tier 3	DD
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY STEP BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
EASY STEP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TALK BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH BLU LINK GLUC SYST (***blood-glucose meter***)	Tier 3	DD
EASY TOUCH BLU LINK TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
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 3	DD
EASY TOUCH GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
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 3	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 3	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 3	DD
EASY TRAK BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TRAK II BLOOD GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
EASY TRAK II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EASYGLUCO METER KIT (***blood-glucose meter***)	Tier 3	DD
EASYGLUCO MONITORING SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
EASYGLUCO TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX NG (***blood-glucose meter***)	Tier 3	DD
EASYMAX NG KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EASYMAX V SPEAKING GLUCOSE SYS (***blood-glucose meter***)	Tier 3	DD
EASY-TOUCH BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 3	
ELEMENT COMPACT GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELEMENT COMPACT V GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (***blood-glucose meter***)	Tier 3	DD
ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE EVO BLOOD GLUCOSE KIT KIT (***blood-glucose meter***)	Tier 3	DD
EMBRACE EVO GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE PRO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
EMBRACE TALK BLOOD GLUCOSE SYS KIT (***blood-glucose meter***)	Tier 3	DD
EMBRACE TALK GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EMBRACE WAVE PLUS GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	Tier 3	
eua patient assessment	Tier 3	
EVENCARE G2 (***blood-glucose meter***)	Tier 3	DD
EVENCARE G2 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE G3 GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
EVENCARE G3 TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE KIT (***blood-glucose meter***)	Tier 3	DD
EVENCARE MINI GLUCOSE TEST STR STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE MINI MONITOR SYSTEM (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE PROVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVENCARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 6	DD
EVERSENSE E3 SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 6	DD
EVERSENSE SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
EVOLUTION BLOOD GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART PLUS SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
EZ SMART PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
EZ SMART SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
EZ SMART TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
FEMALE CATHETER 14 FR (***catheter***)	Tier 3	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
FILTERED EXTENSION SET INFUSION SET (***intravenous administration extension set with filter***)	Tier 3	
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	Tier 3	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FOLLISTIM PEN DEVICE SUBCUTANEOUS PEN INJECTOR (***pen injector device (for follitropin beta)***)	Tier 6	
FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
FORA D10 KIT (***blood-glucose meter and wrist blood pressure monitor***)	Tier 3	DD
FORA D15 GLUCOSE-BP MONITOR DEVICE (***blood-glucose and blood pressure meter with adult cuff***)	Tier 3	DD
FORA D15G STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D20 KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA D40D GLUCOSE-BP MONITOR DEVICE (***blood-glucose and blood pressure meter with adult cuff***)	Tier 3	DD
FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA G20 KIT (***blood-glucose meter***)	Tier 3	DD
FORA G20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA G30A (***blood-glucose meter***)	Tier 3	DD
FORA G30-PREMIUM V10 TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GD50 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
FORA PREMIUM V10 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORA TEST N'GO VOICE METER (***blood-glucose meter***)	Tier 3	DD
FORA TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA TN'G ADVANCE PRO MONITOR DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
FORA TN'G VOICE METER (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V10 KIT (***blood-glucose meter***)	Tier 3	DD
FORA V10 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V12 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
FORA V12 BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
FORA V12 GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V20 KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORA V30A (***blood-glucose meter***)	Tier 3	DD
FORA V30A KIT (***blood-glucose meter***)	Tier 3	DD
FORA V30A STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD20 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORACARE GD20 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORACARE GD40A GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORACARE GD40B GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE G1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
FORTISCARE T1 BLOOD GLUC SYS (***blood-glucose meter***)	Tier 3	DD
FREESTYLE FLASH SYSTEM KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE FREEDOM KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE FREEDOM LITE KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE INSULINX (***blood-glucose meter***)	Tier 1	DD
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 1	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO METER (***blood-glucose meter***)	Tier 1	DD
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
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	DD
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	DD
FREESTYLE SIDEKICK II KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE SYSTEM KIT KIT (***blood-glucose meter***)	Tier 1	DD
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (***lancets***)	Tier 1	DD
GDRIVE KIT (***blood-glucose meter***)	Tier 3	DD
GE100 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
GE100 BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE333 BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GENSTRIP TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GIRLS TRAINING PANTS 4T-5T (***diaper/brief,infant-toddler, disposable***)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD 01 METER KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD EXPRESSION KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE CONNEX METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE EXPRESS METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE METER KIT KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCARD SHINE XL METER (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD VITAL KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 3	DD
GLUCOCOM BLOOD GLUCOSE KIT (***blood-glucose meter***)	Tier 3	DD
GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GM100 KIT (***blood-glucose meter***)	Tier 3	DD
GM100 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GOJJI MULTI-FUNCTIONAL METER DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
GOJJI MULTI-FUNCTIONAL METER KIT (***blood ketone and glucose monitor***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOODLIFE AC-302 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
GOODLIFE AC-302 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
GUARDIAN CONNECT TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	DD
HALO B-LOCK CLOSED LINE ADAPTR (***connector luer lock, closed system***)	Tier 3	
HALO CLOSED BAG ADAPTOR (***infusion adapter, closed system***)	Tier 3	
HALO CLOSED LINE ADAPTOR (***connector luer lock, closed system***)	Tier 3	
HALO CLOSED SYRINGE ADAPTOR (***needle injector, luer lock, closed system***)	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM (***vial size converter, closed system***)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
HEALTHPRO GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
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 3	DD
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 3	DD
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 3	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
HI-VOLUME PUMPING CHAMBER SET (***transfer sets***)	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	Tier 3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
IGLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INFINITY METER KIT KIT (***blood-glucose meter***)	Tier 3	DD
INFINITY STARTER KIT KIT (***blood-glucose meter***)	Tier 3	DD
INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 3	
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 3	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 3	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 3	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 3	DD
INSPIRATION ELITE FILTER (***nebulizer accessories***)	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	Tier 3	
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	Tier 3	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
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 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"	Tier 3	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	Tier 3	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
I-PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***)	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (***blood administration set***)	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (***epidural administration set***)	Tier 6	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (***epidural administration set***)	Tier 6	
JAZZ WIRELESS 2 METER KIT KIT (***blood-glucose meter***)	Tier 3	DD
KANGAROO 924 SAFETY SCREW (***pump set***)	Tier 3	
KANGAROO EPUMP SET (***feeder container with pump set***)	Tier 3	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	Tier 3	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 3	
KERAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MAXX CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN (***lancets***)	Tier 2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 1	DD
LANCETS,ULTRA THIN , 26 GAUGE (***lancets***)	Tier 2	DD
LC PLUS (***nebulizer***)	Tier 3	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	Tier 3	
LITE TOUCH 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 3	DD
LITE TOUCH 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 3	DD
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 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 3	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (***urinary bag/catheter***)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***)	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 3	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD
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 3	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 3	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***)	Tier 3	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (***alginate dressing/carboxymethylcellulose***)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 1	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICROAIR MESH NEBULIZER (***nebulizer***)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (***intravenous administration extension set***)	Tier 3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
MICRODOT BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
MICROLET LANCET (***lancets***)	Tier 2	DD
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
MINI PLUS NEBULIZER (***nebulizer***)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 3	
MINIMED 630G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
MINIMED 770G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
MONOJECT INSULIN SAFETY SYRING 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 3	DD
MONOJECT INSULIN SAFETY SYRING 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 3	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (***syringe with needle,insulin disposable***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH KIT (***blood-glucose meter***)	Tier 3	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
nebulizer and compressor device	Tier 3	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, bifurcated***)	Tier 6	
NERIA MULTI (QUAD-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, quad-furcated***)	Tier 6	
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM (***sub-q administration set, trifurcated***)	Tier 6	
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM (***subcutaneous administration set***)	Tier 6	
NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIGHTTIME UNDERPANTS L-XL (***diaper,brief,youth,disposable***)	Tier 3	
NOSE CLIP (***nebulizer accessories***)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
NOVA MAX PLUS GLUC-KETON METER DEVICE (***blood ketone and glucose monitor***)	Tier 3	DD
NOVA MAX PLUS GLUC-KETON METER KIT (***blood ketone and glucose monitor***)	Tier 3	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***)	Tier 3	
OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,automated dosing,bt with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, subcut automated dosing, bluetooth***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
ON CALL EXPRESS METER (***blood-glucose meter***)	Tier 3	DD
ON CALL EXPRESS METER KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS METER (***blood-glucose meter***)	Tier 3	DD
ON CALL PLUS METER KIT (***blood-glucose meter***)	Tier 3	DD
ON CALL PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON CALL VIVID METER (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID METER KIT (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID PAL METER (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID PAL METER KIT (***blood-glucose meter***)	Tier 3	DD
ON CALL VIVID TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA2 METER (***blood-glucose meter***)	Tier 1	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 1	DD
ONETOUCH VERIO FLEX METER (***blood-glucose meter***)	Tier 1	DD
ONETOUCH VERIO FLEX START KIT (***blood-glucose meter***)	Tier 1	DD
ONETOUCH VERIO REFLECT METER (***blood-glucose meter***)	Tier 1	DD
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIUM EZ STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTIUM TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
OPTUMRX (***blood-glucose meter***)	Tier 3	DD
OPTUMRX KIT (***blood-glucose meter***)	Tier 3	DD
OPTUMRX STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	Tier 3	DD
PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***)	Tier 3	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	Tier 3	
PARI LC SPRINT SINUS (***nebulizer***)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	Tier 3	
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 3	DD
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
PHARMACIST CHOICE GLUCOSE SYS (***blood-glucose meter***)	Tier 3	DD
PHARMACIST CHOICE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***)	Tier 3	
PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***)	Tier 3	
PHASEAL INFUSION CLAMP (***clamp, iv tubing***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHASEAL INJECTOR LUER (***needle injector, luer, closed system***)	Tier 3	
PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***)	Tier 3	
PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***)	Tier 3	
PHASEAL Y-SITE (***y-site line connector, closed system***)	Tier 3	
PILLOW MASK CHILD (***nebulizer accessories***)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PIP BLOOD GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
POGO AUTOMATIC BLOOD GLUC SYS (***blood-glucose meter***)	Tier 3	DD
PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
PRECISION (***blood-glucose meter***)	Tier 1	DD
PRECISION PCX PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA KETONE-GLUCOSE KIT (***blood ketone and glucose monitor***)	Tier 1	DD
PRECISION XTRA MONITOR (***blood-glucose meter***)	Tier 1	DD
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 1	DD; QL (200 EA per 30 days)
PREMIER BLU GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
PREMIER CLASSIC GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
PREMIER COMPACT GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
PREMIER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PREMIER VOICE GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIUM BLOOD GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PREMIUM V10 (***blood-glucose meter***)	Tier 3	DD
PREMIUM V10 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRESTO PRO BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
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 3	DD
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 3	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
PRO VOICE V8 GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO VOICE V9 GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PRO-CEPTION VAGINAL (***medical supply, miscellaneous***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRODIGY AUTOCODE METER KIT (***blood-glucose meter***)	Tier 3	DD
PRODIGY AUTOCODE MONITOR SYST (***blood-glucose meter***)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	Tier 3	
PRODIGY NO CODING STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
PRODIGY POCKET METER KIT (***blood-glucose meter***)	Tier 3	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY VOICE GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***)	Tier 3	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (***dressing, collagen/silver***)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL (***pen injector device***)	Tier 6	
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	Tier 3	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
QUINTET AC (***blood-glucose meter***)	Tier 3	DD
QUINTET AC STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET BLOOD GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (***intravenous administration set***)	Tier 3	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RECONSTITUBE KIT (***medical supply, miscellaneous***)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
REFUAH PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
RELION ALL-IN-ONE METER KIT (***blood-glucose meter***)	Tier 3	DD
RELION CONFIRM KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELION MICRO GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
RELION MICRO GLUCOSE MONITOR KIT (***blood-glucose meter***)	Tier 3	DD
RELION PRIME METER (***blood-glucose meter***)	Tier 3	DD
RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELION ULTIMA STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 3	
REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
REVEAL TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GM250S GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GM260 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GM550 SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GM700SB GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
RIGHTEST GS250S TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST GT333 GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RIGHTEST MAX PLUS GLUCOSE MTR (***blood-glucose meter***)	Tier 3	DD
RIGHTEST MAX TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	Tier 3	
RUBBER MOUTHPIECE (***nebulizer accessories***)	Tier 3	
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 3	DD
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 3	DD
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 3	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	Tier 3	
SAMI THE SEAL MASK (***nebulizer accessories***)	Tier 3	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 1 ml***)	Tier 3	DD
SELF-CATHETER, FEMALE 14 FR (***catheter***)	Tier 3	
SIDESTREAM (***nebulizer***)	Tier 3	
SIDESTREAM MASK (***nebulizer accessories***)	Tier 3	
SIDESTREAM NEBULIZER (***nebulizer***)	Tier 3	
SIDESTREAM PLUS (***nebulizer***)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	Tier 3	
SILICONE MASK (***nebulizer accessories***)	Tier 3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 3	
SINGLE-LET (***lancets***)	Tier 2	DD
SINUSTAR NEBULIZER (***nebulizer***)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
SMART SENSE MONITORING SYSTEM (***blood-glucose meter***)	Tier 3	DD
SMART SENSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SMARTEST EJECT KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST LANCET (***lancets***)	Tier 2	DD
SMARTEST PERSONA GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
SMARTEST PERSONA STARTER KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST PRONTO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
SMARTEST PRONTO STARTER KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST PROTEGE KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST SMART CODE METER KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST TALKING METER KIT (***blood-glucose meter***)	Tier 3	DD
SMARTEST TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SOFT TOUCH LANCETS (***lancets***)	Tier 2	DD
SOFT-GLIDE SAF-Q SUBCUTANEOUS INFUSION SET 12 MM X 30.5 CM, 9 MM X 30.5 CM (***subcutaneous administration set, safety***)	Tier 6	
SOLUS V2 AUDIBLE METER (***blood-glucose meter***)	Tier 3	DD
SOLUS V2 AUDIBLE METER KIT (***blood-glucose meter***)	Tier 3	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	Tier 3	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
SPECTRAGEL TOPICAL GEL (***gel dressing***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPEEDICATH (FEMALE) 16 FR (***catheter***)	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
STRATACTX TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAGRT TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAXRT TOPICAL GEL (***gel dressing***)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SUPPOSITORY SHELL, SMALL DEVICE (***suppository mold***)	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 3	DD
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 3	DD
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 3	DD
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 3	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TEST EASYPLUS MINI METER (***blood-glucose meter***)	Tier 3	DD
SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 6	
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG (***compression stocking,knee high,long length,small circumferen***)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***)	Tier 3	DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
TD GOLD BLOOD GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TD GOLD TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TD GOLD VOICE GLUCOSE MONITOR (***blood-glucose meter***)	Tier 3	DD
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 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 3	DD
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 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 (half unit mark)***)	Tier 3	DD
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 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" (***syringe with needle,insulin 0.5 ml (half unit mark)***)	Tier 3	DD
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***)	Tier 2	DD
TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***)	Tier 3	DD
TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***)	Tier 3	DD
TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	Tier 3	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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 3	DD
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 3	DD
TEST N'GO BLOOD GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
TEST N'GO TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	Tier 3	
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD
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 3	DD
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	DD
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 3	DD
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 3	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 2	DD
TOUCH-TROL 10 FR (***catheter***)	Tier 3	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD
TRUE METRIX AIR GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
TRUE METRIX AIR GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
TRUE METRIX GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX GO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
TRUE METRIX PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TRUERESULT BLOOD GLUCOSE SYSTM KIT (***blood-glucose meter***)	Tier 3	DD
TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD
TRUETRACK SMART SYSTEM KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
TRUNEB NEBULIZER (***nebulizer***)	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB; $0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
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 3	DD
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 3	DD
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 3	DD
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
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 containr***)	Tier 3	DD
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 3	DD
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 3	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD
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 3	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIMA MONITOR (***blood-glucose meter***)	Tier 1	DD
ULTIMA TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 1	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
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 3	DD
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 3	DD
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 3	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 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 3	DD
ULTRA FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA TLC LANCETS (***lancets***)	Tier 1	DD
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 3	DD
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 3	DD
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 3	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
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 3	DD
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 3	DD
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 3	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ULTRATRAK GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
ULTRATRAK GLUCOSE METER KIT (***blood-glucose meter***)	Tier 3	DD
ULTRATRAK STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK ULTIMATE (***blood-glucose meter***)	Tier 3	DD
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (***syringe with needle, insulin, safety, 1 ml***)	Tier 3	DD
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 3	DD
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 3	DD
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	Tier 3	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 3	DD
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 3	DD
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 3	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE (***lancets***)	Tier 2	DD
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	Tier 3	
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
VIVAGUARD INO GLUCOSE METER (***blood-glucose meter***)	Tier 3	DD
VIVAGUARD INO SMART GLUC METER (***blood-glucose meter***)	Tier 3	DD
VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIXONE NEBULIZER (***nebulizer***)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (***nebulizer***)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (***nebulizer***)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 3	
WAVESENSE AMP KIT (***blood-glucose meter***)	Tier 3	DD
WAVESENSE JAZZ STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
WAVESENSE PRESTO (***blood-glucose meter***)	Tier 3	DD
WAVESENSE PRESTO KIT (***blood-glucose meter***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVESENSE PRESTO STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Test Strips, or Precision Xtra Test Strips within the past 120 days; QL (200 EA per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 3	
XENOVIEW EMPTY DELIVERY BAG (***inhalation bag with mouthpiece***)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (***gel dressing***)	Tier 3	
ZENPHOR TOPICAL GEL (***gel dressing***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement Agents		
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***)	Tier 6	PA
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 6	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (***cerliponase alfa***)	Tier 6	PA
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (***olipudase alfa-rpcp***)	Tier 6	PA
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 6	PA
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (***cerliponase alfa***)	Tier 6	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (***pegunigalsidase alfa-iwxj***)	Tier 6	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (***imiglucerase***)	Tier 6	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (***taliglucerase alfa***)	Tier 6	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (***velaglucerase alfa***)	Tier 6	PA
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 5	PA
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (***sebelipase alfa***)	Tier 6	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***)	Tier 6	PA
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***)	Tier 6	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (***idursulfase***)	Tier 6	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (***vestronidase alfa-vjbk***)	Tier 6	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (***galsulfase***)	Tier 6	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (***elosulfase alfa***)	Tier 6	PA
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (***alglucosidase alfa***)	Tier 6	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (***avalglucosidase alfa-ngpt***)	Tier 6	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***)	Tier 6	PA
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
calcitriol intravenous solution 1 mcg/ml	Tier 1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
doxercalciferol intravenous solution 4 mcg/2 ml	Tier 1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol hemodialysis port injection solution 2 mcg/ml	Tier 1	
paricalcitol hemodialysis port injection solution 5 mcg/ml	Tier 3	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	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)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (***levocarnitine***)	Tier 3	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (***levocarnitine***)	Tier 3	
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine intravenous solution 200 mg/ml	Tier 1	
levocarnitine oral solution 100 mg/ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	Tier 5	
miglustat oral capsule 100 mg	Tier 4	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***)	Tier 5	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	Tier 5	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	Tier 5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	Tier 5	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
betaine oral powder 1 gram/scoop	Tier 4	PA
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***)	Tier 6	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***)	Tier 6	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***)	Tier 6	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***)	Tier 6	PA
sodium benzoate-sod phenylacet intravenous solution 10-10 %	Tier 1	
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 4	PA
sodium phenylbutyrate oral tablet 500 mg	Tier 4	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	Tier 6	PA
carglumic acid oral tablet, dispersible 200 mg	Tier 4	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (***cobicistat***)	Tier 2	QL (1 EA per 1 day)
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	Tier 6	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 4	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (***sapropterin dihydrochloride***)	Tier 5	
KUVAN ORAL TABLET,SOLUBLE 100 MG (***sapropterin dihydrochloride***)	Tier 5	
sapropterin oral powder in packet 100 mg, 500 mg	Tier 4	
sapropterin oral tablet,soluble 100 mg	Tier 4	
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 5	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	Tier 6	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 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
fluoride (sodium) dental cream 1.1 %	Tier 1	
fluoride (sodium) dental gel 1.1 %	Tier 1	
fluoride (sodium) dental paste 1.1 %	Tier 1	
fluoride (sodium) dental solution 0.2 %	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
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)	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
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	
Dental Product - Local Anesthetics - Drugs for the Mouth and Throat		
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:100,000 (***articaine hcl/epinephrine bitartrate***)	Tier 3	
ARTICADENT DENTAL INJECTION CARTRIDGE 4 %-1:200,000 (***articaine hcl/epinephrine bitartrate***)	Tier 6	
articaine-epinephrine bitart injection cartridge 4 %-1:200,000	Tier 1	
bupivacaine-epinephrine bitart injection cartridge 0.5 %-1:200,000	Tier 1	
mepivacaine hcl (Carbocaine Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
CARBOCAINE WITH NEO-COBEFRIN INJECTION CARTRIDGE 2 % -1:20,000 (***mepivacaine hcl/levonordefrin***)	Tier 3	
CITANEST FORTE DENTAL INJECTION CARTRIDGE 40 MG/ML (4 %)- 1:200,000 (***prilocaine hcl/epinephrine bitartrate***)	Tier 3	
CITANEST PLAIN DENTAL INJECTION CARTRIDGE 4 % (40 MG/ML) (***prilocaine hcl***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (***tetracaine hcl/oxymetazoline hcl***)	Tier 3	
lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000	Tier 1	
lidocaine hcl/epinephrine bitartrate (Lignospan Standard Injection Cartridge 2 %-1:100,000)	Tier 1	
bupivacaine hcl/epinephrine bitartrate (Marcaine-Epinephrine Injection Cartridge 0.5 %-1:200,000)	Tier 1	
mepivacaine injection cartridge 30 mg/ml (3 %)	Tier 1	
ORABLOC INJECTION CARTRIDGE 4 %- 1:100,000 (***articaine hcl/epinephrine bitartrate***)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (***lidocaine/prilocaine***)	Tier 3	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (***mepivacaine hcl***)	Tier 1	
mepivacaine hcl (Scandonest Plain Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:100,000 (***articaine hcl/epinephrine bitartrate***)	Tier 3	
SEPTOCAINE INJECTION CARTRIDGE 4 %- 1:200,000 (***articaine hcl/epinephrine bitartrate***)	Tier 6	
bupivacaine hcl/epinephrine bitartrate (Vivacaine Injection Cartridge 0.5 %-1:200,000)	Tier 1	
lidocaine hcl/epinephrine bitartrate (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	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 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % (***sulfuric acid/sulfonated phenol***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
chlorhexidine gluconate (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (***sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos***)	Tier 3	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	Tier 1	
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth and Throat - Mouthwashes - Drugs for the Mouth and Throat		
FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25-400-40 MG/30 ML (***diphenhydramine/lidocaine/magnesium,aluminum hydroxid/simeth***)	Tier 3	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (***povidone/taurine/zinc gluconate/peg-40 castor oil***)	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth and Throat - Protectants - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (***povidone/taurine/zinc gluconate/peg-40 castor oil***)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
cevimeline oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
XYLIGEL MUCOUS MEMBRANE GEL (***saliva stimulant combination no.9***)	Tier 3	
XYLIMELTS MUCOUS MEMBRANE MUCO-ADHESIVE BUCCAL TABLET 500 MG (***xylitol***)	Tier 3	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab***)	Tier 6	PA
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (***ublituximab-xiiy***)	Tier 6	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (***ocrelizumab***)	Tier 6	PA
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (***alemtuzumab***)	Tier 6	PA
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 5	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 5	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 6	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 6	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 5	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 5	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 5	PA
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (***monomethyl fumarate***)	Tier 6	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (***glatiramer acetate***)	Tier 5	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tier 4	PA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 4	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	Tier 5	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 4	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 5	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 5	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 5	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 5	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 5	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 5	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
teriflunomide oral tablet 14 mg, 7 mg	Tier 4	PA
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
fingolimod oral capsule 0.5 mg	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	Tier 5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***)	Tier 5	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	Tier 5	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	Tier 5	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (***ponesimod***)	Tier 6	PA
PONVORY ORAL TABLET 20 MG (***ponesimod***)	Tier 6	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG (***fingolimod lauryl sulfate***)	Tier 3	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG (***fingolimod lauryl sulfate***)	Tier 6	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	Tier 6	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	Tier 6	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	Tier 6	PA
Ophthalmic Agents		
Ophthalmic Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Complement Inhibitors		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 6	PA
SYFOVRE INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	Tier 6	PA
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 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (***hydroxypropyl cellulose***)	Tier 3	
MIEBO OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	Tier 3	PA
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (***faricimab-svoa***)	Tier 6	PA
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	Tier 3	
Miotics - Direct Acting - Drugs for Glaucoma		
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML) (***acetylcholine chloride***)	Tier 3	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (***carbachol***)	Tier 3	
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 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
lidocaine-phenylephrin-bss(pf) intraocular syringe 1-1.5 %	Tier 1	
lidocaine-phenylephrn in water intraocular solution 1-1.5 %	Tier 1	
phenylephrine (pf)-bss intraocular syringe 1.5 %	Tier 1	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
racepineph-lidocaine-bss 7(pf) intraocular solution 0.025-0.75 %	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***oxymetazoline hcl/pf***)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	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 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (***riboflavin 5-phosphate sodium (b2)***)	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***)	Tier 3	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (***pilocarpine hcl***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
dexameth-moxiflox(pf)-nacl,iso intraocular solution 1-5 mg/ml	Tier 1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	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	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (***tobramycin/dexamethasone***)	Tier 3	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (***tobramycin/loteprednol etabonate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
dexamet-moxifl-ketoro-nacl(pf) intraocular solution 1-0.5-0.4 mg/ml	Tier 1	
prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine ophthalmic (eye) drops, emulsion 0.01 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
cyclopentolate ophthalmic (eye) drops 1 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***)	Tier 1	
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 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	QL (3 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (***loteprednol etabonate***)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***)	Tier 3	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 % (***dexamethasone/pf***)	Tier 3	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***)	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone acetate***)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***fluorometholone***)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (***fluocinolone acetonide***)	Tier 3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol etabonate***)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 % (***loteprednol etabonate/chondroitin sulfate a sodium/pf***)	Tier 3	
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)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (***dexamethasone***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***)	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
RETISERT INTRAVITREAL IMPLANT 0.59 MG (***fluocinolone acetonide***)	Tier 3	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	Tier 3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	Tier 3	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (***fluocinolone acetonide***)	Tier 3	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	Tier 3	ST: Requires prior prescriptions for Restasis and 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	
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 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***)	Tier 3	QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (***bromfenac sodium***)	Tier 3	QL (5 ML per 16 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	Tier 2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***nepafenac***)	Tier 3	QL (9 ML per 16 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (***bromfenac sodium***)	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine within the past 365 days; QL (3 ML per 16 days)
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	QL (2 EA per 1 day)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %	Tier 1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***brinzolamide***)	Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***)	Tier 5	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	Tier 5	PA
Ophthalmic - Decongestants - Drugs for Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
Ophthalmic - Enzymes - Drugs for the Eye		
hyaluronidase(pf)-sodchlor,iso intraocular solution 175 unit/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***)	Tier 6	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (***timolol***)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***)	Tier 3	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	
Ophthalmic - Irrigation Solutions - Drugs for the Eye		
balanced salt irrig soln no.2 (Balanced Salt Intraocular Solution)	Tier 1	
BSS PLUS INTRAOCULAR SOLUTION (***balanced salt irrigation solution combination no.1***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
proparacaine hcl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl***)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (***chloroprocaine hcl/pf***)	Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (***lidocaine hcl/pf***)	Tier 3	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	Tier 6	PA
bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 5	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	Tier 5	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	Tier 6	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	Tier 6	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 6	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 6	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 6	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 6	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 6	PA
SYFOVRE INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	Tier 6	PA
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (***nedocromil sodium***)	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide tromethamine***)	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	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	
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 % (***phenylephrine hcl/ketorolac tromethamine***)	Tier 3	
tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***)	Tier 6	
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs for the Eye		
ADATO SIL-OL 5000 INTRAOCULAR SYRINGE 5,000 MPAS (***polydimethylsiloxanes***)	Tier 3	
GELFILM OPHTHALMIC (EYE) FILM (***gelatin***)	Tier 3	
MEMBRANEBLUE INTRAOCULAR SYRINGE 0.15 % (***trypan blue***)	Tier 3	
SILIKON INTRAOCULAR OIL 1,000 CENTISTOKES (***polydimethylsiloxanes***)	Tier 3	
TISSUEBLUE INTRAOCULAR SYRINGE 0.025 % (***c.i. acid blue 90***)	Tier 3	
VISIONBLUE INTRAOCULAR SYRINGE 0.06 % (***trypan blue***)	Tier 3	
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (***hyaluronate sodium***)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (***hyaluronate sodium***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
DISCOVISC INTRAOCULAR SYRINGE 40-17 MG/ML (***chondroitin sulfate a sodium/hyaluronate sodium***)	Tier 3	
DUOVISC VISCO ELASTIC INTRAOCULAR SYRINGE 3 %-4 %(0.35ML) 1 % (0.4 ML), 3 %-4 %(0.5 ML) 1 % (0.55 ML) (***chondroitin sulfate a sodium/hyaluronate sodium***)	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (***hyaluronate sodium***)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
VISCOAT INTRAOCULAR SYRINGE 4-3 % (40-30 MG/ML) (***chondroitin sulfate a sodium/hyaluronate sodium***)	Tier 3	
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	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 1.5 %	Tier 1	
moxifloxacin (pf)-bss intracameral solution 1 mg/ml	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
moxifloxacin-sod chlor,iso(pf) intraocular solution 0.8 mg/0.8 ml, 4 mg/0.8 ml, 5 mg/ml	Tier 1	
moxifloxacin-sod chlor,iso(pf) intraocular syringe 0.3 mg/0.3 ml, 1.6 mg/ml	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (***azithromycin***)	Tier 3	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 % (***azithromycin/chondroitin sulfate a sodium/pf***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***)	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***)	Tier 3	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		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (***bimatoprost***)	Tier 6	
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 % (***latanoprost/pf***)	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	Tier 2	QL (2.5 ML per 25 days)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Tier 1	QL (1 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***)	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***)	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***)	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	Tier 6	PA
bevacizumab intravitreal syringe 1.25 mg/0.05 ml, 2 mg/0.08 ml, 2.5 mg/0.1 ml, 3.25 mg/0.13 ml	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 5	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	Tier 5	PA
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 6	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 6	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 6	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 6	PA
Vascular Endothelial Growth Factor(VEGF-A and PlGF)Receptor Inhibitors - Drugs for the Eye		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	Tier 6	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	Tier 6	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	Tier 6	PA
Organ Preservation Solutions		
Microplegic Solutions		
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (***cardioplegic and organ preservation solution no.1***)	Tier 3	
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.16***)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.10***)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (***cardioplegic no.23 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (***cardioplegic solution no.27 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.18 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.30 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.15 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.32 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (***cardioplegic solution no.31 (maintenance 4:1)***)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (***cardioplegic solution no.29 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (***cardioplegic solution no.20 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (***cardioplegic solution no.26 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.14 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.28 (reperfusate 4:1)***)	Tier 3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (***cardioplegic solution no.24 (reperfusate 4:1)***)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.33 (warm induction 4:1)***)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
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 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	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 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
acetic acid otic (ear) solution 2 %	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Renal Replacement Therapy - Drugs for the Kidneys		
Hemodialysis and Hemofiltrate Solutions - Drugs for the Kidneys		
PHOXILLUM B22K HEMODIALYSIS SOLUTION K (4)-MG (1.5 MEQ/L)-PO4 (1) (***phosphate hemodialysis soln no.3 without calcium or dextrose***)	Tier 3	
PHOXILLUM BK HEMODIALYSIS SOLUTION K (4)-CA (2.5 MEQ/L)-PO4 (1) (***phosphate hemodialysis solution no.2 without dextrose***)	Tier 3	
PRISMASOL B22GK HEMODIALYSIS SOLUTION K (2 MEQ/L) -MG (1.5 MEQ/L) (***bicarbonate dialysis solution no.14 without calcium***)	Tier 3	
PRISMASOL B22GK HEMODIALYSIS SOLUTION K 4 MEQ/L -MG 1.5 MEQ/L (***bicarbonate dialysis solution no.16 without calcium***)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION CA (2.5 MEQ/L) -MG (1.5 MEQ/L) (***bicarbonate dialysis solution no.11 without potassium***)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (2 MEQ/L) -CA (3.5)-MG(1) (***bicarbonate dialysis solution no.2***)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (2 MEQ/L) -MG (1 MEQ/L) (***bicarbonate dialysis solution no.8 without calcium***)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (4 MEQ/L) -MG (1.2 MEQ/L) (***bicarbonate dialysis solution no.15 without calcium***)	Tier 3	
PRISMASOL BGK HEMODIALYSIS SOLUTION K (4 MEQ/L)-CA (2.5)-MG (1.5) (***bicarbonate dialysis soln no.9***)	Tier 3	
PRISMASOL BK HEMODIALYSIS SOLUTION MG 1.2 MEQ/L (***bicarbonate dialysis soln no.13 without calc,potas,dextrose***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peritoneal Dialysis Solutions - Drugs for the Kidneys		
DELFLEX WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.7 with 2.5 % dextrose***)	Tier 3	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.6 with 1.5 % dextrose***)	Tier 3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.7 with 2.5 % dextrose***)	Tier 3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.8 with 4.25 % dextrose***)	Tier 3	
DELFLEX-SM WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L (***peritoneal dialysis solution no.19 and dextrose 1.5 %***)	Tier 3	
DELFLEX-SM WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 1.5 MEQ/L (***peritoneal dialysis no.21 with 2.5 % dextrose***)	Tier 6	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.6 with 1.5 % dextrose***)	Tier 3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.8 with 4.25 % dextrose***)	Tier 3	
DIANEAL PD-2 WITH 2.5 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis no.13 with dextrose 2.5 %***)	Tier 3	
DIANEAL PD-2 WITH 4.25 % DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no. 3 with 4.25 % dextrose***)	Tier 3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.4 with 1.5 % dextrose***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIANEAL WITH 1.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.6 with 1.5 % dextrose***)	Tier 3	
DIANEAL WITH 2.5 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.7 with 2.5 % dextrose***)	Tier 3	
DIANEAL WITH 4.25 % DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.8 with 4.25 % dextrose***)	Tier 3	
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.28 with icodextrin 7.5 %***)	Tier 3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.4 with 1.5 % dextrose***)	Tier 3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis no.13 with dextrose 2.5 %***)	Tier 3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no. 3 with 4.25 % dextrose***)	Tier 3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION CA 2.5 MEQ/L- MG 0.5 MEQ/L (***peritoneal dialysis solution no.7 with 2.5 % dextrose***)	Tier 3	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	Tier 1	

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 3	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		
brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml	Tier 1	
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl injection syringe 50 mg/ml	Tier 1	
diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
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	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
brompheniramine in nacl,iso-os intramuscular solution 10 mg/ml	Tier 1	
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl injection syringe 50 mg/ml	Tier 1	
diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
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	
Antihistamines - 2nd Generation - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML (***cetirizine hcl***)	Tier 3	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML (***cetirizine hcl***)	Tier 3	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	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		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	Tier 5	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***omalizumab***)	Tier 5	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (***ciclesonide***)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION (***fluticasone propionate***)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (13 GM per 30 days)
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 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (1 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, or Flovent HFA within the past 365 days; QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-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 5	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 5	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (***reslizumab***)	Tier 6	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	Tier 5	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	Tier 5	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***)	Tier 5	PA
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	Tier 5	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (***benralizumab***)	Tier 5	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | SP = Specialty Drug | EHB = USPSTF A & B Drug | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Oral Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 6	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	Tier 6	PA
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
aminophylline intravenous solution 250 mg/10 ml	Tier 1	
aminophylline intravenous solution 500 mg/20 ml	Tier 1	
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		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	Tier 3	ST: Requires prior prescription for Spiriva within the past 120 days; QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (***aclidinium bromide***)	Tier 3	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 3	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; 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)
ipratropium bromide inhalation solution 0.02 %	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)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	Tier 1	QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 1	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 1	
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	Tier 1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
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	Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
terbutaline subcutaneous solution 1 mg/ml	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 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (***aclidinium bromide/formoterol fumarate***)	Tier 3	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	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 1	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 DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	Tier 3	ST: Requires prior prescription for Advair HFA, Advair Diskus, Breo Ellipta, or Symbicort within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***)	Tier 3	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 3	ST: Requires prior prescription for Advair HFA, Advair Diskus, Breo Ellipta, or Symbicort within the past 120 days; QL (39 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 3	ST: Requires prior prescription for Advair HFA, Advair Diskus, Breo Ellipta, or Symbicort within the past 120 days; QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	Tier 3	ST: Requires prior prescription for Advair HFA, Advair Diskus, Breo Ellipta, or Symbicort within the past 120 days; QL (1 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 (30.6 GM per 30 days)
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 3	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	Tier 5	PA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 4	PA
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	Tier 5	PA
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	Tier 6	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 5	PA
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	Tier 5	PA
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	Tier 5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	Tier 5	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	Tier 5	PA
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 5	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5	PA
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***)	Tier 6	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (***alpha-1-proteinase inhibitor***)	Tier 6	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (***alpha-1-proteinase inhibitor***)	Tier 6	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***)	Tier 6	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (***alpha-1-proteinase inhibitor***)	Tier 6	
Lung Surfactants - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (***poractant alfa***)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (***beractant***)	Tier 3	
Mucolytics - Drugs for the Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	Tier 5	PA
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***)	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	Tier 1	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %) (***beclomethasone dipropionate***)	Tier 3	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (25 GM per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (***ciclesonide***)	Tier 3	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	QL (10.6 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (***ciclesonide***)	Tier 3	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
Nasal Post-Surgical Agents - Drugs for the Nose		
SINUVA SINUS IMPLANT 1,350 MCG (***mometasone furoate***)	Tier 3	PA
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***)	Tier 3	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
epinephrine hcl nasal solution 1 mg/ml	Tier 1	
Nasal Wash Combinations - Allergy		
ALKALOL NASAL WASH NASAL SOLUTION (***menthol/eucal/thymol/camphor/benz/sod chloride/pot chlorate***)	Tier 3	
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 Ml)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
promethazine-dm oral syrup 6.25-15 mg/5 ml	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)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***)	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML (***codeine polistirex/chlorpheniramine polistirex***)	Tier 3	ST: At least 2 prior prescriptions for Montelukast, Promethazine/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold		
promethazine/phenylephrine hcl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	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
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (***talc***)	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (***talc***)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (***talc***)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
pirfenidone oral capsule 267 mg	Tier 4	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 4	PA
pirfenidone oral tablet 534 mg	Tier 4	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 5	PA
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***)	Tier 3	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Vaginal Antifungal - Triazoles - Drugs for Infections		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***)	Tier 3	
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (***oxyquinoline sulfate/sodium lauryl sulfate***)	Tier 3	
Vaginal Estrogens - Drugs for Women		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (***estradiol***)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 90 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (***estradiol acetate***)	Tier 3	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	Tier 3	

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