Portfolio Medium – Preferred Drug List (PDL)

MemorialCare Select Health Plan

Applies to: MemorialCare Select Members

Last Updated: November 2021

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 - Unclassified - Vitamins and Minerals		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic		
Immunomodulator - Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***)	Tier 2	PA; SP
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (***meperidine hcl/pf***)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***)	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)	Tier 1	
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 buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
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; QL (1 EA per 3 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
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; QL (1 EA per 3 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***fentanyl citrate***)	Tier 3	PA
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)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 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, 8 mg	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***hydrocodone bitartrate***)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY (***fentanyl citrate***)	Tier 3	PA
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
levorphanol tartrate oral tablet 3 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine injection cartridge 10 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 injection solution 10 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone oral solution 5 mg/5 ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
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 intravenous pt controlled analgesia syring 275 mg/55 ml (5 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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 40 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 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***)	Tier 2	QL (6 EA per 1 day)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 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)
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)
QDOLO ORAL SOLUTION 5 MG/ML (***tramadol hcl***)	Tier 3	PA
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY (***fentanyl***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol oral capsule,er biphase 24 hr 17-83 300 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 capsule,er biphase 24 hr 25-75 100 mg, 200 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 100 mg	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (***hydrocodone bitartrate***)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Dihydrocodeine Combinations - Arthritis and Pain Drugs		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
acetaminophen/caffeine/dihydrocodeine bitartrate (Dvorah Oral Tablet 325-30-16 Mg)	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic,Xanthine - Arthritis and Pain Drugs		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen/caffeine/dihydrocodeine bitartrate (Dvorah Oral Tablet 325-30-16 Mg)	Tier 1	ST: Requires prior prescription for Acetaminophen With Codeine tablets within the past 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (***benzhydrocodone hcl/acetaminophen***)	Tier 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 tablet 2.5-325 mg	Tier 1	QL (12 EA per 1 day)
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML (***hydrocodone bitartrate/acetaminophen***)	Tier 3	QL (200 ML per 1 day)
hydrocodone bitartrate/acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 1	QL (13 EA per 1 day)
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	Tier 1	QL (184 ML 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML (***hydrocodone bitartrate/acetaminophen***)	Tier 3	QL (200 ML per 1 day)
hydrocodone bitartrate/acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	Tier 1	QL (13 EA per 1 day)
hydrocodone/ibuprofen (Xylon 10 Oral Tablet 10-200 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, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg	Tier 1	QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Primlev Oral Tablet 10-300 Mg)	Tier 1	QL (13 EA per 1 day)
oxycodone hcl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)	Tier 3	QL (13 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg	Tier 1	QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Primlev Oral Tablet 10-300 Mg)	Tier 1	QL (13 EA per 1 day)
oxycodone hcl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML (***oxycodone hcl/acetaminophen***)	Tier 3	QL (66 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone hcl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 1	QL (13 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
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
butalbital/acetaminophen (Allzital Oral Tablet 25-325 Mg)	Tier 3	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
butalbital-acetaminophen oral capsule 50-300 mg	Tier 1	QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 25-325 mg	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (12 EA per 1 day)
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)
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 (Vanatol Lq Oral Solution 50-325-40 Mg/15 Ml)	Tier 1	
butalbital/acetaminophen/caffeine (Vanatol S Oral Solution 50-325-40 Mg/15 Ml)	Tier 1	
butalbital/acetaminophen/caffeine (Vtol Lq Oral Solution 50-325-40 Mg/15 Ml)	Tier 1	
butalbital/acetaminophen/caffeine (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***)	Tier 3	SP
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 3	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
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 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 3	PA; SP
DMARD - Antimalarials - Arthritis and Pain Drugs		
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	SP; 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 CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	Tier 3	PA; SP
DMARD - Gold Compounds - Arthritis and Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	Tier 2	SP
cyclosporine oral capsule 100 mg	Tier 1	SP
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	SP
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 3	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	Tier 2	SP
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	Tier 3	PA; SP
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 3	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 3	PA; SP
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG (***baricitinib***)	Tier 3	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (***upadacitinib***)	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	Tier 2	PA; SP
XELJANZ ORAL TABLET 5 MG (***tofacitinib citrate***)	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib citrate***)	Tier 2	PA; SP
DMARD - Other - Arthritis and Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 1	PA; SP
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 30 MG (***apremilast***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA; SP
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***)	Tier 3	PA; SP
NSAID Analgesic and Histamine H2 Receptor Antagonist Combinations - Arthritis and Pain Drugs		
ibuprofen-famotidine oral tablet 800-26.6 mg	Tier 1	ST: Requires prior prescription for generic prescription strength Ibuprofen (400mg, 600mg, or 800mg) within the past 120 days; QL (3 EA per 1 day)
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 Proton Pump Inhibitor Combinations - Arthritis and Pain Drugs		
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	Tier 1	ST: Requires prior prescription for generic Naproxen within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAID Analgesic and Topical Irritant Counter-Irritant Combinations - Arthritis and Pain Drugs		
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	
FLEXIPAK KIT 75 MG- 0.025 % (***diclofenac sodium/capsaicin***)	Tier 3	
INAVIX KIT 75 MG- 0.025 % (***diclofenac sodium/capsaicin***)	Tier 3	
INFLAMMACIN KIT 75 MG- 0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (***diclofenac sodium/menthol/camphor***)	Tier 3	
NUDICLO TABPAK KIT 75 MG- 0.025 % (***diclofenac sodium/capsaicin***)	Tier 3	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 % (***diclofenac sodium/capsaicin/methyl salicylate/menthol***)	Tier 3	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 % (***diclofenac sodium/capsaicin/methyl salicylate/menthol***)	Tier 3	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 % (***etodolac/capsaicin/methyl salicylate/menthol***)	Tier 3	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 % (***ibuprofen/capsaicin/methyl salicylate/menthol***)	Tier 3	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 % (***nabumetone/capsaicin/methyl salicylate/menthol***)	Tier 3	
XENAFLAMM KIT 75 MG- 0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 % (***celecoxib/capsaicin/methyl salicylate/menthol***)	Tier 3	
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, 30 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 cartridge 60 mg/2 ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac nasal spray,non-aerosol 15.75 mg/spray	Tier 1	ST: Requires prior prescription for a generic Nonsteroidal Anti-Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
RELAFEN DS ORAL TABLET 1,000 MG (***nabumetone***)	Tier 3	ST: Requires prior prescription for generic Nabumetone tablets within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY (***ketorolac tromethamine***)	Tier 3	ST: Requires prior prescription for a generic Nonsteroidal Anti-Inflammatory Drug (NSAID) within the past 120 days; QL (5 EA per 30 days)
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 200 mg, 600 mg	Tier 1	
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		
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
meloxicam submicronized oral capsule 10 mg, 5 mg	Tier 1	ST: At least 2 prior prescriptions for Diclofenac Potassium, Diclofenac Sodium, or Meloxicam within the past 365 days; QL (1 EA per 1 day)
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (***meloxicam, submicronized***)	Tier 3	ST: At least 2 prior prescriptions for Diclofenac Potassium, Diclofenac Sodium, or Meloxicam within the past 365 days; QL (1 EA per 1 day)
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
CAMBIA ORAL POWDER IN PACKET 50 MG (***diclofenac potassium***)	Tier 3	PA
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	
diclofenac submicronized oral capsule 35 mg	Tier 1	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, Pennsaid, or Vopac Mds within the past 120 days; QL (3 EA per 1 day)
ZIPSOR ORAL CAPSULE 25 MG (***diclofenac potassium***)	Tier 3	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, Dyloject, Pennsaid, or Vopac Mds within the past 120 days; QL (4 EA per 1 day)
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (***diclofenac submicronized***)	Tier 3	ST: Requires prior prescription for Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, Dyloject, Pennsaid, or Vopac Mds within the past 120 days; QL (3 EA per 1 day)
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	Tier 1	
fenoprofen oral capsule 200 mg, 400 mg	Tier 1	
fenoprofen oral tablet 600 mg	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
IBUPAK ORAL KIT 600 MG (***ibuprofen/glycerin***)	Tier 3	
ibuprofen oral suspension 100 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG (***naproxen sodium***)	Tier 3	
naproxen oral suspension 125 mg/5 ml	Tier 1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 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	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (***indomethacin***)	Tier 2	
INDOCIN RECTAL SUPPOSITORY 50 MG (***indomethacin***)	Tier 3	PA
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
indomethacin submicronized oral capsule 20 mg	Tier 1	ST: Requires prior prescription for Indomethacin capsules within the past 120 days; QL (3 EA per 1 day)
TIVORBEX ORAL CAPSULE 20 MG (***indomethacin, submicronized***)	Tier 3	ST: Requires prior prescription for Indomethacin capsules within the past 120 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 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
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
diflunisal oral tablet 500 mg	Tier 1	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (***aspirin***)	Tier 3	PA
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, Benzodiazepines - Drugs for Sedation		
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (***lidocaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
LIDOMARK 1-5 KIT 10 MG/ML (1 %) (***lidocaine hcl/pf/adhesive bandage***)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %) (***lidocaine hcl/pf/adhesive bandage***)	Tier 3	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (Procto-Pak Topical Cream With Perineal Applicator 1 %)	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	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	
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	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 1	PA; SP
penicillamine oral capsule 250 mg	Tier 1	PA; SP
penicillamine oral tablet 250 mg	Tier 1	PA; SP
trientine oral capsule 250 mg	Tier 1	PA; SP
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 1	PA; SP
deferiprone oral tablet 500 mg	Tier 1	PA; SP
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG (***deferiprone***)	Tier 3	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	Tier 3	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (***deferiprone***)	Tier 3	PA; SP
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	Tier 3	
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; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML (***methylnaltrexone bromide***)	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML (***methylnaltrexone bromide***)	Tier 3	PA; QL (0.4 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naltrexone oral tablet 50 mg	Tier 1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (***naloxone hcl***)	Tier 2	QL (4 EA per 30 days)
Anti-Infective Agents - Drugs for Infections		
Amebicides - Drugs for Parasites		
paromomycin oral capsule 250 mg	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	Tier 3	PA; SP
neomycin oral tablet 500 mg	Tier 1	
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 250 mg, 500 mg	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (***amoxicillin/potassium clavulanate***)	Tier 3	ST: Requires prior prescription for Amoxicillin/potassium Clav within the past 120 days; QL (150 ML per 30 days)
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
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, 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
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	Tier 3	
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG (***isavuconazonium sulfate***)	Tier 3	PA
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 ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (***posaconazole***)	Tier 3	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (***itraconazole***)	Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	
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 3	PA; SP
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	Tier 2	PA; SP; QL (2 EA per 1 day)
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 - 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg	Tier 2	
pyrimethamine oral tablet 25 mg	Tier 1	PA; SP
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 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, Tinidazole, or Vandazole within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	Tier 2	SP; QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG (***maraviroc***)	Tier 2	SP; QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG (***maraviroc***)	Tier 2	SP; QL (4 EA per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	Tier 2	PA; SP
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	Tier 2	SP; QL (2 EA per 1 day)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***)	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (***dolutegravir sodium***)	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***)	Tier 2	SP; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG (***cabotegravir sodium***)	Tier 2	SP; QL (1 EA per 1 day); Age (Min 18 Years)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	Tier 2	SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	Tier 2	SP; 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 2	SP; QL (1 EA per 1 day)
efavirenz oral capsule 200 mg, 50 mg	Tier 1	SP
efavirenz oral tablet 600 mg	Tier 1	SP
etravirine oral tablet 100 mg	Tier 1	SP; QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	Tier 2	SP; QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	Tier 1	SP; QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 1	SP; QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 1	SP; QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1	SP; QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	Tier 2	SP; QL (2 EA per 1 day)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (***efavirenz***)	Tier 2	SP
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	Tier 2	SP; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	SP; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	Tier 1	SP; $0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMIXYS ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	Tier 2	SP; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (***emtricitabine/tenofovir disoproxil fumarate***)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
abacavir oral solution 20 mg/ml	Tier 1	SP; QL (960 ML per 30 days)
abacavir oral tablet 300 mg	Tier 1	SP; QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 1	SP; QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	Tier 1	SP; $0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	Tier 2	SP; QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	Tier 1	SP; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 1	SP; QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	SP; QL (1 EA per 1 day)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	SP; QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 1	SP; QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	Tier 1	SP; QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 1	SP; QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	SP; $0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	SP; QL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG (***lopinavir/ritonavir***)	Tier 2	SP; QL (10 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG (***lopinavir/ritonavir***)	Tier 2	SP; QL (4 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 1	SP; QL (480 ML per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	SP; QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	SP; QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral- Nucleoside and Nucleotide Analogs,Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	Tier 2	SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1	SP; QL (1 EA per 1 day)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 1	SP; QL (2 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	SP; QL (2 EA per 1 day)
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 2	SP; QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	Tier 2	SP; QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 1	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 2	SP; 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	Tier 3	PA; SP
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	
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 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	
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	
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	

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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	
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	
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	
cefditoren pivoxil oral tablet 200 mg, 400 mg	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	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	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	Tier 2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fluoroquinolone Antibiotics - Antibiotics		
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	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (***ciprofloxacin/ciprofloxacin hcl***)	Tier 3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	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 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	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (***vancomycin hcl***)	Tier 2	QL (300 ML per 1 FILL)
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 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	Tier 2	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (***lamivudine***)	Tier 2	QL (720 ML per 30 days)
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	Tier 1	SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	Tier 3	SP; 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 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	Tier 2	PA; SP
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	Tier 3	PA; SP
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	Tier 3	PA; SP
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***)	Tier 2	PA; SP
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	Tier 2	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (***sofosbuvir***)	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***)	Tier 3	PA; SP
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
Hepatitis C- NS5A, NS3/4A Protease and Non-Nucleo.NS5B Poly Inh. Comb - Drugs for Viral Infections		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG (***ombitasvir/paritaprevir/ritonavir/dasabuvir sodium***)	Tier 3	PA; SP
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
ACYCLOVIX KIT,GEL AND CAPSULE 200 MG- 10 % (***acyclovir/benzyl alcohol***)	Tier 3	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***acyclovir***)	Tier 3	ST: Requires prior prescription for generic Acyclovir (tablets, capsules, suspension), Famciclovir (tablets), or Valacyclovir (tablets) within the past 120 days; QL (4 EA per 365 days)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
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	ST: Requires prior prescription for Vancomycin oral capsules within the past 120 days; QL (10 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	Tier 2	ST: Requires prior prescription for Vancomycin oral capsules within the past 120 days; QL (20 EA per 30 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	
erythromycin stearate (Erythrocin (As Stearate) Oral Tablet 250 Mg)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
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	
NEBUPENT INHALATION RECON SOLN 300 MG (***pentamidine isethionate***)	Tier 2	
pentamidine inhalation 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		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (***methenamine/methylene blue/salicylate/sodium phos/hyoscyamin***)	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	
USTELL ORAL CAPSULE 120-0.12 MG (***methenamine/methylene blue/salicylate/sodium phos/hyoscyamin***)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
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)
Penicillin Antibiotic - Natural - Antibiotics		
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 Antibiotic - Penicillinase-resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	Tier 2	SP; QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 2	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir ethanolate***)	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir ethanolate***)	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (***darunavir ethanolate***)	Tier 2	SP; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir ethanolate***)	Tier 2	SP; QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (***darunavir ethanolate***)	Tier 2	SP; QL (1 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
atazanavir oral capsule 150 mg, 200 mg	Tier 1	SP; QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	SP; QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	Tier 1	SP; QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (***saquinavir mesylate***)	Tier 2	SP; QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (***fosamprenavir calcium***)	Tier 2	SP; QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (***ritonavir***)	Tier 2	SP; QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	Tier 2	SP; QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	Tier 2	SP
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
ribavirin inhalation recon soln 6 gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Rifamycins and Related Derivative Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (***rifamycin sodium***)	Tier 3	ST: Requires prior prescription for Azithromycin, Cipro, Cipro XR, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
rifabutin oral capsule 150 mg	Tier 1	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	Tier 2	PA
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline and Tetracycline Antibiotic Combinations - Antibiotics		
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (***doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide***)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (***doxycycline monohydrate/benzoyl peroxide***)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (***doxycycline monohydrate/benzoyl peroxide***)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Tetracycline Antibiotics - Antibiotics		
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hr 135 Mg, 45 Mg, 90 Mg)	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG (***doxycycline hyclate***)	Tier 3	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (***doxycycline hyclate***)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 hyclate oral tablet,delayed release (dr/ec) 100 mg	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 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)
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (1 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 75 mg, 80 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG (***minocycline hcl***)	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
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)
MORGIDOX 1X 50 KIT 50 MG (***doxycycline hyclate/skin cleanser combination no.19***)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MORGIDOX 1X100 KIT 100 MG (***doxycycline hyclate/skin cleanser combination no.19***)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG (***doxycycline hyclate/skin cleanser combination no.19***)	Tier 3	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (***sarecycline hcl***)	Tier 3	ST: Requires prior prescription for Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML (***doxycycline calcium***)	Tier 2	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (***tecovirimat***)	Tier 3	
Antineoplastics		
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors		
WELIREG ORAL TABLET 40 MG (***belzutifan***)	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastics - Drugs for Cancer		
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
EXKIVITY ORAL CAPSULE 40 MG (***mobocertinib succinate***)	Tier 2	PA; SP; OCH
lapatinib oral tablet 250 mg	Tier 1	PA; SP; OCH
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 3	PA; SP; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA; SP; OCH
IRESSA ORAL TABLET 250 MG (***gefitinib***)	Tier 2	PA; SP; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	Tier 2	PA; SP; OCH
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	Tier 2	PA; SP; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	Tier 2	PA; SP; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	Tier 2	PA; SP; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
MYLERAN ORAL TABLET 2 MG (***busulfan***)	Tier 2	SP; OCH
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	Tier 2	SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	SP; OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1	SP; OCH
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	Tier 2	SP; OCH
melphalan oral tablet 2 mg	Tier 1	OCH
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	Tier 3	PA; SP; OCH
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA; SP; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	Tier 2	PA; SP; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	Tier 3	PA; SP; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	Tier 3	PA; SP; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	Tier 2	PA; SP; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	Tier 2	PA; SP; OCH
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	Tier 2	PA; SP; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (***mitotane***)	Tier 2	SP; OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 1	PA; SP; OCH
bicalutamide oral tablet 50 mg	Tier 1	OCH
ERLEADA ORAL TABLET 60 MG (***apalutamide***)	Tier 2	PA; SP; OCH
flutamide oral capsule 125 mg	Tier 1	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nilutamide oral tablet 150 mg	Tier 1	SP; OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	Tier 2	PA; SP; OCH
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	Tier 2	PA; SP; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	Tier 2	PA; SP; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 3	PA; SP; OCH
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
mercaptopurine oral tablet 50 mg	Tier 1	OCH
PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***)	Tier 2	SP; OCH; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (***thioguanine***)	Tier 2	SP; OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA; SP; OCH
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	Tier 2	PA; SP; 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 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
anastrozole oral tablet 1 mg	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; OCH; QL (1 EA per 1 day)
exemestane oral tablet 25 mg	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; OCH; QL (1 EA per 1 day)
letrozole oral tablet 2.5 mg	Tier 1	OCH
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***)	Tier 3	PA; SP
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	Tier 2	PA; SP; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	Tier 2	PA; SP; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (***encorafenib***)	Tier 2	PA; SP; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	Tier 2	PA; SP; OCH
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	Tier 2	PA; SP; OCH; QL (8 EA per 1 day)
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 2	PA; SP; OCH
CALQUENCE ORAL CAPSULE 100 MG (***acalabrutinib***)	Tier 2	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***)	Tier 2	PA; SP; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (***ibrutinib***)	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 2	PA; SP; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 2	PA; SP; OCH
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 3	PA; SP; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	Tier 2	PA; SP; OCH
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	Tier 2	PA; SP; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
etoposide oral capsule 50 mg	Tier 1	OCH
Antineoplastic - Estrogens - Drugs for Cancer		
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	Tier 2	SP; OCH
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		
TAZVERIK ORAL TABLET 200 MG (***tazemetostat hydrobromide***)	Tier 2	PA; SP; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	Tier 2	PA; SP; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	Tier 2	PA; SP; OCH
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) (***infigratinib phosphate***)	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	Tier 2	PA; SP; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	Tier 2	PA; SP; OCH
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	Tier 2	PA; SP; OCH; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	Tier 2	PA; SP; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (***panobinostat lactate***)	Tier 2	PA; SP; OCH
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	Tier 2	SP; OCH
Antineoplastic - Interferons - Drugs for Cancer		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) (***interferon alfa-2b,recomb.***)	Tier 2	PA; SP
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	Tier 2	PA; SP; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	Tier 2	PA; SP; 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 3	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
LUMAKRAS ORAL TABLET 120 MG (***sotorasib***)	Tier 2	PA; SP; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	Tier 2	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; SP
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	Tier 3	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 3	SP; QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	Tier 2	PA; SP; 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 2	PA; SP; OCH; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate/vitamin e tpgs***)	Tier 2	PA; SP; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	Tier 2	PA; SP; OCH; QL (6 EA per 1 day)
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (***everolimus***)	Tier 2	PA; SP; OCH
AFINITOR ORAL TABLET 10 MG (***everolimus***)	Tier 2	PA; SP; OCH
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; SP; OCH
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	Tier 2	PA; SP; 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 2	PA; SP; OCH; QL (112 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	Tier 2	PA; SP; OCH
NEXAVAR ORAL TABLET 200 MG (***sorafenib tosylate***)	Tier 2	PA; SP; OCH; QL (4 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	Tier 2	PA; SP; OCH; QL (3 EA per 1 day)
UKONIQ ORAL TABLET 200 MG (***umbralisib tosylate***)	Tier 3	PA; SP; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	Tier 2	PA; SP; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	Tier 3	PA; SP; OCH
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 3	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 2	PA; SP; OCH
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 2	PA; SP; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 3	PA; SP; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 2	PA; SP; OCH
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	Tier 2	PA; SP; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	Tier 3	PA; SP; OCH
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (***talazoparib tosylate***)	Tier 2	PA; SP; OCH
ZEJULA ORAL CAPSULE 100 MG (***niraparib tosylate***)	Tier 2	PA; SP; OCH
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	Tier 2	PA; SP; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***)	Tier 2	PA; SP; OCH
BOSULIF ORAL TABLET 100 MG (***bosutinib***)	Tier 2	PA; SP; OCH; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (***bosutinib***)	Tier 2	PA; SP; OCH; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 2	PA; SP; OCH
CALQUENCE ORAL CAPSULE 100 MG (***acalabrutinib***)	Tier 2	PA; SP; OCH
CAPRELSA ORAL TABLET 100 MG (***vandetanib***)	Tier 3	PA; SP; OCH; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (***vandetanib***)	Tier 3	PA; SP; OCH; QL (1 EA per 1 day)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***)	Tier 2	PA; SP; OCH
imatinib oral tablet 100 mg, 400 mg	Tier 1	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 2	PA; SP; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (***ibrutinib***)	Tier 2	PA; SP; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	Tier 2	PA; SP; 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 2	PA; SP; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	Tier 2	PA; SP; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	Tier 2	PA; SP; OCH
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	Tier 2	PA; SP; OCH
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib***)	Tier 2	PA; SP; OCH
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	PA; SP; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***)	Tier 2	PA; SP; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***)	Tier 2	PA; SP; OCH; QL (4 EA per 1 day)
TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***)	Tier 2	PA; SP; OCH
TURALIO ORAL CAPSULE 200 MG (***pexidartinib hydrochloride***)	Tier 2	PA; SP; OCH
VOTRIENT ORAL TABLET 200 MG (***pazopanib hcl***)	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Antineoplastic - Retinoids - Drugs for Cancer		
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1	SP; 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	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; OCH
toremifene oral tablet 60 mg	Tier 1	PA; SP; 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 2	PA; SP; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	Tier 2	PA; SP; OCH
RETEVMO ORAL CAPSULE 40 MG, 80 MG (***selpercatinib***)	Tier 2	PA; SP; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
bexarotene oral capsule 75 mg	Tier 1	PA; SP; OCH
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	Tier 2	PA; SP; OCH
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	Tier 2	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG (***thalidomide***)	Tier 2	PA; SP; QL (2 EA per 1 day)
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	Tier 2	SP; OCH
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	Tier 2	PA; SP; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	Tier 2	PA; SP; OCH
Antineoplastic Antibiotic - Others - Drugs for Cancer		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG (***mitomycin***)	Tier 3	PA; SP
Antineoplastic -Cephalotaxines - Drugs for Cancer		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (***omacetaxine mepesuccinate***)	Tier 3	PA; SP
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***)	Tier 2	PA; SP; OCH
Fluorouracil and Related Rescue Agents - Drugs for Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (***uridine triacetate***)	Tier 2	SP; OCH; QL (24 EA per 14 days)
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
MESNEX ORAL TABLET 400 MG (***mesna***)	Tier 3	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 % (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
DELUO TOPICAL SPRAY,NON-AEROSOL 0.018 %-0.004 % -0.06 % (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
HYCLODEX TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 % (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
MICROCYN TOPICAL SPRAY,NON-AEROSOL 0.003 %-0.004 % -0.023 % (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
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 - Oxidizing Agents - Antiseptics and Disinfectants		
hydrogen peroxide solution 3 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 3	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (***centruroides (scorpion) polyvalent antivenom***)	Tier 3	
Chemicals, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***)	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; QL (4 ML per 365 days); Age (Min 18 Years)
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; QL (2 ML per 365 days); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; QL (2 ML per 365 days); Age (Min 18 Years)
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; QL (3 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	$0	EHB; QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; QL (3 ML per 365 days); Age (Min 18 Years)
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (***immune globulin,gamma(igg)-hipp human/maltose***)	Tier 3	PA; SP
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 3	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 3	PA; SP
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 3	PA; SP
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 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA; SP
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 3	PA; SP
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 3	PA; SP
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 3	PA; SP
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 3	PA; SP
Live Vaccine and Live Virus Formulations - 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	
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	

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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 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 2	PA; SP
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; QL (0.5 ML per 365 days); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; QL (0.5 ML per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adult***)	$0	EHB; QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; QL (0.5 ML per 365 days); Age (Min 18 Years)
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (***meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 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; QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	Tier 3	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	Tier 3	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
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; QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	$0	EHB; QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
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 - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	Tier 3	$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	Tier 3	$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (***influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf***)	$0	EHB; QL (0.25 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2021-22 (6 mos and up)***)	$0	EHB; QL (0.5 ML per 180 days)
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf***)	$0	EHB; QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (***influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf***)	$0	EHB; QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quad 2021-2022(2 years and older)cell derived/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quadriv 2021-2022(2 years and older)cell derived***)	$0	EHB; QL (0.5 ML per 180 days)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)***)	$0	EHB; QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (***influenza virus vaccine quadrival split 2021-22(65 yr up)/pf***)	$0	EHB; QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf***)	$0	EHB; QL (0.5 ML per 180 days)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2021-22 (6 mos and up)***)	$0	EHB; QL (0.5 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUAD SOUTH HEM2021(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2021 south hem (6 mos and up)/pf***)	Tier 3	
FLUZONE QUAD SOUTHERN HEM 2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2021 south hem (6 months and up)***)	Tier 3	
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (***varicella-zoster virus glycoprotein e,rec,component 2 of 2***)	$0	EHB; QL (2 EA per 365 days); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (***zoster vaccine live/pf***)	$0	EHB; QL (1 EA per 365 days); Age (Min 60 Years)
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; QL (2 EA per 365 days); Age (Min 18 Years)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arginine/amlodipine besylate***)	Tier 3	ST: At least 2 prior prescriptions for Amlodipine Besylate, Amlodipine Besylate/benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Epaned, Fosinopril Sodium, Lisinopril, Moexipril HCL, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril within the past 365 days; QL (1 EA per 1 day)
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	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	
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		
CAROSPIR ORAL SUSPENSION 25 MG/5 ML (***spironolactone***)	Tier 3	ST: Requires prior prescription for Spironolactone tablets within the past 120 days; QL (600 ML per 30 days)
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 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	

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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 2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
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	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (***nitroglycerin***)	Tier 3	ST: At least 2 prior prescriptions for generic sublingual Nitroglycerin products within the past 365 days
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 (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	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		
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	Tier 2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
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
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ANTARA ORAL CAPSULE 30 MG, 90 MG (***fenofibrate,micronized***)	Tier 3	ST: Requires prior prescription for Gemfibrozil or generic Fenofibrate within the past 120 days
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atorvastatin oral tablet 10 mg, 20 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; 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, 40 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin calcium***)	Tier 2	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; QL (2 EA per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; 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	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; EHB; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (***pitavastatin magnesium***)	Tier 3	ST: Requires prior prescription for Livalo within the past 120 days; 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	QL (4 EA per 1 day)
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 Inhibitors - 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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (***ezetimibe/rosuvastatin calcium***)	Tier 3	QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (***lomitapide mesylate***)	Tier 2	PA; SP
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	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***nebivolol hcl***)	Tier 3	
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 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		
LEVATOL ORAL TABLET 20 MG (***penbutolol sulfate***)	Tier 3	
pindolol oral tablet 10 mg, 5 mg	Tier 1	

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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)
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	Tier 3	ST: Requires prior prescription for Propranolol HCL within the past 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	Tier 3	ST: Requires prior prescription for Propranolol HCL within the past 120 days
nadolol oral tablet 20 mg, 40 mg, 80 mg	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	
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 1	PA; SP
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 1	PA; SP
Calcium Channel Blocker - NSAID, COX-2 Selective Inhibitor Combination - Drugs for High Blood Pressure		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (***amlodipine besylate/celecoxib***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG (***diltiazem hcl***)	Tier 3	
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	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 3	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***)	Tier 3	PA; SP
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONJUPRI ORAL TABLET 2.5 MG, 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	
KATERZIA ORAL SUSPENSION 1 MG/ML (***amlodipine benzoate***)	Tier 3	PA
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 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 extended release 120 mg, 180 mg, 240 mg	Tier 1	
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	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG (***metoprolol succinate/hydrochlorothiazide***)	Tier 3	QL (2 EA per 1 day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 25-12.5 MG, 50-12.5 MG (***metoprolol succinate/hydrochlorothiazide***)	Tier 3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (***epinephrine***)	Tier 3	QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)
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 Sympathomimetics - Drugs for Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 1	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	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	
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (***digoxin***)	Tier 3	
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - 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	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	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 - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
ALDACTAZIDE ORAL TABLET 50-50 MG (***spironolactone/hydrochlorothiazide***)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
tolvaptan oral tablet 15 mg	Tier 1	SP; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 1	SP; QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
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	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	Tier 3	
Ganglionic Blocking, Non-Depolarizing - Drugs for High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	Tier 3	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***)	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	Tier 2	QL (2 EA per 1 day)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
nadolol-bendroflumethiazide oral tablet 80-5 mg	Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	Tier 2	PA; SP
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 1	PA; SP
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		
isoxsuprine oral tablet 10 mg, 20 mg	Tier 1	
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
DEMSER ORAL CAPSULE 250 MG (***metyrosine***)	Tier 3	
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 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	Tier 3	PA; SP
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	Tier 2	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 1	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 3	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	Tier 3	PA; SP
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	Tier 2	PA; SP
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	Tier 2	PA; SP
Pulmonary Arterial Hypertension Agents-Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 1	PA; SP
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 1	PA; SP; QL (1 EA per 5 days)
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	
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	
Vasodilator Combinations - Drugs for High Blood Pressure		
BIDIL ORAL TABLET 20-37.5 MG (***isosorbide dinitrate/hydralazine hcl***)	Tier 2	
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	Tier 2	PA
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

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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 (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)	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	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (***lorazepam***)	Tier 3	
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	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (***perampanel***)	Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (***perampanel***)	Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (***perampanel***)	Tier 3	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
primidone oral tablet 250 mg, 50 mg	Tier 1	
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)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	QL (1 EA per 1 FILL)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 3	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (***clobazam***)	Tier 3	PA
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 3	PA; SP
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 3	
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	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
VIMPAT ORAL SOLUTION 10 MG/ML (***lacosamide***)	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***lacosamide***)	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (***lacosamide***)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
ACTIVE-PAC KIT,GEL AND CAPSULE 300-4-1 MG-%-% (***gabapentin/lidocaine hcl/menthol***)	Tier 3	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (***vigabatrin***)	Tier 3	SP; QL (6 EA per 1 day)
vigabatrin oral powder in packet 500 mg	Tier 1	SP; QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Tier 1	SP; QL (6 EA per 1 day)
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	SP; QL (6 EA per 1 day)
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 3	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	Tier 3	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	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 3	
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 3	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 3	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG (***topiramate***)	Tier 2	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG (***topiramate***)	Tier 2	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (***topiramate***)	Tier 2	QL (4 EA per 1 day)
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)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***)	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***)	Tier 3	QL (2 EA per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG (***levetiracetam***)	Tier 3	QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG (***levetiracetam***)	Tier 3	QL (2 EA per 1 day); Age (Min 12 Years)
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral solution 500 mg/5 ml (5 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	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG (***levetiracetam***)	Tier 3	QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG (***levetiracetam***)	Tier 3	QL (4 EA per 1 day)
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (***methsuximide***)	Tier 3	
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL TABLET 200 MG (***rufinamide***)	Tier 3	QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (***rufinamide***)	Tier 3	QL (8 EA per 1 day)
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 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	Tier 3	PA; SP
FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***)	Tier 3	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (***cenobamate***)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***)	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - 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 3	PA; SP
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	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (***paroxetine mesylate***)	Tier 3	ST: Requires prior prescription for Paroxetine within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG (***duloxetine hcl***)	Tier 3	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG (***duloxetine hcl***)	Tier 3	QL (2 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 1	ST: Requires prior prescription for 2-20mg Duloxetine capsules within the past 120 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 2	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 TABLET 10 MG, 20 MG, 40 MG (***vilazodone hcl***)	Tier 2	QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (***vilazodone hcl***)	Tier 2	QL (1 EA per 1 day)
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-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (***bupropion hbr***)	Tier 3	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
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 extended release 24 hr 450 mg	Tier 1	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
maprotiline oral tablet 25 mg, 50 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA; SP
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 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 3	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 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 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (***apomorphine hcl***)	Tier 3	PA; SP
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG (***amantadine hcl***)	Tier 3	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG (***apomorphine hcl***)	Tier 3	PA; SP

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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)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1) (***amantadine hcl***)	Tier 3	PA
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		
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		
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (***lurasidone hcl***)	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG (***lurasidone hcl***)	Tier 2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
risperidone oral solution 1 mg/ml	Tier 1	QL (8 ML per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (2 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 42 MG (***lumateperone tosylate***)	Tier 3	QL (1 EA per 1 day)
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	QL (3 EA per 1 day)
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	Tier 2	SP
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 oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (***quetiapine fumarate***)	Tier 3	
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	Tier 3	PA; SP
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	Tier 3	PA; SP
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	Tier 3	PA; SP
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	Tier 3	PA; SP
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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (1 EA per 1 day)
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)
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (***methylphenidate hcl***)	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (***amphetamine***)	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
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: Requires prior prescription for generic Adderall or Adderall XR within the past 120 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (***methylphenidate hcl***)	Tier 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)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (***methylphenidate***)	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (***methylphenidate***)	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (***methylphenidate***)	Tier 3	ST: Requires prior prescription for oral Methylphenidate CD, ER or LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 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 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine 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)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***)	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (240 ML per 30 days)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral tablet extended release 24hr 72 mg	Tier 1	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
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)
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	180mL BOTTLE; QL (360 ML per 30 days)
methylphenidate hcl (Relexxii Oral Tablet Extended Release 24Hr 72 Mg)	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***lisdexamfetamine dimesylate***)	Tier 2	QL (1 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***)	Tier 3	ST: At least 2 prior prescriptions for Atomoxetine HCL, Clonidine HCL, or Guanfacine HCL within the past 365 days; QL (1 EA per 1 day); Age (Min 6 Years and Max 17 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG (***viloxazine hcl***)	Tier 3	ST: At least 2 prior prescriptions for Atomoxetine HCL, Clonidine HCL, or Guanfacine HCL within the past 365 days; QL (2 EA per 1 day); Age (Min 6 Years and Max 17 Years)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	Tier 2	
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)	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	QL (1 EA per 1 FILL)
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (***lorazepam***)	Tier 3	
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		
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***divalproex sodium***)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 3	
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 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 1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 3	
valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	Tier 3	PA; SP
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	Tier 3	PA; SP
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral solution 1 mg/ml	Tier 1	QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
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 oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
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	QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
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	QL (2 EA per 1 day)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cannabis and Cannabinoid Receptor Agonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
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 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)
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (***amphetamine***)	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (450 ML per 30 days)
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: Requires prior prescription for generic Adderall or Adderall XR within the past 120 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: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (240 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine 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 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 oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG (***amphetamine sulfate***)	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (4 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG (***amphetamine sulfate***)	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG (***amphetamine sulfate***)	Tier 3	ST: Requires prior prescription for generic Adderall or Adderall XR within the past 120 days; QL (8 EA per 1 day)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate (Zenzedi 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)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (***dextroamphetamine sulfate***)	Tier 1	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)
dextroamphetamine sulfate (Zenzedi 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 (Zenzedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diabetic Peripheral Neuropathy Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (***pregabalin***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (***pregabalin***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG (***duloxetine hcl***)	Tier 3	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG (***duloxetine hcl***)	Tier 3	QL (2 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran hcl***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***)	Tier 3	PA; SP
HETLIOZ ORAL CAPSULE 20 MG (***tasimelteon***)	Tier 3	PA; SP
ramelteon oral tablet 8 mg	Tier 1	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	Tier 3	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	Tier 2	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	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)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine tartrate/caffeine***)	Tier 2	QL (5 EA per 7 days)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 % (***sumatriptan succinate/menthol/camphor***)	Tier 3	
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (***sumatriptan succinate***)	Tier 3	ST: Requires prior prescription for generic Sumatriptan nasal spray within the past 120 days; QL (16 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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***sumatriptan***)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (***sumatriptan succinate***)	Tier 3	ST: Requires prior prescription for Sumatriptan Succinate within the past 120 days; QL (8 ML per 28 days)
zolmitriptan nasal spray,non-aerosol 2.5 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 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)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Serotonin Agonist 5-HT(1) and NSAID Comb. - Drugs for Migraine Headaches		
sumatriptan-naproxen oral tablet 85-500 mg	Tier 1	ST: Requires prior prescription for Sumatriptan within the past 180 days; QL (9 EA per 30 days)
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 3	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 3	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 3	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA; SP
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 3	PA; SP
Movement Disorder Therapy - Restless Legs Syndrome - Drugs for the Nervous System		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (***gabapentin enacarbil***)	Tier 3	ST: Requires prior prescription for Gabapentin, Pramipexole IR, or Ropinirole IR within the past 120 days; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (***gabapentin enacarbil***)	Tier 3	ST: Requires prior prescription for Gabapentin, Pramipexole IR, or Ropinirole IR within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 3	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 3	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 3	PA; SP
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
XYREM ORAL SOLUTION 500 MG/ML (***sodium oxybate***)	Tier 3	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	Tier 3	PA; SP
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 3	PA; SP
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,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
dextroamphetamine 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 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)
Neuropathic Pain Therapy - Drugs for Seizures /Personality Disorder/Nerve Pain		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (***pregabalin***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (***pregabalin***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
ACTIVE-PAC KIT,GEL AND CAPSULE 300-4-1 MG-%-% (***gabapentin/lidocaine hcl/menthol***)	Tier 3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG (***gabapentin***)	Tier 3	ST: Requires prior prescription for Gabapentin immediate release within the past 120 days; QL (3 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24) (***gabapentin***)	Tier 3	ST: Requires prior prescription for Gabapentin immediate release within the past 120 days; QL (33 EA per 15 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (***pregabalin***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (***pregabalin***)	Tier 3	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST: At least 2 prior prescriptions for Amitriptyline, Desipramine, Divalproex, Doxepin, Duloxetine, Gabapentin, Imipramine HCL, Imipramine Pamoate, Maprotiline, Nortriptyline, Pregabalin, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
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	
SECONAL SODIUM ORAL CAPSULE 100 MG (***secobarbital sodium***)	Tier 3	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	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	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (***zolpidem tartrate***)	Tier 3	ST: Requires prior prescription for Zolpidem IR within the past 180 days; QL (1 EA per 1 day)
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)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***zolpidem tartrate***)	Tier 3	ST: Requires prior prescription for Zolpidem Tartrate within the past 120 days; QL (7.7 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
doxepin oral tablet 3 mg, 6 mg	Tier 1	QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
LUCEMYRA ORAL TABLET 0.18 MG (***lofexidine hcl***)	Tier 3	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (***buprenorphine hcl/naloxone hcl***)	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG (***buprenorphine hcl/naloxone hcl***)	Tier 3	QL (2 EA per 1 day)
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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0	EHB; QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	$0	EHB; QL (1 EA per 1 day); Age (Min 18 Years)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	$0	EHB; QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG (***nicotine***)	$0	EHB; ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
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; QL (160 ML per 90 days); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 2 BUCCAL GUM 2 MG (***nicotine polacrilex***)	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG (***nicotine polacrilex***)	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG (***nicotine polacrilex***)	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG (***nicotine polacrilex***)	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	$0	EHB; QL (9 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
varenicline oral tablet 0.5 mg, 1 mg	$0	EHB; QL (2 EA per 1 day); Age (Min 18 Years)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
citric acid (bulk) powder	Tier 3	
citric acid anhydrous (bulk) granules 100 %	Tier 3	
guaiacol liquid	Tier 3	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (***dimethyl sulfoxide***)	Tier 3	
Chemicals - Solvents		
isopropyl alcohol solution 70 %, 91 %, 99 %	Tier 3	DD
MURI-LUBE OIL (***mineral oil, light sterile***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Preservatives		
citric acid (bulk) powder	Tier 3	
citric acid anhydrous (bulk) granules 100 %	Tier 3	
Pharmaceutical Adjuvant - Suspending Agents		
hydroxypropyl cellulose powder	Tier 3	
hypromellose powder	Tier 3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (***vaccine adjuvant system, as01b/pf, component vial 1 of 2***)	$0	EHB; QL (1 ML per 365 days); Age (Min 50 Years)
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, Memantine IR, or Memantine XR within the past 365 days; QL (28 EA per 28 days)
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, Memantine IR, or Memantine 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 20.1 MCG/24 HRS (6 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (7 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (***levonorgestrel***)	$0	CT; EHB
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 0.10 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 0.10 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 0.10 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (***levonorgestrel/ethinyl estradiol/ferrous bisglycinate***)	$0	CT; EHB; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
norethindrone-ethinyl estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 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
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	$0	CT; EHB
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 (Emoquette Oral Tablet 0.15-0.03 Mg)	$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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	$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
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
levonorgestrel/ethinyl estradiol (Larissia Oral Tablet 0.1-20 Mg-Mcg)	$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
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lillow (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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
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
levonorgestrel/ethinyl estradiol (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	$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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	$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 (Norlyda Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Sharobel Oral Tablet 0.35 Mg)	$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	$0	CT; EHB; ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (28 EA per 28 days)
norethindrone (Tulana Oral Tablet 0.35 Mg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (Cyclafem 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Pirmella 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 Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	$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-Previfem (28) 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
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (***norelgestromin/ethinyl estradiol***)	$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 Nuvaring 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)
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$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
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		
GYNOL II VAGINAL GEL 3 % (***nonoxynol 9***)	$0	CT; EHB
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
Dermatological		
Dermatitis - Janus Kinase (JAK) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	Tier 3	PA; SP
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (***isotretinoin, micronized***)	Tier 3	ST: Requires prior prescription for generic Isotretinoin within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (***isotretinoin***)	Tier 3	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
isotretinoin (Accutane Oral Capsule 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 oral capsule 25 mg, 35 mg	Tier 1	ST: Requires prior prescription for generic Isotretinoin within the past 120 days
isotretinoin (Myorisan 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 Systemic - Tetracycline antibiotic - Drugs for the Skin		
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hr 135 Mg, 45 Mg, 90 Mg)	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 1	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG (***minocycline hcl***)	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (***sarecycline hcl***)	Tier 3	ST: Requires prior prescription for Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (***minocycline hcl***)	Tier 3	ST: Requires prior prescription for generic immediate-release Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (***clascoterone***)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ACIOXIAY TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***)	Tier 3	
AMZEEQ TOPICAL FOAM 4 % (***minocycline hcl***)	Tier 3	Age (Min 9 Years)
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)

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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	
ERY PADS TOPICAL SWAB 2 % (***erythromycin base in ethanol***)	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	
NUCARACLINPAK TOPICAL KIT,GEL AND LOTION 1 %-SPF 50 (***clindamycin/octinoxate/octyl salicyl/octocryl/oxybenz/titan***)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
CLINDACIN ETZ TOPICAL KIT 1 % (***clindamycin phosphate/skin cleanser comb no.19***)	Tier 3	
CLINDACIN PAC TOPICAL KIT 1 % (***clindamycin phosphate/skin cleanser comb no.19***)	Tier 3	
CLINDAVIX TOPICAL KIT 1-1.8-2 % (***clindamycin phosphate/dimethicone/zinc oxide***)	Tier 3	
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		
AVAR LS TOPICAL FOAM 10-2 % (***sulfacetamide sodium/sulfur***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVAR LS TOPICAL PADS, MEDICATED 10-2 % (***sulfacetamide sodium/sulfur***)	Tier 3	
AVAR TOPICAL PADS, MEDICATED 9.5-5 % (***sulfacetamide sodium/sulfur***)	Tier 3	
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	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % (***sulfacetamide sodium/sulfur***)	Tier 3	
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	
DRAXACE 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	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (***clindamycin phosphate/benzoyl peroxide/emollient comb no.94***)	Tier 3	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
NUCARARXPAK TOPICAL KIT,GEL AND LOTION 1 %-2.5 %- SPF 50 (***clindamycin/benzoyl/octinox/octyl/octocryl/oxyben/titanium***)	Tier 3	
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	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (***sulfacetamide sodium/sulfur***)	Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W) (***sulfacetamide sodium/sulfur***)	Tier 3	QL (1419 GM per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical 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 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (***sulfacetamide sodium/sulfur***)	Tier 1	
SUMADAN TOPICAL KIT 9-4.5 % (***sulfacetamide sodium/sulfur/skin cleanser comb no.23***)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 % (***sulfacetamide sodium/sulfur/skin cleanser comb no.23***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate or Tretinoin within the past 120 days
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***)	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 % (***benzoyl peroxide***)	Tier 1	
benzoyl peroxide topical cleanser 7 %	Tier 1	
benzoyl peroxide topical foam 9.8 %	Tier 1	
BPO TOPICAL GEL 8 % (***benzoyl peroxide***)	Tier 1	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 % (***benzoyl peroxide/vitamin e mixed***)	Tier 3	
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 Combinations Other - Drugs for the Skin		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 % (***salicylic acid/benzoyl peroxide/vitamin e mixed***)	Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 % (***salicylic acid/benzoyl peroxide/vitamin e mixed***)	Tier 3	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 %	Tier 1	Age (Max 25 Years)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (***adapalene/benzoyl peroxide***)	Tier 2	Age (Max 25 Years)
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/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	Age (Max 25 Years)
adapalene topical gel 0.1 %, 0.3 %	Tier 1	Age (Max 25 Years)
adapalene topical gel with pump 0.3 %	Tier 1	Age (Max 25 Years)
adapalene topical lotion 0.1 %	Tier 1	Age (Max 25 Years)
adapalene topical solution 0.1 %	Tier 3	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adapalene topical swab 0.1 %	Tier 1	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; QL (1 EA per 1 day); Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 % (***trifarotene***)	Tier 3	Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	Tier 3	Age (Max 25 Years)
ARAZLO TOPICAL LOTION 0.045 % (***tazarotene***)	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 % (***tretinoin***)	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 % (***tretinoin***)	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 % (***adapalene***)	Tier 3	Age (Max 25 Years)
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (***adapalene***)	Tier 1	Age (Max 25 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	Tier 3	
FABIOR TOPICAL FOAM 0.1 % (***tazarotene***)	Tier 3	Age (Min 12 Years)
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 25 Years)
tazarotene topical foam 0.1 %	Tier 1	Age (Min 12 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 25 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	Age (Max 25 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	Age (Max 25 Years)
Acne Therapy Topical Combinations Other - Drugs for the Skin		
DIMOXIA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (***halobetasol propionate/tazarotene***)	Tier 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	
WYNZORA TOPICAL CREAM 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 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	Tier 2	PA; SP
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML (***risankizumab-rzaa***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (***risankizumab-rzaa***)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	Tier 2	PA; SP
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***secukinumab***)	Tier 2	PA; SP
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (***brodalumab***)	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 3	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 3	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 3	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (***ixekizumab***)	Tier 3	PA; SP
Dermatitis or Eczema Agents, Systemic-Interleukin-4 (IL-4Ra) Antag.MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
Dermatological - Antibacterial and Antifungal Agents - Drugs for the Skin		
QUINJA TOPICAL GEL 1.25-1 % (***iodoquinol/aloe polysaccharides no.1***)	Tier 3	
Dermatological - Antibacterial Other - Drugs for the Skin		
AZADROX TOPICAL GEL IN PACKET (***silver/urea***)	Tier 3	
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)
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	
SILVRSTAT TOPICAL GEL 32 PPM (***silver***)	Tier 3	
SOLOX GEL TOPICAL GEL 55 PPM (***silver nitrate***)	Tier 3	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***)	Tier 3	ST: Requires prior prescription for Mupirocin 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 within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin		
ALA-QUIN TOPICAL CREAM 3-0.5 % (***clioquinol/hydrocortisone***)	Tier 3	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 % (***hydrocortisone acetate/iodoquinol/aloe polysaccharides no.2***)	Tier 3	
hydrocortisone-iodoquinl-aloe2 topical gel 2-1-1 %	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	Tier 3	
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: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide***)	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 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 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAFTIN TOPICAL GEL 2 % (***naftifine hcl***)	Tier 2	
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	
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	
IMIOXIA TOPICAL CREAM 1-4 % (***econazole nitrate/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)
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
LOPROX KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.40***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (***ciclopirox olamine/skin cleanser combination no.40***)	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	
ERTACZO TOPICAL CREAM 2 % (***sertaconazole nitrate***)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	Tier 2	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical foam 2 %	Tier 1	
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	
ketoconazole (Ketodan Topical Foam 2 %)	Tier 1	
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	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 % (***ketoconazole/miconazole nitrate***)	Tier 3	
sulconazole topical cream 1 %	Tier 1	
sulconazole topical solution 1 %	Tier 1	
XOLEGEL TOPICAL GEL 2 % (***ketoconazole***)	Tier 3	
ZOLPAK TOPICAL KIT 1 %- 6 CM X 7 CM (***econazole nitrate/transparent dressing***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
tavaborole topical solution with applicator 5 %	Tier 1	PA
Dermatological - Antifungal Triazole - Drugs for the Skin		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (***efinaconazole***)	Tier 3	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	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (***clotrimazole/betamethasone dipropionate/zinc oxide***)	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	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)
PHEYO TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	Tier 3	
TRIAMAZOLE TOPICAL COMBO PACK,OINTMENT AND CREAM 1-0.1 % (***econazole nitrate/triamcinolone acetonide***)	Tier 3	
TRILOCICLO TOPICAL KIT,OINTMENT AND LIQUID 8-0.1 % (***ciclopirox/triamcinolone acetonide***)	Tier 3	
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA
Dermatological - Antineoplastic or Premalig. Lesions -Diterpene Esters - Drugs for the Skin		
PICATO TOPICAL GEL 0.015 %, 0.05 % (***ingenol mebutate***)	Tier 3	PA
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	Tier 1	QL (100 GM per 1 FILL)
SOLARAVIX TOPICAL KIT 3 %- 1.59" X 59" (***diclofenac sodium/silicone, adhesive***)	Tier 3	
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	Tier 3	SP; QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
TARGRETIN TOPICAL GEL 1 % (***bexarotene***)	Tier 2	PA; SP
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1	SP
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
BRYHALI TOPICAL LOTION 0.01 % (***halobetasol propionate***)	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 (400 GM per 1 FILL)
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	
DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halobetasol propionate topical foam 0.05 %	Tier 1	ST: Requires prior prescription for Clobetasol Propionate, Clobetasol Propionate/emoll, or Halobetasol Propionate within the past 120 days; QL (100 GM per 1 FILL)
IMPOYZ TOPICAL CREAM 0.025 % (***clobetasol propionate***)	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; QL (200 GM per 30 days)
LEXETTE TOPICAL FOAM 0.05 % (***halobetasol propionate***)	Tier 3	ST: Requires prior prescription for Clobetasol Propionate, Clobetasol Propionate/emoll, or Halobetasol Propionate within the past 120 days; QL (100 GM per 1 FILL)
NUDERMRXPAK TOPICAL KIT 0.005-5 % (***calcipotriene/dimethicone***)	Tier 3	
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	
TAZORAC TOPICAL CREAM 0.05 % (***tazarotene***)	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (***tazarotene***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAVATE TOPICAL LOTION 0.05 % (***halobetasol propionate***)	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 (120 ML per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 2	PA; SP
Dermatological - Antiseborrheic - Drugs for the Skin		
LOUTREX TOPICAL CREAM (***emollient combination no.85***)	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide sodium***)	Tier 3	
OVACE PLUS TOPICAL FOAM 9.8 % (***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
PROMISEB TOPICAL CREAM (***emollient combination no.43***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
sulfacetamide sodium topical shampoo 10 %	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (***selenium sulfide***)	Tier 3	
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical cream 5 %	Tier 1	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
acyclovir topical ointment 5 %	Tier 1	
DENAVIR TOPICAL CREAM 1 % (***penciclovir***)	Tier 3	ST: At least 2 prior prescriptions for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 365 days
Dermatological - Antiviral-Glucocorticoid Combinations - Drugs for the Skin		
XERESE TOPICAL CREAM 5-1 % (***acyclovir/hydrocortisone***)	Tier 3	ST: Requires prior prescription for Acyclovir, Famciclovir, or Valacyclovir within the past 120 days; QL (10 GM per 365 days)
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		
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Emollient Combinations Other - Drugs for the Skin		
HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL (***emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb***)	Tier 1	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***)	Tier 1	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL (***emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb***)	Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***)	Tier 1	
Dermatological - Emollient Mixtures - Drugs for the Skin		
ATOPADERM TOPICAL CREAM (***emollient combination no.53***)	Tier 3	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (***emollient combination no.47/emollient combination no.60***)	Tier 3	
ATRAPRO HYDROGEL TOPICAL GEL (***emollient combination no.60***)	Tier 3	
AVO CREAM TOPICAL EMULSION (***emollient combination no.10***)	Tier 1	
CELACYN TOPICAL GEL WITH PUMP (***emollient combination no.60***)	Tier 3	
CERACADE TOPICAL EMULSION (***emollient combination no.103***)	Tier 3	
CERAMAX TOPICAL CREAM (***emollient combination no.101***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERAMAX TOPICAL LOTION (***emollient combination no.101***)	Tier 3	
DEXERYL TOPICAL CREAM (***emollient combination no.104***)	Tier 3	
EMULSION SB TOPICAL EMULSION (***emollient combination no.32***)	Tier 1	
ENTTY TOPICAL SPRAY,NON-AEROSOL (***palm oil/hyaluronate sodium***)	Tier 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE (***emollient combination no.32***)	Tier 3	
HALUCORT TOPICAL GEL (***emollient combination no.56/hyaluronic acid***)	Tier 3	
HAPRODERM TOPICAL GEL (***emollient combination no.56/hyaluronic acid***)	Tier 3	
HPR PLUS TOPICAL CREAM (***emollient combination no.53***)	Tier 3	
HPR PLUS TOPICAL FOAM (***emollient combination no.53***)	Tier 3	
HPR TOPICAL FOAM (***emollient combination no.44***)	Tier 3	
HYLAGUARD TOPICAL CREAM (***emollient combination no.53***)	Tier 3	
HYLATOPIC TOPICAL FOAM (***emollient combination no.44***)	Tier 3	
HYLATOPICPLUS TOPICAL CREAM (***emollient combination no.53***)	Tier 3	
HYLATOPICPLUS TOPICAL LOTION (***emollient combination no.53***)	Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (***emollient combination no.60***)	Tier 3	
LOUTREX TOPICAL CREAM (***emollient combination no.85***)	Tier 1	
LOYON TOPICAL SPRAY,NON-AEROSOL (***dicaprylyl carbonate/dimethicone***)	Tier 3	
LUXAMEND TOPICAL CREAM (***emollient combination no.10***)	Tier 3	
NEOSALUS TOPICAL CREAM (***emollient combination no.47***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOSALUS TOPICAL FOAM (***emollient combination no.38***)	Tier 3	
NEOSALUS TOPICAL LOTION (***emollient combination no.47***)	Tier 3	
NIVATOPIC PLUS TOPICAL CREAM (***emollient combination no.53***)	Tier 3	
NUTRASEB TOPICAL CREAM (***emollient combination no.107***)	Tier 3	
PENLEN TOPICAL SPRAY,NON-AEROSOL (***palm oil/hyaluronate sodium***)	Tier 3	
PRESERA TOPICAL FOAM (***emollient combination no.80***)	Tier 3	
PRUCLAIR TOPICAL CREAM (***vitamin e acet (dl,tocopheryl)/grape/hyaluronic acid***)	Tier 1	
PRUMYX TOPICAL CREAM (***emollient combination no.35***)	Tier 1	
SEBUDERM TOPICAL GEL (***emollient combination no.60***)	Tier 3	
SONAFINE TOPICAL EMULSION (***emollient combination no.10***)	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	
KIVIK TOPICAL EMULSION (***palm oil/benzoyl peroxide***)	Tier 3	
PHLAG SPRAY TOPICAL SPRAY,NON-AEROSOL (***palm oil/eucalyptus oil***)	Tier 3	
RADIAGEL TOPICAL GEL (***emollient base***)	Tier 3	
SYNERDERM TOPICAL SPRAY,NON-AEROSOL (***palm oil***)	Tier 3	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Eyelid Cleansers - Drugs for the Skin		
ACUICYN TOPICAL SPRAY,NON-AEROSOL 0.01 % (***hypochlorous acid/sodium chloride***)	Tier 3	
AVENOVA TOPICAL SPRAY,NON-AEROSOL 0.01 % (***hypochlorous acid/sodium chloride***)	Tier 3	
HYPOCYN TOPICAL SPRAY,NON-AEROSOL 0.01 % (***hypochlorous acid/sodium chloride***)	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	
amcinonide topical cream 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% (ointment, cream) within the past 120 days
amcinonide topical lotion 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% (ointment, cream) within the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APEXICON E TOPICAL CREAM 0.05 % (***diflorasone diacetate/emollient base***)	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; QL (180 GM per 30 days)
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	
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	
CLOBETAVIX TOPICAL KIT 0.05 %- 4" X 4" (***clobetasol propionate/hydrocolloid dressing***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
CORDRAN TOPICAL CREAM 0.025 % (***flurandrenolide***)	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DESONATE TOPICAL GEL 0.05 % (***desonide***)	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
desonide topical cream 0.05 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
desonide (Desrx Topical Gel 0.05 %)	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diflorasone topical cream 0.05 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (180 GM per 30 days)
diflorasone topical ointment 0.05 %	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; QL (180 GM per 30 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	
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	
FLUOVIX PLUS TOPICAL KIT 0.1 % (***fluocinonide/silicone, adhesive***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUOVIX TOPICAL KIT 0.1 % (***fluocinonide/silicone, adhesive***)	Tier 3	
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
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 % (***clobetasol propionate***)	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
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	

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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 (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol 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
SILA III TOPICAL KIT 0.1 %- 4" X 4" (***triamcinolone acetonide/gauze bandage/silicone, adhesive***)	Tier 3	
SILALITE PAK TOPICAL KIT,OINTMENT AND SHEET 0.1 % (***triamcinolone acetonide/silicones***)	Tier 3	
TASOPROL TOPICAL KIT 0.05 %- 4" X 4" (***clobetasol propionate/gauze bandage/silicone, adhesive***)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 % (***hydrocortisone***)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
triamcinolone acetonide topical ointment 0.05 %	Tier 1	QL (430 GM per 30 days)
triamcinolone acetonide (Trianex Topical Ointment 0.05 %)	Tier 1	QL (430 GM per 30 days)
triamcinolone acetonide (Triderm Topical Cream 0.1 %)	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
VERDESO TOPICAL FOAM 0.05 % (***desonide***)	Tier 3	ST: Requires prior prescription for Fluocinolone Acetonide 0.01% body oil within the past 120 days
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
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	
CLOBETEX KIT 0.05 %- 5 MG (***clobetasol propionate/desloratadine***)	Tier 3	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLLIENT 0.05 % (***fluticasone propionate/emollient combination no.65***)	Tier 3	
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 % (***triamcinolone acetonide/dimethicone***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUOPAR TOPICAL KIT 0.1-5 % (***fluocinonide/dimethicone***)	Tier 3	
NOXIPAK TOPICAL KIT 0.01-20 % (***fluocinolone acetonide/urea/silicone, adhesive***)	Tier 3	
NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***)	Tier 3	
QUINIXIL TOPICAL CREAM 0.1-5 % (***mometasone furoate/dimethicone***)	Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 % (***triamcinolone acetonide/dimethicone/silicone, adhesive***)	Tier 1	ST: At least 3 prior prescriptions for Dimethicone, Silicone Disc, Silicone Roll, Silicone Scar, Silicone Sheet, Silicone Tape, or Triamcinolone Acetonide within the past 365 days; QL (1 EA per 30 days)
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)
TOVET KIT TOPICAL COMBO PACK 0.05 % (***clobetasol propionate/emollient combination no.65***)	Tier 3	
WHYTEDERM TDPAK TOPICAL KIT 0.1-2 % (***triamcinolone acetonide/dimethicone/silicone, adhesive***)	Tier 3	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 % (***triamcinolone acetonide/dimethicone/silicone, adhesive***)	Tier 3	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone-pramoxine topical cream 2.35-1 %	Tier 1	
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	
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		
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 % (***hydrocortisone/skin cleanser combination no.25***)	Tier 3	
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	
XILAPAK TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser no.10/silicone, tape***)	Tier 3	
Dermatological - Immunomodulator - Catechins - Genital Wart/HPV Tx - Drugs for the Skin		
VEREGEN TOPICAL OINTMENT 15 % (***sinecatechins***)	Tier 3	ST: Requires prior prescriptions for Imiquimod (5%) and Podofilox within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
imiquimod topical cream in metered-dose pump 3.75 %	Tier 1	PA
imiquimod topical cream in packet 3.75 %	Tier 1	PA
imiquimod topical cream in packet 5 %	Tier 1	QL (24 EA per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % (***imiquimod***)	Tier 3	PA
ZYCLARA TOPICAL CREAM IN PACKET 3.75 % (***imiquimod***)	Tier 3	PA
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	Tier 3	SP
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	Tier 3	
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	
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		
BENSAL HP TOPICAL OINTMENT 3 % (***salicylic acid***)	Tier 3	
cantharidin in acetone topical solution 0.7 %	Tier 1	
CEM-UREA TOPICAL GEL 45 % (***urea***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONDYLOX TOPICAL GEL 0.5 % (***podofilox***)	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
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	
RYNODERM TOPICAL CREAM 37.5 % (***urea***)	Tier 3	
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	
salicylic acid topical foam 6 %	Tier 1	
salicylic acid topical gel 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 shampoo 6 %	Tier 1	
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***)	Tier 3	
SALVAX TOPICAL FOAM 6 % (***salicylic acid***)	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (***salicylic acid***)	Tier 3	
UMECTA TOPICAL FOAM 40 % (***urea***)	Tier 1	
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 %, 41 %, 45 %, 47 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 1	
UREVAZ TOPICAL CREAM 44 % (***urea***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***)	Tier 3	
Dermatological - Liver Derivative Complex - Drugs for the Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (***liver extract (beef-pork)***)	Tier 3	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
ADAZIN TOPICAL CREAM 2-2-10-0.035 % (***lidocaine hcl/benzocaine/methyl salicylate/capsaicin***)	Tier 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (***lidocaine/prilocaine***)	Tier 1	
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	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 % (***lidocaine/prilocaine***)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
ILIDERM TOPICAL SPRAY,NON-AEROSOL (***lidocaine hcl/palm oil***)	Tier 3	
KAMDOY TOPICAL SPRAY,NON-AEROSOL (***lidocaine hcl/palm oil***)	Tier 3	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
lidocaine-prilocaine topical kit 2.5-2.5 %	Tier 1	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 % (***lidocaine/skin cleanser combination no.37***)	Tier 3	
LMR PLUS TOPICAL KIT 5-6 % (***lidocaine/menthol***)	Tier 3	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 % (***lidocaine/menthol***)	Tier 3	
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 % (***lidocaine/prilocaine/methyl salicylate/menthol***)	Tier 3	
PRIZOTRAL-II TOPICAL CREAM 2.5-2.5-3.88 % (***lidocaine/prilocaine/lidocaine hcl***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 % (***lidocaine/methyl salicylate/menthol***)	Tier 3	
WPR PLUS TOPICAL KIT,CREAM AND GEL 4-30-10 % (***lidocaine hcl/methyl salicylate/menthol***)	Tier 3	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (***lidocaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
PAIN EASE 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 - Miscellaneous Single Agents - Drugs for the Skin		
NEURAPTINE TOPICAL CREAM IN PACKET 10 % (***gabapentin***)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***)	Tier 3	
sodium chloride topical solution 0.9 %	Tier 1	
Dermatological - NSAID and Local Anesthetic Combination - Drugs for the Skin		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 % (***diclofenac sodium/lidocaine/methyl salicylate/camphor***)	Tier 3	
TRIXYLITRAL TOPICAL KIT, CREAM AND SOLUTION 1.5-3.88 % (***diclofenac sodium/lidocaine hcl/kinesiology tape***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - NSAID Combinations - Drugs for the Skin		
diclofenac sodium/capsaicin (Capsfenac Pak Topical Kit, Cream And Solution 1.5-0.025 %)	Tier 3	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
diclofenac sodium/capsaicin (Dicloheal-60 Topical Kit, Cream And Solution 1.5-0.025 %)	Tier 3	
DICLOPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (***diclofenac sodium/capsaicin***)	Tier 3	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 % (***diclofenac sodium/methyl salicylate/menthol***)	Tier 3	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
DICLOTREX TOPICAL KIT 1.5-10-4 % (***diclofenac sodium/menthol/camphor***)	Tier 3	
DICLOVIX M TOPICAL KIT 1.5-8 % (***diclofenac sodium/menthol/kinesiology tape***)	Tier 3	
DIMENTHO TOPICAL KIT 1.5-10 % (***diclofenac sodium/menthol/kinesiology tape***)	Tier 3	
DITHOL TOPICAL COMBO PACK 1.5-10 % (***diclofenac sodium/menthol***)	Tier 3	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 % (***diclofenac sodium/methyl salicylate/menthol/camphor***)	Tier 3	
KAPZIN DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (***diclofenac sodium/capsaicin***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENNSAICIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (***diclofenac sodium/capsaicin***)	Tier 3	
ROAOXIA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	Tier 3	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (***diclofenac sodium/methyl salicylate/menthol***)	Tier 3	
XELITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (***diclofenac sodium/capsicum oleoresin***)	Tier 3	
Dermatological - NSAID Single Agents - Drugs for the Skin		
CLOFENAX TOPICAL KIT 1.5 % (***diclofenac sodium/kinesiology tape***)	Tier 3	
DICLO GEL TOPICAL KIT 1 % (***diclofenac sodium***)	Tier 3	
DICLO GEL-XRYLIX SHEET TOPICAL KIT 1 % (***diclofenac sodium/kinesiology tape***)	Tier 3	
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	
DICLOFONO TOPICAL GEL IN PACKET 1.6 % (***diclofenac sodium***)	Tier 3	
DICLOZOR TOPICAL KIT 1 % (***diclofenac sodium***)	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 % (***ketoprofen***)	Tier 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***ketoprofen, micronized***)	Tier 3	
LEXIXRYL TOPICAL KIT 1.5 % (***diclofenac sodium/kinesiology tape***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (***diclofenac sodium***)	Tier 3	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
PENNSAID TOPICAL SOLUTION IN PACKET 2 % (***diclofenac sodium***)	Tier 3	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days
VENNGEL ONE TOPICAL KIT 1 % (***diclofenac sodium***)	Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 % (***diclofenac sodium/kinesiology tape***)	Tier 3	
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 - Protectant Combinations - Drugs for the Skin		
BEAU RX TOPICAL GEL (***dimethyl siloxane/dimethicone/hexamethyldisiloxane***)	Tier 3	ST: Requires prior prescription for Kelo-cote or Recedo within the past 120 days; QL (30 GM per 30 days)
HYGEL TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***)	Tier 3	
KELARX TOPICAL GEL (***dimethicone/dimethicone crosspolymer/trimethylsiloxysilicate***)	Tier 3	
PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***)	Tier 1	
PROSILK GEL TOPICAL GEL (***protectives combination no.6***)	Tier 3	
RADIAPLEXRX TOPICAL GEL (***hyaluronate sodium/allantoin/aloe vera extract***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***)	Tier 3	
SCARCIN GEL TOPICAL GEL (***protectives combination no.6***)	Tier 3	
SCARCIN ROLL-ON TOPICAL LIQUID ROLL-ON (***protectives combination no.5***)	Tier 3	
SCARSILK GEL TOPICAL GEL (***protectives combination no.6***)	Tier 3	
SILIPAC TOPICAL KIT (***dimethicone/dimethicone crossp/trimethylsil/silicone gel pad***)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
BIONECT TOPICAL CREAM 0.2 % (***hyaluronate sodium***)	Tier 3	
BIONECT TOPICAL FOAM 0.2 % (***hyaluronate sodium***)	Tier 3	
BIONECT TOPICAL GEL 0.2 % (***hyaluronate sodium***)	Tier 3	
DERMELLE TOPICAL GEL (***dimethicone***)	Tier 3	
DERPIXA TOPICAL GEL (***dimethicone***)	Tier 3	
NUVAIL TOPICAL NAIL FILM SOLUTION 16 % (***poly-ureaurethane***)	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (***zinc oxide***)	Tier 1	
SCARCARE TOPICAL KIT 2 X 5.5 " (***gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit e***)	Tier 3	
STRATAMARK TOPICAL GEL (***dimethicone***)	Tier 3	
STRATATRIZ TOPICAL GEL (***dimethicone***)	Tier 3	
TETRIX TOPICAL CREAM (***protectives combination no.2***)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 50mg capsules within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDAOXIA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	Tier 3	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical gel 0.75 %, 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (***brimonidine tartrate***)	Tier 3	
NORITATE TOPICAL CREAM 1 % (***metronidazole***)	Tier 3	ST: Requires prior prescription for Metronidazole 0.75% gel, lotion, or cream within the past 120 days
RHOFADE TOPICAL CREAM 1 % (***oxymetazoline hcl***)	Tier 3	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (***metronidazole/skin cleanser combination no.23***)	Tier 3	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 % (***metronidazole/skin cleanser combination no.23***)	Tier 3	
SOOLANTRA TOPICAL CREAM 1 % (***ivermectin***)	Tier 1	ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days

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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	
ZILXI TOPICAL FOAM 1.5 % (***minocycline hcl***)	Tier 3	QL (30 GM per 30 days)
Dermatological - Soap and/or Cleanser Combinations - Drugs for the Skin		
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER (***skin cleanser***)	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	
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	
ASTERO TOPICAL GEL WITH PUMP 4 % (***lidocaine hcl***)	Tier 3	
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
DERMALID TOPICAL COMBO PACK 5 % (***lidocaine/elastic bandage***)	Tier 1	
FORAXA TOPICAL GEL 2 %-1 % -1.2 % (***lidocaine hcl/aloe vera/collagen,bovine***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (***lidocaine hcl***)	Tier 3	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %, 3.88 %	Tier 1	
lidocaine hcl topical lotion 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	Tier 1	
lidocaine-tetracaine topical cream 7-7 %	Tier 1	
LIDOPAC TOPICAL KIT 5 % (***lidocaine***)	Tier 3	
LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***)	Tier 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 % (***lidocaine/kinesiology tape***)	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 % (***lidocaine hcl***)	Tier 3	
LIDOTRANS 5 PAK TOPICAL KIT 5 %- 6 CM X 7 CM (***lidocaine/transparent dressing***)	Tier 3	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 % (***vitamin e/lidocaine/aloe vera/collagen***)	Tier 3	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 % (***lidocaine hcl/aloe vera/collagen,bovine***)	Tier 3	
LIDOVEX TOPICAL CREAM 3.75 % (***lidocaine***)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine hcl***)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
REGENECARE TOPICAL GEL 2 % (***lidocaine hcl/collagen***)	Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 % (***vitamin e/lidocaine/aloe vera/collagen***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUVICORT TOPICAL GEL 2 %-1 % -1 % (***lidocaine hcl/aloe vera/collagen,bovine***)	Tier 3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG (***lidocaine/tetracaine***)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (***lidocaine***)	Tier 3	
VEXASYN TOPICAL GEL 2 %-1 % -1.2 % (***lidocaine hcl/aloe vera/collagen,bovine***)	Tier 3	
XRYLIDERM TOPICAL KIT 5 % (***lidocaine/kinesiology tape***)	Tier 3	
ZEYOCAINE TOPICAL KIT,OINTMENT AND TAPE 5 % (***lidocaine/kinesiology tape***)	Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (***lidocaine/silicone, adhesive***)	Tier 3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (***lidocaine***)	Tier 3	ST: Requires prior prescription for Lidocaine within the past 120 days; QL (90 EA per 30 days)
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***)	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 % (***tetracaine hcl***)	Tier 3	
Dermatological - Topical Local Anesthetics and Combinations - Drugs for the Skin		
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (***lidocaine/emollient combination no.102***)	Tier 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (***lidocaine/dimethicone***)	Tier 3	
DERMAZYL KIT TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (***lidocaine/dimethicone***)	Tier 3	
NEURCAINE TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (***lidocaine/emollient combination no.102***)	Tier 3	
PRILO PATCH II TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (***lidocaine/prilocaine***)	Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (***lidocaine/prilocaine***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological Antipruritics - Antihistamines - Drugs for the Skin		
doxepin topical cream 5 %	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Dermatological Antipruritics Other - Drugs for the Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (***sod mg fluo/sodium phos/nacl/hypochlorous acid/sod hypochlor***)	Tier 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	
GENADUR TOPICAL LIQUID (***carbitol/equisetum ext/ethanol/hydroxypropyl chitosan/msm***)	Tier 3	
Ovine (sheep) Skin Dressings, Non-Living - Drugs for the Skin		
KERAMATRIX TOPICAL SHEET 2 X 2 ", 4 X 4 " (***tissue matrix, keratin-based, ovine derived***)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MATRISTEM MICROMATRIX TOPICAL POWDER 100 MG, 20 MG, 200 MG, 30 MG, 60 MG (***extracellular matrix (ecm), porcine derived***)	Tier 3	
MATRISTEM TOPICAL SHEET 10 X 15 CM, 3 X 3 1/2 CM, 3 X 7 CM, 7 X 10 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 3	
EURAX TOPICAL CREAM 10 % (***crotamiton***)	Tier 3	
EURAX TOPICAL LOTION 10 % (***crotamiton***)	Tier 3	
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	
DERMAGRAFT TOPICAL SHEET 2 X 3 " (***cultured skin substitute,human and bovine***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	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	
Wound Care - Cleanser Combinations - Drugs for the Skin		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 % (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
DELUO TOPICAL SPRAY,NON-AEROSOL 0.018 %-0.004 % -0.06 % (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
EPICYN TOPICAL SPRAY,NON-AEROSOL (***hypochlorous acid/sodium chloride/sodium phosphate***)	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.009 % (***hypochlorous acid/sod chlor/sod sulfate/sod phosphate,mono***)	Tier 3	
MICROCYN TOPICAL SPRAY,NON-AEROSOL 0.003 %-0.004 % -0.023 % (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	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 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " (***silver***)	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " (***silver***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (***silver***)	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " (***silver***)	Tier 3	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 " (***silver/foam bandage***)	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 " (***foam bandage***)	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" (***silver sulfadiazine/foam bandage***)	Tier 3	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8" (***silver sulfadiazine/foam bandage***)	Tier 3	
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8" (***silver sulfadiazine/foam bandage***)	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " (***foam bandage***)	Tier 3	
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	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (***foam bandage***)	Tier 3	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (***dressing,collagen/silver/sod alginate/carboxymethylcellulose***)	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (***dressing, collagen/sodium alginate/carboxymethylcellulose***)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***)	Tier 3	
COLLATYL TOPICAL GEL 1 % (***collagen, hydrolyzed (bovine), type 1/silver oxide***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
KERAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
KERAGELT 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	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (***calcium alginate/honey***)	Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 % (***honey***)	Tier 3	
MEDIHONEY (HONEY) TOPICAL PASTE 100 % (***honey***)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***)	Tier 3	
PROTYL AG TOPICAL GEL 1 % (***collagen, hydrolyzed (bovine), type 1/silver oxide***)	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (***hydrocolloid dressing***)	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (***hydrocolloid dressing***)	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " (***hydrocolloid dressing***)	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	
SPECTRAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
STRATACTX TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAGRT TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAXRT TOPICAL GEL (***gel dressing***)	Tier 3	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Wound Care Combinations Other - Drugs for the Skin		
balsam peru-castor oil topical ointment	Tier 1	
BPCO TOPICAL OINTMENT (***balsam peru/castor oil***)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 % (***mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive***)	Tier 3	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 % (***mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive***)	Tier 3	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 % (***mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive***)	Tier 3	
DERMULCERA TOPICAL OINTMENT (***balsam peru/castor oil***)	Tier 3	
LEVICYN ANTIPRURITIC TOPICAL GEL (***sod mg fluo/sodium phos/nacl/hypochlorous acid/sod hypochlor***)	Tier 3	
NUSURGEPAK SURGICAL PREP TOPICAL KIT 2-4-5 % (***mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive***)	Tier 3	
VENELEX TOPICAL OINTMENT (***balsam peru/castor oil***)	Tier 3	
VENELEX TOPICAL OINTMENT IN PACKET (***balsam peru/castor oil***)	Tier 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 % (***mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive***)	Tier 3	
Diagnostic Agents		
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

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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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (***avanafil***)	Tier 3	ST: Requires prior prescription for Sildenafil Citrate within the past 365 days; QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 365 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 365 days; QL (1 EA per 5 days)
Eating Disorder Therapy - Drugs for Eating Disorders		
Anorexiant Combinations - Drugs for Eating Disorders		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine hcl/topiramate***)	Tier 3	PA
Anorexiant Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders		
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***)	Tier 3	PA
PLENITY ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***)	Tier 3	PA
Anorexiants - Drugs for Eating Disorders		
benzphetamine oral tablet 50 mg	Tier 1	
diethylpropion oral tablet 25 mg	Tier 1	
diethylpropion oral tablet extended release 75 mg	Tier 1	
LOMAIRA ORAL TABLET 8 MG (***phentermine hcl***)	Tier 1	
phendimetrazine tartrate oral capsule, extended release 105 mg	Tier 1	
phendimetrazine tartrate oral tablet 35 mg	Tier 1	
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phentermine oral tablet 37.5 mg	Tier 1	
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders		
XENICAL ORAL CAPSULE 120 MG (***orlistat***)	Tier 3	PA
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (***liraglutide***)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	Tier 2	PA
Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	Tier 3	PA; SP
Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone hcl/bupropion hcl***)	Tier 2	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
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		
levocarnitine oral tablet 330 mg	Tier 1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 3	PA; SP
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (***diluent,insulin aspart combination no.1***)	Tier 3	
Diluents - Others - Drugs for Nutrition		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (***diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)***)	Tier 3	
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 - Vaccine Diluents - Drugs for Nutrition		
DILUENT FOR ROTARIX ORAL SYRINGE (***diluent for oral live rotavirus vaccine (calcium carbonate)***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	Tier 3	PA
Irrigation Solutions - Drugs for Nutrition		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % (***sodium chloride irrigating solution***)	Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION (***water for irrigation,sterile***)	Tier 1	
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	
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 - Iodine - Drugs for Nutrition		
LUGOLS ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 3	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
ACCRUFER ORAL CAPSULE 30 MG (***ferric maltol***)	Tier 3	PA
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	QL (12 EA per 1 day)
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (***ferrous sulfate***)	$0	EHB; Age (Max 1 Years)
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	$0	EHB; Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (***ferrous sulfate***)	$0	EHB; Age (Max 1 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (***ferrous sulfate***)	$0	EHB; Age (Max 1 Years)
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	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***)	Tier 3	PA; SP
Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition		
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML (***sodium fluoride/cholecalciferol (vitamin d3)***)	Tier 3	
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PRE-FILLED SALINE BLUNT CAN 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 chloride 0.9 % (flush) injection syringe	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
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	
Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition		
niacin oral tablet 500 mg	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
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
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
phytonadione (vitamin k1) injection solution 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	
phytonadione (vit k1) (Vitamin K Injection Solution 1 Mg/0.5 Ml)	Tier 1	
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - PABA - Drugs for Nutrition		
POTABA ORAL CAPSULE 500 MG (***potassium aminobenzoate***)	Tier 3	
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	Tier 3	
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, 10 MG, 5 MG (***osilodrostat phosphate***)	Tier 3	PA; SP
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 3	PA; SP
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	Tier 2	DD; 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***)	Tier 3	PA; SP
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (***inotersen sodium***)	Tier 3	PA; SP
Anabolic Steroid - Single Agents - Drugs for Men		
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 1	PA
Androgen - Single Agents - Drugs for Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (***testosterone***)	Tier 3	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 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
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA
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
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		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE) (***desmopressin acetate***)	Tier 2	
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)
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 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)
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 HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (***mifepristone***)	Tier 2	PA; SP; DD
Antihyperglycemic - Meglitinide Analog and Biguanide Combinations - Drugs for Diabetes		
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	Tier 1	DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 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: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 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: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	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)
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)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
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: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	Tier 2	DD; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin pidolate***)	Tier 3	DD; ST: Requires prior prescription for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 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, Incretin Mimetic,GLP-1 Receptor Agonist Analog-Type - Drugs for Diabetes		
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML (***lixisenatide***)	Tier 3	DD; ST: Requires prior prescription for Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, or Victoza within the past 120 days; QL (6 ML per 28 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (***exenatide microspheres***)	Tier 2	DD; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (***exenatide***)	Tier 2	DD; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	Tier 2	DD; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) (***semaglutide***)	Tier 2	DD; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML) (***semaglutide***)	Tier 2	DD; QL (3 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	Tier 2	DD; 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; 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; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	Tier 2	DD; QL (9 ML per 30 days)
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (***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)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG (***saxagliptin hcl/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)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG (***saxagliptin hcl/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)
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; ST: Requires prior prescriptions for Basaglar Kwikpen U-100, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza within the past 120 days; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***)	Tier 2	DD; ST: Requires prior prescriptions for Basaglar Kwikpen U-100, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Levemir Flextouch, Levemir, Ozempic, Rybelsus, Tresiba Flextouch U-100, Tresiba Flextouch U-200, Tresiba, Trulicity, or Victoza within the past 120 days; QL (15 ML per 28 days)
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 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)
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 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 (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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) (***teriparatide***)	Tier 2	PA; SP; QL (2.4 ML per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)	Tier 3	PA; SP; QL (2.4 ML per 28 days)
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	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (***alendronate sodium***)	Tier 3	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium within the past 365 days; QL (4 EA per 28 days)
etidronate disodium oral tablet 200 mg	Tier 1	
ibandronate oral tablet 150 mg	Tier 1	
risedronate oral tablet 150 mg	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium 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 Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 1	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	Tier 1	SP; QL (4 EA per 1 day)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (***estradiol/levonorgestrel***)	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	Tier 2	QL (2 EA per 7 days)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) (***estradiol/norgestimate***)	Tier 3	
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		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	Tier 2	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (***estradiol valerate***)	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	Tier 3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) (***estradiol***)	Tier 2	
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	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
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 20 mg/ml, 40 mg/ml	Tier 1	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (***estradiol***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***estrogens,esterified***)	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (***progesterone, micronized***)	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG (***progesterone, micronized***)	Tier 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
clomiphene citrate oral tablet 50 mg	Tier 1	
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***)	Tier 2	SP
Follicle-Stimulating Hormone (FSH) - Drugs for Women		
BRAVELLE INJECTION RECON SOLN 75 UNIT (***urofollitropin***)	Tier 3	SP
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (***follitropin beta,recombinant***)	Tier 3	SP; ST: Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (***follitropin alfa, recombinant***)	Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (***follitropin alfa, recombinant***)	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (***follitropin alfa, recombinant***)	Tier 2	SP
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***)	Tier 3	PA; SP
dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
dexamethasone (Dexabliss Oral Tablets,Dose Pack 1.5 Mg (39 Tabs))	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
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 oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (***dexamethasone sodium phosphate***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMT SUIK KIT 10 MG/ML (***dexamethasone/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
dexamethasone (Dxevo Oral Tablets,Dose Pack 1.5 Mg (39 Tabs))	Tier 3	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***)	Tier 3	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (***deflazacort***)	Tier 3	PA; SP
HEMADY ORAL TABLET 20 MG (***dexamethasone***)	Tier 3	
dexamethasone (Hidex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs))	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
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 oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS) (***prednisolone***)	Tier 2	
MILLIPRED ORAL TABLET 5 MG (***prednisolone***)	Tier 2	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (***prednisone***)	Tier 3	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML (***hydrocortisone sodium succinate/pf***)	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (***hydrocortisone sod succinate***)	Tier 3	
dexamethasone (Taperdex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs), 1.5 Mg (49 Tabs))	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS) (***dexamethasone***)	Tier 1	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
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	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (***dexamethasone***)	Tier 3	ST: Requires prior prescription for generic Dexamethasone 1.5mg tablets within the past 120 days
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	Tier 2	SP
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***)	Tier 3	PA; SP
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 3	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	Tier 3	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (***somatropin***)	Tier 3	PA; SP
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (***somatropin***)	Tier 3	PA; SP
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 2	PA; SP
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 3	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***)	Tier 3	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (***somatropin***)	Tier 3	PA; SP
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG (***somatropin***)	Tier 3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (***somatropin***)	Tier 3	PA; SP
Human Chorionic Gonadotropin (hCG) - Drugs for Women		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT (***chorionic gonadotropin, human***)	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***)	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human***)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA; 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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R REGULAR U-100 INSULN 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 2	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)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 3	DD; ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 3	DD; ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)

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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 2	DD; QL (30 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 3	DD; ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine,human recombinant analog***)	Tier 3	DD; ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN 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)
SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 3	DD; ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine,human recombinant analog***)	Tier 3	DD; ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine-yfgn***)	Tier 3	DD; ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-yfgn***)	Tier 3	DD; ST: Requires prior prescription for Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; 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 Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba within the past 120 days; QL (18 ML per 28 days)

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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 Basaglar Kwikpen U-100, Levemir Flextouch, Levemir, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (40 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (***insulin lispro***)	Tier 2	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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, 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, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, 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 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (40 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***)	Tier 3	DD; ST: Requires prior prescription for Humalog Kwikpen U-200, Humalog, Lyumjev Kwikpen U-100, Lyumjev Kwikpen U-200, or Lyumjev within the past 120 days; QL (30 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
DM2 COMBO PACK, TABLET AND STRIP 500 MG (***metformin hcl/blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days
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
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	Tier 1	DD; ST: Requires prior prescription for Metformin HCL within the past 120 days
metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	Tier 1	DD; ST: Requires prior prescription for Metformin HCL within the past 120 days
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)
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	Tier 3	PA; SP
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***)	Tier 3	SP; QL (1 EA per 1 day)
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 3	PA; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) (***leuprolide acetate/norethindrone acetate***)	Tier 3	PA; SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	Tier 3	PA; SP
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		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (***cetrorelix acetate***)	Tier 2	SP
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 3	SP; ST: Requires prior prescription for Cetrotide within the past 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***)	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (***estradiol***)	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days)
INTRAROSA VAGINAL INSERT 6.5 MG (***prasterone (dhea)***)	Tier 2	QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women		
OSPHENA ORAL TABLET 60 MG (***ospemifene***)	Tier 2	QL (1 EA per 1 day)
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 oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones - Drugs for Menopause and Bone Loss		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE (***parathyroid hormone***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Progestins - Drugs for Women		
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	
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
raloxifene oral tablet 60 mg	Tier 1	$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***)	Tier 3	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	Tier 3	PA; SP
Thyroid Hormone Combinations - Synthetic T3 and T4 - Drugs for Thyroid		
THYROLAR-1 ORAL TABLET 12.5-50 MCG (***liotrix***)	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (***liotrix***)	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (***liotrix***)	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG (***liotrix***)	Tier 3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG (***liotrix***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid,pork***)	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (***liothyronine sodium***)	Tier 3	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
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	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 3	
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
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	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT 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 (***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
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 3	
Enzymes - Vitamins and Minerals		
Enzymes - Vitamins and Minerals		
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 recomb.***)	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	
CRALONIN ORAL DROPS (***homeopathic drugs***)	Tier 3	
EYE ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
LAMIOFLUR ORAL DROPS (***homeopathic drugs***)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERTIGOHEEL ORAL DROPS (***homeopathic drugs***)	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
Gastrointestinal Therapy Agents - Drugs for the Stomach		
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 3	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 2	PA; SP
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	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin hcl/atropine sulfate***)	Tier 3	ST: Requires prior prescription for Diphenoxylate HCL/atropine within the past 120 days; QL (8 EA per 1 day)
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
ANTIVERT ORAL TABLET 50 MG (***meclizine hcl***)	Tier 3	QL (2 EA per 1 day)
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG (***doxylamine succinate/pyridoxine hcl (vitamin b6)***)	Tier 3	QL (60 EA per 30 days)
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)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine rectal suppository 50 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 25 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
granisetron hcl oral tablet 1 mg	Tier 1	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days)
ZUPLENZ ORAL FILM 4 MG (***ondansetron***)	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (2 EA per 3 days)
ZUPLENZ ORAL FILM 8 MG (***ondansetron***)	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 3 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
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)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	Tier 2	QL (3 EA per 21 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	Tier 3	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	Tier 3	PA; SP
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 3	ST: Requires prior prescription for Linzess within the past 120 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 (15 ml)	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	Tier 3	PA; SP
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (***chenodiol***)	Tier 3	PA; SP
RELTONE ORAL CAPSULE 200 MG, 400 MG (***ursodiol***)	Tier 3	PA
ursodiol oral capsule 200 mg, 400 mg	Tier 1	PA
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	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	
nizatidine oral solution 150 mg/10 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducing Agents - 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 Sodium within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG (***dexlansoprazole***)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC 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)
esomeprazole strontium oral capsule,delayed release(dr/ec) 49.3 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days; QL (4 EA per 1 day)
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 Sodium within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 oral granules dr for susp in packet 40 mg	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
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 Sodium 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)
Gastric Acid Secretion Reducing-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, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
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 Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (***metoclopramide hcl***)	Tier 3	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
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	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 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	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
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 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	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	Tier 1	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	Tier 3	ST: At least 2 prior prescriptions for Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab within the past 365 days; QL (8 EA per 1 day)
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 3	ST: Requires prior prescription for Linzess within the past 120 days; QL (1 EA per 1 day)
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 prescription for Linzess within the past 120 days; QL (2 EA per 1 day); Age (Max 64 Years)
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab***)	Tier 2	PA; SP
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 Balsalazide Disodium, Mesalamine, or Pentasa 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	ST: Requires prior prescription for Balsalazide Disodium, Mesalamine, or Pentasa within the past 120 days
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 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
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG (***budesonide***)	Tier 3	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION (***budesonide***)	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG (***tofacitinib citrate***)	Tier 2	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 3	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
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 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; 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 prescription for Linzess within the past 120 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose (Kristalose Oral Packet 10 Gram)	Tier 3	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (3 EA per 1 day)
KRISTALOSE ORAL PACKET 20 GRAM (***lactulose***)	Tier 3	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (2 EA per 1 day)
lactulose oral packet 10 gram	Tier 1	ST: Requires prior prescription for generic Lactulose solution within the past 120 days; QL (3 EA per 1 day)
lactulose oral solution 10 gram/15 ml	Tier 1	
lactulose oral solution 20 gram/30 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	Tier 1	$0 COPAY IF AGE 45-75 YEARS
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	$0 COPAY IF AGE 45-75 YEARS
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	Tier 1	$0 COPAY IF AGE 45-75 YEARS
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM (***sodium chloride/sodium bicarbonate/potassium chloride/peg***)	Tier 3	$0 COPAY IF AGE 45-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM (***sodium phosphate,monobasic/sodium phosphate,dibasic***)	Tier 3	$0 COPAY IF AGE 45-75 YEARS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram	Tier 1	$0 COPAY IF AGE 45-75 YEARS
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	Tier 1	$0 COPAY IF AGE 45-75 YEARS
peg-electrolyte soln oral recon soln 420 gram	Tier 1	$0 COPAY IF AGE 45-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	Tier 3	$0 COPAY IF AGE 45-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (***sodium sulfate/potassium sulfate/magnesium sulfate***)	Tier 2	$0 COPAY IF AGE 45-75 YEARS
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***)	Tier 2	$0 COPAY IF AGE 45-75 YEARS
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***)	Tier 2	$0 COPAY IF AGE 45-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM (***bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350***)	Tier 1	$0 COPAY IF AGE 45-75 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Peptic Ulcer - Treatment of H. Pylori: Antibiotic-Bismuth Combinations - Drugs for Ulcers and Stomach Acid		
HELIDAC ORAL COMBO PACK 250-500-262.4 MG (***bismuth subsalicylate/metronidazole/tetracycline hcl***)	Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG (***colloidal bismuth subcitrate/metronidazole/tetracycline hcl***)	Tier 3	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor and Antibiotics - 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)
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 2	PA; SP
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
SAIZEN SUBCUTANEOUS RECON SOLN 8.8 MG (***somatropin***)	Tier 3	PA; SP

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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 HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***)	Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	Tier 2	PA; SP
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	

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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
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	Tier 2	SP
THIOLA ORAL TABLET 100 MG (***tiopronin***)	Tier 2	SP
tiopronin oral tablet 100 mg	Tier 1	SP
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
GEMTESA ORAL TABLET 75 MG (***vibegron***)	Tier 3	ST: Requires prior prescription for Myrbetriq or Toviaz within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
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	
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (***calcium acetate***)	Tier 3	
Phosphate Binders - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Phosphate Binders - Iron-based - Drugs for the Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (***ferric citrate***)	Tier 3	QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	Tier 2	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	Tier 2	PA; SP
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	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
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	

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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	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	Tier 3	
pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml	Tier 1	
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	
Urinary Analgesics - Drugs for Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Antibacterial - Quinolones - Drugs for Infections		
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (***ciprofloxacin/ciprofloxacin hcl***)	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 120-0.12-10.8 MG (***methenamine/methylene blue/salicylate/sodium phos/hyoscyamin***)	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	
USTELL ORAL CAPSULE 120-0.12 MG (***methenamine/methylene blue/salicylate/sodium phos/hyoscyamin***)	Tier 1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 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	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
flavoxate oral tablet 100 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (***oxybutynin chloride***)	Tier 3	
oxybutynin chloride oral syrup 5 mg/5 ml	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (***fesoterodine fumarate***)	Tier 2	
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 oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	QL (4 EA per 1 day)
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 - 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	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - 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 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG (***caplacizumab-yhdp***)	Tier 3	PA; SP
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 3	PA; SP
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	
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 syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	SP
Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	Tier 3	PA; SP
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (***c1 esterase inhibitor***)	Tier 3	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (***c1 esterase inhibitor***)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***)	Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***)	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***)	Tier 3	PA; SP
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 3	PA; SP
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 3	PA; SP
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 3	PA; SP
MIRCERA INJECTION SYRINGE 100 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 3	PA; SP
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 3	PA; SP
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 2	PA; SP
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	Tier 3	SP
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 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	Tier 3	SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	SP
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 3	SP
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 3	SP
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 3	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (***antihemophilic factor, human***)	Tier 3	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (***antihemophilic factor, human***)	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (***antihemophilic factor, human***)	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (***antihemophilic factor, human***)	Tier 3	SP
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 3	SP
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 3	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor, human***)	Tier 3	SP

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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 3	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 3	SP
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 3	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT (***antihemophilic factor viii rec hek cell, b-domain deleted***)	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (***antihemophilic factor viii, recombinant porcine sequence***)	Tier 3	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii, human recombinant***)	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	Tier 3	SP
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 3	SP
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 3	PA; SP

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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 3	SP
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (***factor xiii***)	Tier 3	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***)	Tier 3	SP
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***)	Tier 3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***tbo-filgrastim***)	Tier 3	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***tbo-filgrastim***)	Tier 3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim***)	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim***)	Tier 3	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim***)	Tier 3	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim***)	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	Tier 2	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-apgf***)	Tier 2	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	Tier 3	PA; SP
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	Tier 2	PA; SP
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 oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	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 3	SP
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (recombinant)***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (***fibrinogen/thrombin (human plasma derived)***)	Tier 3	
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/500 ml (5 unit/ml)	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 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/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/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 flush(porcine)-0.9nacl intravenous kit 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin lock flush (porcine) intravenous syringe 100 unit/ml	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (***heparin sodium,porcine***)	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML (***heparin sodium,porcine***)	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/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	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 1	SP; QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 1	SP; QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 1	SP; QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 1	SP; QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1	SP; 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 1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 2	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***)	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***)	Tier 2	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***)	Tier 2	SP; 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 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	Tier 2	SP; QL (18 ML per 30 days)
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)
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (***aspirin***)	Tier 3	PA
LO-DOSE 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)
Platelet Aggregation Inhibitors-Salicylates and Proton Pump Inhib Comb - Drugs for the Blood		
aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 325-40 mg, 81-40 mg	Tier 1	PA
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (***aspirin/omeprazole***)	Tier 3	PA
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 3	PA; SP
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***)	Tier 3	ST: Requires prior prescription for Droxia or 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 500 MG (***voxelotor***)	Tier 3	PA; SP
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (***dabigatran etexilate mesylate***)	Tier 3	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 120 days; QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists - Drugs for the Blood		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 3	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 3	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (***eltrombopag olamine***)	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	Tier 2	PA; SP
Hepatobiliary System Treatment Agents		
Ileal Bile Acid Transporter (IBAT) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***)	Tier 3	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***)	Tier 3	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML (***maralixibat chloride***)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***)	Tier 2	PA; SP
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 2	SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	SP
cyclosporine modified oral solution 100 mg/ml	Tier 1	SP
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (***tacrolimus***)	Tier 2	SP
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	SP
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	SP
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	Tier 3	PA; SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 3	SP
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 3	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 3	SP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	Tier 2	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 3	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	Tier 2	SP
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil oral capsule 250 mg	Tier 1	SP
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	SP
mycophenolate mofetil oral tablet 500 mg	Tier 1	SP
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	SP
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***)	Tier 3	PA; SP
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Tier 1	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML (***sirolimus***)	Tier 3	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (***sirolimus***)	Tier 3	SP
sirolimus oral solution 1 mg/ml	Tier 1	SP
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	SP
ZORTRESS ORAL TABLET 1 MG (***everolimus***)	Tier 2	SP
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	Tier 2	SP
azathioprine oral tablet 50 mg	Tier 1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	Tier 2	PA; SP
ALS Agents - Benzathiazoles - Drugs for Nerves and Muscles		
EXSERVAN ORAL FILM 50 MG (***riluzole***)	Tier 3	PA; SP
riluzole oral tablet 50 mg	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	Tier 3	PA; SP
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
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	
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)	Tier 3	QL (4 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	Tier 1	QL (4 EA per 1 day)
orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	Tier 1	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Tier 1	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	Tier 1	QL (1 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	Tier 1	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG (***cyclobenzaprine hcl/tens unit electrodes***)	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG (***cyclobenzaprine hcl/tens unit/tens unit electrodes***)	Tier 3	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	QL (4 EA per 1 day)
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 oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML (***baclofen***)	Tier 3	PA
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)
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CYCLOPAK KIT 5 MG-2.5 %- 2.5 % (***cyclobenzaprine/lidocaine/prilocaine/glycerin***)	Tier 3	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 % (***cyclobenzaprine hcl/lidocaine/menthol***)	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 - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***)	Tier 3	PA; SP
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment		
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 3	
Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	

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

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

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

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DARIO BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY GLUCO G2 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASYGLUCO PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIFTY50 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V10 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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. 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 - 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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (30 EA per 30 days)
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	
Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment		
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 9 X 9 " (***foam bandage***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 3	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
XEROFORM TOPICAL BANDAGE 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK MULTICLIX LANCET (***lancets***)	Tier 2	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 TRAVEL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (***lancets***)	Tier 2	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	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 ULTRA FINE LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
BD ULTRA-FINE II LANCETS 30 GAUGE (***lancets***)	Tier 2	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 THIN LANCET (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
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
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	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 LANCETS (***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
DEXCOM G4 RECEIVER (***blood-glucose meter,continuous***)	Tier 3	PA; DD
DEXCOM G4 RECEIVER PEDIATRIC (***blood-glucose meter,continuous***)	Tier 3	PA; DD
DEXCOM G4 RECEIVER-SHARE (PED) (***blood-glucose meter,continuous***)	Tier 3	PA; DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G4 RECEIVER-SHARE KIT (***blood-glucose meter,continuous***)	Tier 3	PA; DD
DEXCOM G4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
DEXCOM G5 RECEIVER (***blood-glucose meter,continuous***)	Tier 3	PA; DD
DEXCOM G5 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
DEXCOM G5-G4 SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
DEXCOM G6 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	PA; DD
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	PA; DD
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	PA; DD
DEXCOM RECEIVER (***blood-glucose meter,continuous***)	Tier 3	PA; DD
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	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 TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ENLITE GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	DD
ENLITE SERTER (***diabetic supplies,miscell***)	Tier 3	DD
ENLITE SYSTEM (***blood-glucose transmitter/blood-glucose sensor***)	Tier 3	DD
EVERSENSE SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

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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-LETS 26 GAUGE (***lancets***)	Tier 2	DD
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
FINE 30 UNIVERSAL LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 3	PA; DD
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 3	PA; DD
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 3	PA; DD
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 3	PA; DD
FREESTYLE NAVIGATOR GLUC SENS DEVICE (***blood-glucose sensor***)	Tier 3	DD
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GUARDIAN CONNECT TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	DD
GUARDIAN RT CHARGER (***diabetic supplies,miscell***)	Tier 3	DD
GUARDIAN RT TEST PLUG DEVICE (***diabetic supplies,miscell***)	Tier 3	DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN , 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	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 2	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
MICROLET LANCET (***lancets***)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	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 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH ULTRASOFT LANCETS (***lancets***)	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
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
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	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 THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
RELION ULTRA THIN PLUS LANCETS (***lancets***)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 26 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
SMARTEST LANCET (***lancets***)	Tier 2	DD
SOFT TOUCH LANCETS (***lancets***)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	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
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	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
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 2	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
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET EXCELITE II LANCET (***lancets***)	Tier 2	DD
UNILET EXCELITE LANCET (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LANCETS 21 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
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	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	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
ADVOCATE SYRINGES 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 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE SYRINGES 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 2	DD
ADVOCATE SYRINGES 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 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 2	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 2	DD
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 2	DD
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 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 2	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 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 2	DD
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	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 2	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 2	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 2	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 2	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 2	DD
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 2	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 2	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 2	DD
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD

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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 2	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 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
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 2	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 2	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 2	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 2	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 2	DD
EASY TOUCH INSULIN SYRINGE SYRINGE 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 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	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 2	DD
EASY TOUCH UNI-SLIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 2	DD
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 2	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 2	DD
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
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 2	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 2	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 2	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 2	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 2	DD
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	Tier 2	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 2	DD
insulin syringe needleless syringe 1 ml	Tier 2	DD
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 2	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 2	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 2	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 2	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD

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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 2	DD
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MINIMED SYRINGE RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	Tier 3	DD
MINIMED SYRINGE RESERVOIR 3 ML (***insulin pump syringe, 3 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 2	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 2	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (***syringe with needle,insulin disposable***)	Tier 2	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 2	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 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
OMNIPOD DASH PDM KIT (***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 2	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 2	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 2	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 2	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 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	DD
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	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 2	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 2	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 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 2	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 2	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 2	DD
TECHLITE INSULIN SYRINGE 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 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECHLITE INSULN 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" (***syringe with needle,insulin 0.5 ml (half unit mark)***)	Tier 2	DD
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (***syringe with needle,insulin,0.3 ml***)	Tier 2	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 2	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 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 2	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 2	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 2	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 2	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 2	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 2	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 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 2	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 2	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 2	DD
ULTRA CMFT INS 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 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	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 2	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 2	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 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 2	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 3	
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	
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 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		
ACCU-CHEK SPIRIT CLIP CASE (***subcutaneous infusion pump accessory***)	Tier 3	
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 2	DD
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	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-CEPTION VAGINAL (***medical supply, miscellaneous***)	Tier 3	
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
TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
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 (***nebulizer***)	Tier 3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 3	
AURA PORTANEB (***nebulizer***)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
FLYP NEBULIZER (***nebulizer***)	Tier 3	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 3	
LC PLUS (***nebulizer***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 - Needles and Syringes - Medical Supplies and Durable Medical Equipment		
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	Tier 3	
blunt needle, disposable needle 18 x 1 1/2 "	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2" (***needles, safety***)	Tier 3	
filter needles needle 19 x 1 ", 19 x 1 1/2 "	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8" (***needles, safety***)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 3	
safety needles needle 18 gauge x 1 1/2"	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 X 5/8 ", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***)	Tier 3	
syringe (reusable) syringe,reusable 3 ml	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK LINKASSIST INS DEV (***subcutaneous infusion pump accessory***)	Tier 3	
ACCU-CHEK SPIRIT ADAPTER (***subcutaneous infusion pump accessory***)	Tier 3	
ACCU-CHEK SPIRIT CARTRIDGE SYS (***subcutaneous infusion pump accessory***)	Tier 3	
ACCU-CHEK SPIRIT CLIP CASE (***subcutaneous infusion pump accessory***)	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	
myelogram tray tray	Tier 3	
PARADIGM SILHOUETTE INFUS SET (***subcutaneous infusion pump accessory***)	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	

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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 PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 3	
SURE-T INFUSION SET (***subcutaneous infusion pump accessory***)	Tier 3	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 WITH FLOWSIGNAL SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AERONEB GO (***nebulizer accessories***)	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER (***inhaler, assist devices***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	Tier 3	
HYPERSONIQ NEBULIZER CARTRIDGE (***nebulizer accessories***)	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	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MISTASSIST DEVICE (***spirometers and accessories***)	Tier 3	
MISTASSIST KIT DEVICE (***spirometer with drug delivery adapters***)	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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRO COMFORT SPACER-ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
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	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SPACE CHAMBER PLUS SPACER (***inhaler, assist devices***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
CELACYN TOPICAL GEL WITH PUMP (***emollient combination no.60***)	Tier 3	
CELLPAD TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (***gel-matrix pad dressing, silicone***)	Tier 3	
DERM-SILK TOPICAL PAD 2.5 X 2 " (***gel-matrix pad dressing, silicone***)	Tier 3	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (***gel-matrix pad dressing, silicone***)	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM (***silicone adhesive***)	Tier 3	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (***silicone adhesive***)	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (***silicone adhesive***)	Tier 3	
POLYTOZA TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROSILK TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 " (***gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit e***)	Tier 3	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SCARSILK TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 3	
SILIVEX TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SIL-K TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SILTREX TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SKARLITE TOPICAL PAD 1.57 X 5.12 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SZOSIL TOPICAL STRIP 1.4 X 6 " (***silicone adhesive***)	Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (***lidocaine/silicone, adhesive***)	Tier 3	
Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK RAPID-D LINK 70 CM (***subcutaneous administration set***)	Tier 3	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM (***subcutaneous administration set***)	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	Tier 3	
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
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
MINIMED 770G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
OMNIPOD INSULIN MANAGEMENT (***subcutaneous insulin pump***)	Tier 2	DD; QL (1 EA per 365 days)
T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	PA; DD
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, 8-14 FR-" (***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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (***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	
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		
ACCU-CHEK COMBO SYSTEM KIT (***insulin pump/infusion set/blood-glucose meter***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUICK-SET PARADIGM 43" 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
VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ACCU-CHEK COMBO SYSTEM KIT (***insulin pump/infusion set/blood-glucose meter***)	Tier 3	DD
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK RAPID-D LINK 70 CM (***subcutaneous administration set***)	Tier 3	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM (***subcutaneous administration set***)	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SPIRIT ADAPTER (***subcutaneous infusion pump accessory***)	Tier 3	
ACCU-CHEK SPIRIT CARTRIDGE SYS (***subcutaneous infusion pump accessory***)	Tier 3	
ACCU-CHEK SPIRIT CLIP CASE (***subcutaneous infusion pump accessory***)	Tier 3	
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 6-16 FR-", 8-16 FR-" (***catheter***)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-" (***urinary bag/catheter***)	Tier 3	
ADVANCED TRAVEL LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE SYRINGES 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 2	DD
ADVOCATE SYRINGES 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 2	DD
ADVOCATE SYRINGES 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 2	DD
ADVOCATE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
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 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 WITH FLOWSIGNAL SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 3	
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
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 9 X 9 " (***foam bandage***)	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " (***foam bandage***)	Tier 3	
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	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (***foam bandage***)	Tier 3	
ALTERA NEBULIZER (***nebulizer***)	Tier 3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	Tier 3	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 3	
AURA PORTANEB (***nebulizer***)	Tier 3	
AUTOSOFT XC INFUSION SET 32" 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 2	DD
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	Tier 3	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML (***syringe without needle,insulin disposible, 1 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 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 2	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 INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	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 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 3	
BD ULTRA FINE LANCETS 33 GAUGE (***lancets***)	Tier 2	DD

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (***dressing, collagen/sodium alginate/carboxymethylcellulose***)	Tier 3	
blunt needle, disposable needle 18 x 1 1/2 "	Tier 3	
BREEZE 2 TEST STRIPS STRIP (***blood sugar diagnostic, disc-type***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	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 2	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 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
CELLPAD TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
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 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CICASIL TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (***gel-matrix pad dressing, silicone***)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 3	
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 3	
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	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 2	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", 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	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 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
COMPACT SPACE CHAMBER PLUS SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
CONCEPTION KIT (***conception assistance supplies combination no.1***)	Tier 3	
COOL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
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	
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	
DERM-SILK TOPICAL PAD 2.5 X 2 " (***gel-matrix pad dressing, silicone***)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***)	Tier 3	
DEXCOM G4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
DEXCOM G5 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
DEXCOM G5-G4 SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
DEXCOM G6 RECEIVER (***blood-glucose meter,continuous***)	Tier 2	PA; DD
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	PA; DD
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	PA; DD
DEXCOM RECEIVER (***blood-glucose meter,continuous***)	Tier 3	PA; DD
DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (***syringe with needle,insulin 0.5 ml (half unit mark)***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	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 COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	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 2	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 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLUCO G2 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH BLU LINK TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 2	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 2	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 2	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 2	DD
EASY TOUCH SAFETY LANCETS 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 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EASYGLUCO PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2" (***needles, safety***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ENLITE GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	DD
ENLITE SERTER (***diabetic supplies,miscell***)	Tier 3	DD
ENLITE SYSTEM (***blood-glucose transmitter/blood-glucose sensor***)	Tier 3	DD
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	Tier 3	

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EVERSENSE SMART TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ SMART PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
EZ-LETS 26 GAUGE (***lancets***)	Tier 2	DD
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB; QL (30 EA per 30 days)
FEMALE CATHETER 14 FR (***catheter***)	Tier 3	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
FIFTY50 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
filter needles needle 19 x 1 ", 19 x 1 1/2 "	Tier 3	
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
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	

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORA V30A STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 3	PA; DD
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 3	PA; DD
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 3	PA; DD
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 3	PA; DD
FREESTYLE NAVIGATOR GLUC SENS DEVICE (***blood-glucose sensor***)	Tier 3	DD
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 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	DD
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 3	DD
GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GM100 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOODLIFE AC-302 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
GUARDIAN RT CHARGER (***diabetic supplies,miscell***)	Tier 3	DD
HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 2	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 2	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 2	DD
HI-VOLUME PUMPING CHAMBER SET (***transfer sets***)	Tier 3	
HYPERSONIQ NEBULIZER CARTRIDGE (***nebulizer accessories***)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY VOICE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 GO NEBULIZER (***nebulizer***)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	Tier 3	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 3	
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 2	DD
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
insulin syringe needleless syringe 1 ml	Tier 2	DD
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 28 gauge, 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 3/8", 1 ml 31 gauge x 1/4", 1/2 ml 28 gauge, 1/2 ml 31 gauge x 1/4"	Tier 2	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 3	
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	Tier 3	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***)	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	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (***gel-matrix pad dressing, silicone***)	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	
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 2	DD
LANCETS,ULTRA THIN (***lancets***)	Tier 2	DD
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	Tier 3	
LITE TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 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 2	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 2	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***)	Tier 3	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	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 2	DD
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8" (***needles, safety***)	Tier 3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (***syringe with needle, insulin, safety, 0.3 ml***)	Tier 2	DD
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (***syringe with needle, insulin, safety, 0.5 ml***)	Tier 2	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 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (***calcium alginate/honey***)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MICROBORE EXTENSION SET INFUSION SET (***intravenous administration extension set***)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
MINI PLUS NEBULIZER (***nebulizer***)	Tier 3	
MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 18" 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 SYRINGE RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	Tier 3	DD
MINIMED SYRINGE RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
MISTASSIST DEVICE (***spirometers and accessories***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISTASSIST KIT DEVICE (***spirometer with drug delivery adapters***)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 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 2	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 2	DD
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2" (***syringe with needle,insulin disposable***)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
myelogram tray tray	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYGLUCOHEALTH STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
nebulizer and compressor device	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 ", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***)	Tier 3	
NOSE CLIP (***nebulizer accessories***)	Tier 3	
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
NUVA III TOPICAL SHEET 10 CM X 12 CM (***silicone adhesive***)	Tier 3	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (***silicone adhesive***)	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (***silicone adhesive***)	Tier 3	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	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	
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD DASH PDM KIT (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD INSULIN MANAGEMENT (***subcutaneous insulin pump***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 2	DD
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
ONETOUCH DELICA LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH ULTRASOFT LANCETS (***lancets***)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
OPTUMRX STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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	
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
PHARMACIST CHOICE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 INFUSION ADAPTER (***infusion adapter, closed system***)	Tier 3	
PHASEAL INJECTOR LUER (***needle injector, luer, closed system***)	Tier 3	
PHASEAL PROTECTOR DEVICE 28 MM (***transfer device, 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	
PIP LANCET 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLYTOZA TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
PREMIUM V10 STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	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 2	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 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SPACER-ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER (***inhaler,assist device with small mask***)	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	

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
PROCARE COMPRESSOR 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 INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
PRODIGY LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***)	Tier 3	
PROSILK TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PUSH BUTTON SAFETY LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	Tier 3	
QUICK-SET PARADIGM 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
QUINTET AC STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFUAH PLUS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELIAMED LANCET 23 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 THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
RELION ULTIMA STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
RELION ULTRA THIN PLUS LANCETS (***lancets***)	Tier 2	DD
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (***hydrocolloid dressing***)	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (***hydrocolloid dressing***)	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " (***hydrocolloid dressing***)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS250S TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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	
SAFETY LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
safety needles needle 18 gauge x 1 1/2"	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SCARSILK TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SELF-CATHETER, FEMALE 14 FR (***catheter***)	Tier 3	
SIDESTREAM MASK (***nebulizer accessories***)	Tier 3	
SIDESTREAM PLUS (***nebulizer***)	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	Tier 3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
SIL-K TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SILTREX TOPICAL PAD 2 X 5.5 " (***gel-matrix pad dressing, silicone***)	Tier 3	
SINGLE-LET (***lancets***)	Tier 2	DD
SINUSTAR NEBULIZER (***nebulizer***)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
SMARTEST LANCET (***lancets***)	Tier 2	DD
SMARTEST TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
SOFT TOUCH LANCETS (***lancets***)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra 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 PLUS SPACER (***inhaler, assist devices***)	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	
SPEEDICATH (FEMALE) 16 FR (***catheter***)	Tier 3	
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 (***lancets***)	Tier 2	DD
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	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" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
SURE-LANCE 26 GAUGE (***lancets***)	Tier 2	DD
SURE-T INFUSION SET (***subcutaneous infusion pump accessory***)	Tier 3	
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
SURGUARD2 SAFETY NEEDLE 23 GAUGE X 1" (***needles, safety***)	Tier 3	
syringe (reusable) syringe,reusable 3 ml	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 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (***syringe with needle,insulin,0.3 ml***)	Tier 2	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 2	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 2	DD
TEST N'GO TEST STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
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 2	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 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	DD
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
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 2	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 2	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 2	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 2	DD
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 2	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 2	DD
TRUEPLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
TRUNEB NEBULIZER (***nebulizer***)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 2	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 2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS 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 2	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 2	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 2	DD
ULTILET LANCETS 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 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 2	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	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 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	DD
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	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 2	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 2	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 2	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 2	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 2	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 2	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	Tier 3	DD; ST: Requires prior prescription for Freestyle Insulinx, Freestyle Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
UNISTIK 3 COMFORT LANCET (***lancets***)	Tier 2	DD
UNISTIK 3 LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 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 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 Insulinx Test Strips, Freestyle Lite Test Strips, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days; QL (200 EA per 30 days)
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (***syringe with needle, insulin, safety, 1 ml***)	Tier 2	DD
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 8" (***urinary bag/catheter***)	Tier 3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	Tier 3	
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
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 3 "-YARD, 4 X 4 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
XEROFORM TOPICAL BANDAGE 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***)	Tier 3	PA; SP
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 3	PA; SP
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (***levocarnitine***)	Tier 3	
levocarnitine (with sugar) oral solution 100 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 3	PA; SP
miglustat oral capsule 100 mg	Tier 1	PA; SP
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***)	Tier 2	PA; SP
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	Tier 2	PA; SP
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML (***betaine***)	Tier 3	SP
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***)	Tier 3	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium phenylbutyrate oral tablet 500 mg	Tier 1	PA; SP
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	Tier 3	SP
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 3	PA; SP
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
sapropterin oral powder in packet 100 mg, 500 mg	Tier 1	PA; SP
sapropterin oral tablet,soluble 100 mg	Tier 1	PA; SP
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 2	PA; SP
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	Tier 3	PA; SP
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML (***sodium fluoride/cholecalciferol (vitamin d3)***)	Tier 3	
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; Age (Max 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; Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
GEL-KAM DENTAL GEL 0.4 % (***stannous fluoride***)	Tier 1	
PERIO MED DENTAL SOLUTION 0.63 % (***stannous fluoride***)	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE) (***fluoride (sodium)***)	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 % (***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 GEL 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dental Product - Local Anesthetics - Drugs for the Mouth and Throat		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (***tetracaine hcl/oxymetazoline hcl***)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (***lidocaine/prilocaine***)	Tier 3	
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	
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		
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY (***saliva substitute combo no.3***)	Tier 3	
BOCASAL MUCOUS MEMBRANE POWDER IN PACKET 538 MG (***saliva substitute combo no.5***)	Tier 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION (***saliva substitute combo no.2***)	Tier 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (***saliva substitute combination no.11***)	Tier 3	
NEUTRASAL MUCOUS MEMBRANE POWDER IN PACKET (***saliva substitution combination no.10***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (***saliva substitute combination no.11***)	Tier 3	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL,SPRAY (***saliva substitute combo no.3***)	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 - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION (***oral mucositis and stomatitis anti-inflammatory agent comb 2***)	Tier 3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (***potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic***)	Tier 3	
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	
ORAPEUTIC MUCOUS MEMBRANE GEL (***xylitol/pectin/acemannan/sodium bicarbonate***)	Tier 3	
Mouth and Throat - Protectants - Drugs for the Mouth and Throat		
GELX MUCOUS MEMBRANE GEL (***povidone/taurine/zinc gluconate/peg-40 castor oil***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUGARD MUCOUS MEMBRANE SOLUTION (***glycerin/carbomer homopolymer type a/potassium hydroxide***)	Tier 3	
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (***sucralfate malate, polymerized***)	Tier 3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (***sucralfate malate, polymerized***)	Tier 3	
SILATRIX MUCOUS MEMBRANE GEL 1 GRAM/10 GRAM (***sucralfate malate, polymerized***)	Tier 1	
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	
Periodontal Product - Tetracycline Antiinfective, Local - Drugs for the Mouth and Throat		
ARESTIN DENTAL CARTRIDGE 1 MG (***minocycline hcl microspheres***)	Tier 3	PA; SP
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		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (***glycopyrrolate***)	Tier 3	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 2	PA; SP
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 3	PA; SP
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 3	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (***monomethyl fumarate***)	Tier 3	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (***glatiramer acetate***)	Tier 2	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tier 1	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 1	PA; SP
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	Tier 1	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	Tier 2	PA; SP
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG (***amifampridine***)	Tier 3	PA; SP
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (***teriflunomide***)	Tier 2	PA; SP
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (***fingolimod hcl***)	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG (***siponimod***)	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	Tier 2	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (***ponesimod***)	Tier 3	PA; SP
PONVORY ORAL TABLET 20 MG (***ponesimod***)	Tier 3	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	Tier 3	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG (***ozanimod hydrochloride***)	Tier 3	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	Tier 3	PA; SP
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	
Miotics - Direct Acting - Drugs for Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	Tier 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 % (***hydroxyamphetamine hbr/tropicamide***)	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
Ophth - Beta blocker-Adrenerg-Carbonic Anhyd Inhib-Prostagladin Analog - Drugs for Glaucoma		
timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***oxymetazoline hcl/pf***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***)	Tier 2	
sulfacetamide sodium/prednisolone acetate (Blephamide S.O.P. Ophthalmic (Eye) Ointment 10-0.2 %)	Tier 2	
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	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % (***gentamicin sulfate/prednisolone acetate***)	Tier 3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin sulfate/prednisolone acetate***)	Tier 3	
prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
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	
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	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	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		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (12 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bepotastine besilate ophthalmic (eye) drops 1.5 %	Tier 1	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (***bepotastine besilate***)	Tier 3	ST: At least 2 prior prescriptions 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)
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % (***alcaftadine***)	Tier 3	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (6 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)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (***cetirizine hcl***)	Tier 3	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (***loteprednol etabonate***)	Tier 2	ST: At least 2 prior prescriptions for Azelastine HCL, Epinastine HCL, or Olopatadine HCL 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	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone acetate***)	Tier 2	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)
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 2	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)
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % (***fluorometholone***)	Tier 2	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 GM per 14 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol etabonate***)	Tier 3	QL (5.6 ML per 14 days)
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 % (***betamethasone sodium phos/chondroitin sulfate a sodium/pf***)	Tier 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***)	Tier 2	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)
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	Tier 3	ST: Requires prior prescription for Restasis Multidose, Restasis, or Xiidra within the past 120 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 2	QL (60 EA per 30 days)

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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 2	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 blocker-Carbonic Anhydrase Inhib-Prostagladin Analog - Drugs for Glaucoma		
timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (***brimonidine tartrate/timolol maleate***)	Tier 2	

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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 - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %	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 2	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	Tier 2	PA; SP
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	

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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 3	PA; SP
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	
metipranolol ophthalmic (eye) drops 0.3 %	Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %	Tier 1	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; 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	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 % (***timolol maleate/pf***)	Tier 3	ST: Requires prior prescription for Timolol Maleate within the past 120 days; QL (2 EA per 1 day)

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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	
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 - 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %	Tier 1	
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 Alphagan P, Brinzolamide, Combigan, 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		
GELFILM OPHTHALMIC (EYE) FILM (***gelatin***)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin/polymyxin b sulfate (Ak-Poly-Bac Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin sulfate (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	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 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium (Bleph-10 Ophthalmic (Eye) Drops 10 %)	Tier 1	
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	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***)	Tier 2	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (***brimonidine tartrate***)	Tier 2	
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 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)
latanoprost (pf) ophthalmic (eye) drops 0.005 %	Tier 1	
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	Tier 2	QL (2.5 ML per 25 days)
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, Lumigan, Travoprost (benzalkonium), 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, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (***tafluprost/pf***)	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (1 EA per 1 day)

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 Alphagan P, Brinzolamide, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***)	Tier 1	
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	
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	
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	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML) (***ciprofloxacin***)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
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)
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	Tier 1	
Antihistamine - 1st Generation - Alkylamines - Drugs for Allergies		
dexchlorpheniramine maleate oral solution 2 mg/5 ml	Tier 1	QL (236 ML per 1 FILL)
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbinoxamine maleate oral tablet 6 mg	Tier 1	ST: Requires prior prescriptions for Carbinoxamine tablet (4mg) and solution (4mg/5mL) within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
clemastine oral syrup 0.5 mg/5 ml	Tier 1	
clemastine oral tablet 2.68 mg	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 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)
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine injection syringe 25 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		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbinoxamine maleate oral tablet 6 mg	Tier 1	ST: Requires prior prescriptions for Carbinoxamine tablet (4mg) and solution (4mg/5mL) within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
clemastine oral syrup 0.5 mg/5 ml	Tier 1	
clemastine oral tablet 2.68 mg	Tier 1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	Tier 1	QL (236 ML per 1 FILL)
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)
promethazine rectal suppository 50 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 25 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	
Antitussives - Non-Opioid - Drugs for Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs for Asthma/COPD		
zileuton oral tablet, er multiphase 12 hr 600 mg	Tier 1	ST: Requires prior prescriptions for Montelukast Sodium and Zafirlukast within the past 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG (***zileuton***)	Tier 3	ST: Requires prior prescriptions for Montelukast Sodium and Zafirlukast within the past 365 days; QL (4 EA per 1 day)
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
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)
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	Tier 2	PA; SP
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	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Monoclonal Antibodies to Immunoglobulin E (IgE) - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***omalizumab***)	Tier 3	PA; SP
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG (***theophylline anhydrous***)	Tier 1	
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 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (IL-5) Antagonists - Drugs for Asthma/COPD		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (***mepolizumab***)	Tier 2	PA; SP
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (***roflumilast***)	Tier 2	ST: Requires prior prescription for Advair Diskus, Breo Ellipta, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; 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 Respimat or Spiriva within the past 120 days; QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (***glycopyrrolate/nebulizer accessories***)	Tier 3	QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (***glycopyrrolate/nebulizer and accessories***)	Tier 3	QL (60 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***)	Tier 2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (***aclidinium bromide***)	Tier 3	ST: Requires prior prescription for Spiriva Respimat or 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)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION (***albuterol sulfate***)	Tier 3	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (***albuterol sulfate***)	Tier 3	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
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	
metaproterenol oral syrup 10 mg/5 ml	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	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	

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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 Diskus, Advair HFA, Breo Ellipta, or Symbicort within the past 120 days; QL (1 EA 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 Diskus, Advair HFA, 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 Diskus, Advair HFA, 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 Diskus, Advair HFA, 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)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 1	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	Tier 2	PA; SP
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	Tier 3	SP; 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 25 MG, 50 MG, 75 MG (***ivacaftor***)	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	Tier 2	PA; SP
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 (***lumacaftor/ivacaftor***)	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	Tier 2	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 2	PA; SP
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***)	Tier 3	SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (***alpha-1-proteinase inhibitor***)	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***)	Tier 3	SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (***alpha-1-proteinase inhibitor***)	Tier 3	SP
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 2	PA; SP
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	
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 Flunisolide or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
TICALAST NASAL KIT,SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 % (***azelastine/fluticasone/sodium chloride/sodium bicarbonate***)	Tier 3	
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 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)
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (***fluticasone propionate/sodium chloride/sodium bicarbonate***)	Tier 3	
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (***fluticasone propionate/sodium chloride/sodium bicarbonate***)	Tier 3	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate 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 Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Preparations Other - Drugs for the Nose		
ALZAIR NASAL SPRAY,NON-AEROSOL (***hypromellose***)	Tier 3	
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
epinephrine hcl nasal solution 1 mg/ml	Tier 1	
TYZINE NASAL DROPS 0.1 % (***tetrahydrozoline hcl***)	Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 % (***tetrahydrozoline hcl***)	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	
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)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG (***hydrocodone polistirex/chlorpheniramine polistirex***)	Tier 3	QL (2 EA 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 Sodium, Promethazine HCL/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)
promethazine-phenyleph-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)
Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold		
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML (***hydrocodone bitartrate/guaifenesin***)	Tier 3	ST: Requires prior prescription for Hydrocodone/Homatropine Methylbromide within the past 120 days; QL (600 ML per 10 days); Age (Min 18 Years)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ESBRIET ORAL CAPSULE 267 MG (***pirfenidone***)	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG (***pirfenidone***)	Tier 2	PA; SP
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 2	PA; SP
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, Tinidazole, or Vandazole 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 %	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (***metronidazole***)	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 % (***metronidazole***)	Tier 2	
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 2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (***estradiol acetate***)	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 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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