

**Kaiser Permanente Insurance Company
(KPIC)
PPO and Out-of-Area Indemnity (OOA)
Drug Formulary
This Drug Formulary was updated: January 1, 2026**

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 Upon revision, all previous versions of the drug formulary are no longer in effect.

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

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

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

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

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

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

FORMULARY INFORMATION

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

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

How to Use This Document

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

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

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

EXAMPLE of how drugs are listed on the Formulary:

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

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

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

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

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

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

Drug Tiers

Tier Benefit Design

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

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

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

Tier Definitions:

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

Maintaining and Updating the Formulary

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

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

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

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

What medications are covered?

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

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

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

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

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

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

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

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

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

What drugs are not covered?

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

Non-formulary drugs

Non-formulary drugs are covered when medically necessary.

How do I request an exception to the KPIC Formulary?

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

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

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

Guideline Symbol Table:

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

What is a Prior Authorization?

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

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

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

What are Quantity Limits?

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

What is Step Therapy?

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

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

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

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

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

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

The Pharmacy Network

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

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

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

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

Benefit Coverage and Limitations

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

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

Definition of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nondiscrimination Notice

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

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

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

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

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

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

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

**Electronically:
www.insurance.ca.gov**

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

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

or by mail or phone at:

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

Complaint forms are available at:

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

Notice of Language Assistance

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

Servicios de idioma sin costo. Puede obtener servicios de un intérprete y que le lea documentos en su idioma. También puede solicitar que se traduzcan materiales a su idioma o que se le envíen en formatos alternativos. Si necesita ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-788-0710. Para obtener más información, llame al Departamento de Seguros de California al 1-800-927-4357. Los usuarios de TTY deben llamar al 711. Spanish

免費語言服務。 您可使用口譯員並請人使用您的語言將文件唸給您聽。您也可以要求將資料翻譯成您的語言或以替代格式寄給您。如需幫助，請致電您會員證上所列的電話號碼或致電1-800-788-0710與我們聯絡。如需進一步幫助，請致電1-800-927-4357與加州保險部聯絡。TTY使用者請致電711。Chinese

Bizaad bee áko t'áá íiyisí bá oolzinígíí. Díí bizaad bee naaltsoos nihá ályaaígíí t'áá íiyisí yíníłta'go bee hane' doo naaltsoos nihá níłtsá. Díí naaltsoos nihá bááħ yáhoot'éeł doo t'oh yáti'ígíí éí nihá bááħ yáhoot'éełígíí t'áá íiyisí bee ná'áłkidgo nihá dah naashá. Ákót'éego baa ahééh ná'idíłwo', doo bik'ehgo naaltsoos bee naaznilígíí bikáá' dah naashá ID béesh bee hane'gi t'áá ájít'éego bee hodiłłnih doo 1-800-788-0710 áłtsé. Díkwíí hóló holne'go, California Béeso Bee Hane' Áłchíní Bá Hooghan bee 1-800-927-4357 bibeeso biká anilyeed. TTY yáhoot'éeł nihá shikaad 711. Navajo

Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên và người đọc thông tin giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Quý vị cũng có thể yêu cầu dịch tài liệu sang ngôn ngữ của quý vị hoặc gửi đến quý vị các định dạng thay thế. Để được giúp đỡ, hãy gọi chúng tôi theo số điện thoại ghi trên thẻ Nhận Dạng (thẻ ID) của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, vui lòng gọi Sở Bảo Hiểm CA theo số 1-800-927-4357. Người dùng TTY gọi số 711. Vietnamese

무료 언어 서비스. 통역사를 통해 사용하시는 언어로 서류를 읽어드립니다. 또한 사용하시는 언어로 자료를 번역해달라고 요청하거나 대체 형식으로 보내달라고 요청하셔도 됩니다. 도움이 필요한 경우, 회원 신분증에 적힌 번호나 1-800-788-0710 번으로 문의하십시오. 추가로 도움이 필요한 경우, 캘리포니아주 보험국 전화번호 1-800-927-4357번으로 문의하시기를 바랍니다. TTY 사용자는 711번으로 전화하십시오. Korean

Walang Gastos na Mga Serbisyo sa Wika. Maaari kayong kumuha ng interpreter at ipabasa ang mga dokumento sa inyong wika. Maaari rin kayong humiling na ang mga materyal ay isalin sa inyong wika o ipadala sa inyo sa mga alternatibong format. Para sa tulong, tawagan kami sa numero na nakalista sa inyong card ng pagkakakilanlan o sa 1-800-788-0710. Para sa higit pang tulong tumawag sa Departamento ng Insurance ng California sa 1-800-927-4357. Ang mga gumagamit ng TTY ay dapat tumawag sa 711. Tagalog

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ, և փաստաթղթերը կարող են ընթերցել ձեզ համար ձեր լեզվով: Կարող եք նաև խնդրել, որ նյութերը թարգմանվեն ձեր լեզվով կամ ուղարկվեն ձեզ այլընտրանքային ձևաչափերով: Օգնության համար զանգահարեք մեզ ձեր նույնականացման քարտի վրա նշված համարով կամ 1-800-788-0710 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի Ապահովագրության վարչություն 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные услуги переводчика. Вы можете воспользоваться услугами переводчика, и документы будут прочтены для вас на вашем языке. Вы также можете подать запрос о переводе материалов на ваш язык или в альтернативные форматы. Если вам требуется помощь, звоните нам по телефону, указанному на вашей идентификационной карте, или по телефону 1-800-788-0710. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния по телефону 1-800-927-4357. Пользователям линии TTY следует звонить по телефону 711. Russian

無料の言語サービス。 通訳を手配し、書類をあなたの言語で読み上げてもらうことができます。また、ご希望があれば資料をあなたの言語に翻訳したり、別の形式でお届けすることも可能です。サポートが必要な場合は、身分証明カードに記載されている電話番号、または1-800-788-0710にお電話ください。さらにサポートが必要な場合は、カリフォルニア州保険局まで1-800-927-4357にご連絡ください。TTYユーザーの方は、711までお電話にてご連絡ください。Japanese

خدمات زبانی رایگان. می‌توانید یک مترجم شفاهی داشته باشید و ترتیبی بدهید تا اسناد به زبان خودتان برای شما خوانده شود. همچنین می‌توانید درخواست کنید که مطالب به زبان شما ترجمه شود یا در قالب‌های جایگزین برای شما ارسال گردد. برای دریافت کمک و راهنمایی، با شماره مندرج در کارت شناسایی یا 1-800-788-0710 با ما تماس بگیرید. برای دریافت راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY می‌توانند با شماره 711 تماس بگیرند. Farsi

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਦੁਬਾਈ ਦੇ ਸਹਾਇਤਾ ਨਾਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮੱਗਰੀ ਦੇ ਅਨੁਵਾਦ ਜਾਂ ਵਿਕਲਪਿਕ ਫਾਰਮੇਟਾਂ ਦੀ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਸਹਾਇਤਾ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫੋਨ ਕਰੋ। ਪੰਜਾਬੀ Punjabi

សេវាភាសាភាគីត្រី។ អ្នកអាចទទួលបានអ្នកបកប្រែនិងទទួលបានឯកសារអានជូនអ្នក ក្នុងភាសារបស់អ្នក។ អ្នកក៏អាចស្នើសុំឯកសារដើម្បីបកប្រែក្នុងភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀត ត្រូវបានផ្ញើទៅអ្នក។ សម្រាប់ជំនួយ សូមទូរសព្ទមកលេខដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬទៅលេខ 1-800-788-0710។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅនាយកដ្ឋានធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាលេខ 1-800-927-4357។ អ្នកប្រើប្រាស់ TTY សូមហៅទៅលេខ 711។ Khmer

خدمات لغوية بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك بلغتك. يحق لك أيضاً طلب إرسال وثائق مترجمة بلغتك أو صيغ بديلة للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية الخاصة بك أو 1-866-213-3062. لمزيد من المساعدة اتصل بقسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. على مستخدمي TTY الاتصال على الرقم 711. العربية Arabic

Kev Pab Txhais Lus Dawb. Koj tuaj yeem txais ib tug kws txhais lus thiab txais kev nyeem cov ntaub ntawv ua koj hom lus. Koj tuaj kheev thov kom muab cov ntaub ntawv txhais mus ua koj hom lus los sis xa ua lwm hom ntawv tuaj rau koj huv si. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj uas sau nyob rau ntawm koj daim npav cim thawj los sis 1-800-788-0710. Rau kev pab ntawm, hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm ntawm 1-800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

बिना किसी लागत के भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और दस्तावेज़ आपको आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। आप सामग्रियों को अपनी भाषा या आपको भेजे जाने वाले वैकल्पिक प्रारूप में अनुवाद करवाने के लिए भी अनुरोध कर सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिये नम्बर या 1-800-788-0710 पर हमें कॉल करें। अधिक सहायता के लिए कैलिफोर्निया डिपार्टमेंट ऑफ़ इंशोरेंस को 1-800-927-4357 पर कॉल करें। TTY प्रयोक्ता 711 पर कॉल करें। हिंदी: Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอใช้บริการล่ามและบริการอ่านเอกสารให้ฟังเป็นภาษาของคุณได้ คุณอาจขอเอกสารที่แปลเป็นภาษาของคุณหรือในรูปแบบอื่นที่ส่งถึงคุณได้ หากต้องการความช่วยเหลือ โปรดติดต่อหมายเลขโทรศัพท์ที่ปรากฏบนบัตรประจำตัวของคุณหรือติดต่อหมายเลข 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อกรมการประกันภัยของรัฐบาลแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 ผู้ใช้เครื่อง TTY โปรดติดต่อหมายเลข 711 Thai

Table of Contents

Informational Section.....	1
Alternative Therapy - Vitamins And Minerals.....	1
Analgesic, Anti-Inflammatory Or Antipyretic.....	12
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever.....	12
Anesthetics - Drugs For Pain And Fever.....	43
Anorectal Preparations - Rectal Preparations.....	44
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning.....	46
Anti-Infective Agents.....	49
Anti-Infective Agents - Drugs For Infections.....	49
Antineoplastics.....	81
Antineoplastics - Drugs For Cancer.....	83
Antiseptics And Disinfectants - Antiseptics And Disinfectants.....	100
Biologicals.....	101
Biologicals - Biological Agents.....	102
Cardiovascular Therapy Agents.....	115
Cardiovascular Therapy Agents - Drugs For The Heart.....	116
Central Nervous System Agents.....	153
Central Nervous System Agents - Drugs For The Nervous System.....	153
Chemical Dependency, Agents To Treat - Drugs For Addiction.....	232
Chemicals-Pharmaceutical Adjuvants.....	236
Cognitive Disorder Therapy.....	239
Cognitive Disorder Therapy - Drugs For The Nervous System.....	239
Contraceptives - Drugs For Women.....	241
Dermatological.....	258
Dermatological - Drugs For The Skin.....	259
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System.....	349
Electrolyte Balance-Nutritional Products.....	350
Electrolyte Balance-Nutritional Products - Drugs For Nutrition.....	350
Endocrine.....	419
Endocrine - Hormones.....	419
Fdb Class Obsolete-Not Used.....	459
Gastrointestinal Therapy Agents.....	460
Gastrointestinal Therapy Agents - Drugs For The Stomach.....	460
Genitourinary Therapy - Drugs For The Urinary System.....	505
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever.....	517
Hematological Agents.....	518
Hematological Agents - Drugs For The Blood.....	519
Hepatobiliary System Treatment Agents.....	538
Hepatobiliary System Treatment Agents - Drugs For The Liver.....	538
Immunosuppressive Agents - Drugs For Organ Transplants.....	539
Locomotor System.....	541
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones.....	541
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment.....	547
Medical Supply, Fdb Superset.....	689
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease.....	820

Metabolic Modifiers.....	821
Metabolic Modifiers - Drugs That Alter Metabolism.....	821
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat.....	825
Multiple Sclerosis Agents - Drugs For The Nervous System.....	830
Ophthalmic Agents.....	833
Ophthalmic Agents - Drugs For The Eye.....	834
Otic (Ear) - Drugs For The Ear.....	855
Respiratory Therapy Agents.....	856
Respiratory Therapy Agents - Drugs For The Lungs.....	856
Vaginal Products - Drugs For Women.....	878
Weight Loss/Gain Agents.....	881
Weight Loss/Gain Agents - Drugs For Eating Disorders.....	881

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

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

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

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

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

This Drug Formulary was updated: 01/01/2026

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BABY COUGH-MUCUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)	Tier 2	
KINDERMED INFANTS COUGH PLUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)	Tier 2	
KINDERMED INFANTS NIGHT COUGH ORAL LIQUID 4 GRAM-21 MG- 4 MG/3 ML (blue agave extract/English ivy extract/chamomile flower ext)	Tier 2	
Alternative Therapy - Laxatives And Cathartics - Vitamins And Minerals		
HERBAL COLON CLEANSER ORAL CAPSULE 500 MG (cascara/psyllium husk/bentonite/alfalfa/aloe/herbs)	Tier 1	
Alternative Therapy - Pineal Hormone Agents - Vitamins And Minerals		
<i>melatonin oral drops 1 mg/4 ml</i>	Tier 2	
<i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>	Tier 1	
<i>melatonin oral lozenge 5 mg</i>	Tier 2	
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
Alternative Therapy - Sedative/Hypnotics - Vitamins And Minerals		
SLEEP TONITE VALERIAN ORAL TABLET 750-100-25 MG (valerian xt/passion flower/hops/chamomile flower/skullcap)	Tier 2	
SYNOVX CALM ORAL CAPSULE 100-30-15-40 MG (valerian rt/passion flower/hops/cherry/magnesium comb/potass)	Tier 2	
Alternative Therapy - Unclassified - Vitamins And Minerals		
ACAI BERRY DIET ORAL CAPSULE 250 MG-20 MCG- 80 MG-50 MG (acai berry extract/chromium/green tea/caffeine/enzymes)	Tier 2	

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ADVANCED HERBALS GINGER ORAL TABLET,CHEWABLE 15 MG (ginger root extract)	Tier 2	
ALFA-MAX ALFALFA ORAL CAPSULE 525 MG (alfalfa)	Tier 2	
AM-PM MENOPAUSE FORMULA ORAL TABLETS, SEQUENTIAL 20-250-100(D)/ 20-200-100MG(N) (black cohosh/green tea/Panax ginseng/valerian/hops/theanine)	Tier 2	
ARTICHOKE PREMIUM EXTRACT ORAL CAPSULE 150-300 MG (milk thistle seed extract/artichoke leaf extract)	Tier 2	
<i>ashwagandha extract oral capsule 120 mg</i>	Tier 1	
<i>ashwagandha extract oral capsule 500 mg</i>	Tier 2	
<i>ashwagandha root extract oral capsule 500 mg</i>	Tier 1	
<i>ashwagandha root extract oral tablet 300 mg</i>	Tier 1	
ASHWAGANDHA ROOT LEAF EXTRACT ORAL TABLET,CHEWABLE 62.5 MG (ashwagandha extract)	Tier 2	
<i>astragalus root oral capsule 470 mg</i>	Tier 2	
ATRANTIL ORAL CAPSULE 275 MG (tannic acid/horse chestnut seed xt/peppermint leaf xt)	Tier 2	
AZO CRANBERRY PLUS PROBIOTIC ORAL TABLET 250-30-15 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 2	
AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (cranberry fruit extract/ascorbic acid)	Tier 2	
BERGACOR ORAL TABLET 650 MG (bergamot extract)	Tier 2	
BERGACOR PLUS ORAL TABLET 400-250 MG (bergamot extract/Indian gooseberry extract)	Tier 2	
<i>bitter melon extract oral tablet 750 mg</i>	Tier 2	
<i>black cohosh oral capsule 540 mg</i>	Tier 2	
<i>black walnut hull oral capsule 450 mg</i>	Tier 2	
<i>boswellia serrata extract oral tablet 307 mg</i>	Tier 2	

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BOWEL SUPPORT-IRRITABLE BOWEL ORAL CAPSULE,DELAYED RELEASE(DR/EC) (peppermint oil)	Tier 2	
BP MANAGER ORAL TABLET 519 MG (hawthorn extract/herbal drugs)	Tier 2	
BRONCHIAL SOOTHE ORAL SYRUP 43 MG/5 ML (English ivy extract)	Tier 1	
CALMAID ORAL CAPSULE 80 MG (lavender oil)	Tier 2	
CANDICIDAL ORAL CAPSULE 100 MG-150 MG- 50 MG-150 MG (turmeric/ginger/olive/oregano/sodium caprylate)	Tier 2	
<i>chamomile flower oral capsule 350 mg</i>	Tier 2	
<i>chaste tree fruit oral capsule 400 mg</i>	Tier 2	
<i>cinnamon bark extract oral tablet 500 mg</i>	Tier 2	
<i>cinnamon bark oral capsule 500 mg</i>	Tier 2	
CORTISOLV ORAL CAPSULE 150-250-50-50 MG (ashwagandha/magnolia brk/Phellod/banaba lf/maral rt/theanine)	Tier 2	
<i>cranberry conc-ascorbic acid oral capsule 300-100 mg, 4,200-20 mg</i>	Tier 2	
<i>cranberry extract oral capsule 500 mg</i>	Tier 2	
<i>cranberry extract oral tablet 500 mg</i>	Tier 2	
<i>cranberry fruit concentrate oral capsule 450 mg</i>	Tier 2	
<i>cranberry fruit concentrate oral tablet,disintegrating 125 mg</i>	Tier 2	
<i>cranberry fruit oral capsule 465 mg</i>	Tier 2	
CRANBERRY URINARY TRACT HEALTH ORAL TABLET 250-30-3.5 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 2	
CURCUPLEX-95 ORAL CAPSULE 500 MG (turmeric root extract)	Tier 2	
<i>dandelion root oral capsule 525 mg</i>	Tier 2	

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DIGESTIVE SUPPORT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100-21.5 MG (caraway seed extract/levomenthol)	Tier 1	
DRAMAMINE GINGER ORAL TABLET,CHEWABLE 15 MG (ginger root extract)	Tier 2	
DRAMAMINE NON-DROWSY ORAL CAPSULE 500 MG (ginger)	Tier 2	
<i>echinacea oral capsule 125 mg</i>	Tier 2	
<i>echinacea oral capsule 400 mg</i>	Tier 1	
<i>echinacea purp aerial part ext oral capsule 65 mg</i>	Tier 2	
EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET,CHEWABLE 83.3 MG (ascorbic acid/multivitamin with minerals/herbal drugs)	Tier 2	
ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG (rhubarb root extract)	Tier 2	
<i>evening primrose oil oral capsule 1,300 mg</i>	Tier 2	
<i>fenugreek seed oral capsule 610 mg</i>	Tier 2	
FLASHARREST ORAL CAPSULE 96.5 MG (hops extract/spruce fir extract)	Tier 2	
<i>flaxseed oil oral capsule 1,000 mg</i>	Tier 2	
<i>gamma-aminobutyric acid oral capsule 250 mg</i>	Tier 1	
<i>garlic extract oral capsule 500 mg</i>	Tier 2	
<i>garlic extract oral tablet 400 mg</i>	Tier 2	
<i>garlic oral capsule 1,000 mg</i>	Tier 1	
GARLICIN CARDIO ORAL TABLET 350 MG (garlic)	Tier 2	
GARLIX ORAL CAPSULE 650 MG (garlic extract)	Tier 2	
<i>gelatin oral capsule 650 mg</i>	Tier 1	
GENNAMD ORAL CAPSULE 130 MG (cranberry fruit concentrate)	Tier 2	
<i>ginger (zingiber officinalis) oral capsule 550 mg</i>	Tier 2	

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<i>ginger root-ginger root ext oral capsule 262.5 mg</i>	Tier 2	
<i>ginkgo biloba leaf extract oral capsule 120 mg, 125 mg</i>	Tier 2	
GINKGO BILOBA PLUS (BACOPA) ORAL CAPSULE 120-40 MG (ginkgo biloba leaf extract/bacopa leaf extract)	Tier 2	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (herbal complex no.306)	Tier 2	
<i>goldenseal root oral capsule 333 mg</i>	Tier 2	
<i>grape seed extract oral capsule 100 mg</i>	Tier 2	
GREEN TEA-600 ORAL CAPSULE 600 MG (green tea leaf extract)	Tier 2	
HORMONE PROTECT ORAL CAPSULE 150-30 MG (diindolylmethane/broccoli seed extract)	Tier 2	
HORNY GOAT WEED PLUS ORAL CAPSULE 250-125 MG (barrenwort/maca extract/herbal drugs)	Tier 2	
JOINT COMFORT AND MOVEMENT ORAL CAPSULE 100-500 MG (Boswellia serrata extract/turmeric root extract)	Tier 2	
KOREAN GINSENG ORAL TABLET 1,000 MG (Panax ginseng root)	Tier 2	
<i>licorice root (g.glabra) oral capsule 450 mg</i>	Tier 1	
<i>maca oral capsule 525 mg</i>	Tier 2	
MEDCAPS MENOPAUSE ORAL CAPSULE (herbal complex no.321)	Tier 2	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
MENOFEM ORAL CAPSULE (herbal complex no.323)	Tier 2	
<i>milk thistle oral capsule 500 mg</i>	Tier 2	
<i>milk thistle sd ext-blessed th oral capsule 175-120 mg</i>	Tier 2	

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<i>milk thistle seed extract oral capsule 250 mg, 87.5 mg</i>	Tier 2	
MIND AND MEMORY ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)	Tier 2	
<i>moringa oleifera oral capsule 500 mg</i>	Tier 2	
MYROSINASE ORAL CAPSULE 287.5 MG (mustard seed)	Tier 2	
NEURIVA ORIGINAL ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)	Tier 2	
NEURIVA ORIGINAL ORAL TABLET,CHEWABLE 50-50 MG (coffee extract/phosphatidyl serine)	Tier 2	
NRF2 ACTIVATOR ORAL CAPSULE 200-200-50-30 MG (turmeric xt/green tea xt/pterostilbene/broccoli seed xt)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
ONCOPLEX ES ORAL CAPSULE 100 MG (broccoli seed extract)	Tier 2	
ONCOPLEX ORAL CAPSULE 30 MG (broccoli seed extract)	Tier 2	
ORAXINOL ORAL CAPSULE 500 MG (herbal complex no.319)	Tier 2	
<i>oregano oil-flaxseed oil oral capsule 50-25 mg</i>	Tier 2	
PMS SOOTHE ORAL CAPSULE (herbal complex no.327)	Tier 2	
<i>red beet oral capsule 500 mg</i>	Tier 2	
<i>red beet-sour cherry extract oral tablet,chewable 250-0.5 mg</i>	Tier 2	
<i>red yeast rice extract oral capsule 55 mg</i>	Tier 2	
<i>red yeast rice oral capsule 600 mg</i>	Tier 2	
REMIFEMIN MENOPAUSE ORAL TABLET 2.5 MG (black cohosh root extract)	Tier 2	
SALOXICIN ORAL CAPSULE 60-25-20 MG (willow bark ext/Boswellia serrata ext/herbal complex no. 322)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMBUCUS ELDERBERRY ORIGINAL ORAL SYRUP 50 MG/5 ML (elderberry fruit)	Tier 2	
<i>saw palmetto oral capsule 450 mg, 585 mg</i>	Tier 2	
<i>saw palmetto-zinc picolinate oral capsule 450-15 mg</i>	Tier 2	
<i>schisandra oral capsule 580 mg</i>	Tier 2	
SUPER ENERGY HERBAL COMPLEX ORAL TABLET 300-162.5-8 MG (guarana extract/Panax ginseng/alfalfa/herbal drugs)	Tier 2	
SYNOVX RELIEF ORAL CAPSULE 500 MG (Boswellia serrata extract/turmeric root extract)	Tier 2	
TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (shilajit/Eurycoma longifolia extract)	Tier 2	
<i>turmeric root extract oral capsule 500 mg</i>	Tier 2	
<i>turmeric root extract oral tablet 500 mg</i>	Tier 2	
<i>turmeric root ext-sour cherry oral capsule 100-1,000 mg</i>	Tier 2	
<i>turmeric root-ginger root ext oral tablet,chewable 150-25 mg</i>	Tier 2	
<i>turmeric-ginger-black pepper oral tablet,chewable 125 mg-6 mg- 50 mcg</i>	Tier 2	
<i>turmeric-turmeric ext-pepper oral capsule 500-5 mg</i>	Tier 2	
<i>turmeric-turmeric root extract oral capsule 450-50 mg</i>	Tier 2	
<i>valerian oral capsule 530 mg</i>	Tier 2	
<i>valerian root oral capsule 450 mg, 500 mg</i>	Tier 2	
VIRAGRAPHIS ORAL CAPSULE 187.5-150-79.2 MG (Andrographis ext/Isatis root xt/licorice root xt)	Tier 2	
<i>vit c-echinacea purpurea xt oral tablet,chewable 75-3 mg</i>	Tier 1	
VITALVASC ORAL CAPSULE 75-250-125 MG (grape seed extract/hesperidin/olive extract)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)	Tier 2	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)	Tier 2	
Analgesic - Selective Sodium Channel Blockers		
JOURNAVX ORAL TABLET 50 MG (suzetrigine)	Tier 2	PA
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG (colchicine)	Tier 2	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine HCl/PF)	Tier 4	
DEMEROL INJECTION SOLUTION 50 MG/ML (meperidine HCl)	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)	Tier 4	
DILAUDID ORAL LIQUID 1 MG/ML (hydromorphone HCl)	Tier 2	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone HCl)	Tier 2	
DISKETTS ORAL TABLET, SOLUBLE 40 MG (methadone HCl)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (sufentanil citrate)	Tier 2	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 4	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 4	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 1	
<i>fentanyl citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>	Tier 4	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 4	

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<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>levorphanol tartrate oral tablet 3 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 4	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 4	QL (4 ML per 1 day)
methadone HCl (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)

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<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone HCl)	Tier 2	QL (4 ML per 1 day)
methadone HCl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 4	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 4	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 4	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	

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<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (morphine sulfate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol HCl)	Tier 2	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
QDOLO ORAL SOLUTION 5 MG/ML (tramadol HCl)	Tier 2	
ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone HCl)	Tier 2	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone HCl)	Tier 2	
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 25 mg, 75 mg</i>	Tier 1	
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital/acetaminophen/caffeine/codeine phosphate)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone And Nsaid Combinations - Arthritis And Pain Drugs		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Oxycodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	Tier 1	QL (66 ML per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (12 EA per 1 day)

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

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

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oxycodone HCl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)	Tier 2	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Solution 10-300 Mg/5 MI)	Tier 2	QL (66 ML per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 1	ST: Requires prior prescriptions for generic Oxycodone IR and Oxycodone/Acetaminophen 325mg tablets within the past 365 days; QL (13 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 4	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR (buprenorphine)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 4	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol And Non-Salicylate Combinations - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol And Nsaid Combinations - Arthritis And Pain Drugs		
SEGLENTIS ORAL TABLET 44-56 MG (tramadol HCl/celecoxib)	Tier 2	
Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)

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<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
butalbital/acetaminophen/cafeine (Esgic Oral Tablet 50-325-40 Mg)	Tier 2	
butalbital/acetaminophen/cafeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-Inflammatory - Complement (C5) Receptor Inhibitors - Arthritis And Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	Tier 2	PA
Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis And Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA

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

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Dmard - Antimalarials - Arthritis And Pain Drugs		
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	Tier 2	QL (60 EA per 30 days)
Dmard - Antimetabolites - Arthritis And Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 2	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/PF)	Tier 4	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/PF)	Tier 4	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate/PF)	Tier 4	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate/PF)	Tier 4	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/PF)	Tier 4	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/PF)	Tier 4	QL (1.8 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate/PF)	Tier 4	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/PF)	Tier 4	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate/PF)	Tier 4	QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 2	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib. - Arthritis And Pain Drugs		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (abatacept)	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)	Tier 4	PA
Dmard - Gold Compounds - Arthritis And Pain Drugs		
<i>auranofin oral capsule 3 mg</i>	Tier 1	
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 2	
Dmard - Immunosuppressives - Arthritis And Pain Drugs		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	Tier 2	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	

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CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 2	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 2	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 4	PA

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Dmard - Interleukin-6 (Il-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab-aazg)	Tier 4	
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab-aazg)	Tier 4	
Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	Tier 2	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (upadacitinib)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (upadacitinib)	Tier 2	PA
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	Tier 2	PA
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)	Tier 2	PA
Dmard - Other - Arthritis And Pain Drugs		
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 2	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 2	
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA

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DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (apremilast)	Tier 2	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (apremilast)	Tier 2	PA
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 2	
LEFLUNICLO KIT, GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)	Tier 2	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis And Pain Drugs		
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 4	PA
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations - Arthritis And Pain Drugs		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Tier 1	ST: Requires prior prescription for generic prescription strength ibuprofen 400, 600, or 800mg within the past 120 days; QL (3 EA per 1 day)
Nsaid Analgesic And Non-Salicylate Analgesic Combination - Arthritis And Pain Drugs		
COMBOGESIC ORAL TABLET 97.5-325 MG (ibuprofen/acetaminophen)	Tier 2	
Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac sodium/misoprostol)	Tier 2	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac sodium/misoprostol)	Tier 2	
<i>diclofenac-misoprostol oral tablet,ir,delayered rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	

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Nsaid Analgesic And Proton Pump Inhibitor Combinations - Arthritis And Pain Drugs		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	Tier 1	ST: Requires prior prescription for generic Naproxen within the past 120 days
Nsaid Analgesic And Topical Irritant Counter-Irritant Combinations - Arthritis And Pain Drugs		
INFLAMMACIN KIT 75 MG- 0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (diclofenac sodium/menthol/camphor)	Tier 2	
NAPROTIN KIT 500 MG- 0.025 % (naproxen/capsicum oleoresin)	Tier 2	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)	Tier 2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives - Arthritis And Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs		
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 4	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 4	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 4	

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<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 4	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 4	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
RELAFEN DS ORAL TABLET 1,000 MG (nabumetone)	Tier 2	ST: Requires prior prescription for generic Nabumetone tablets within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY (ketorolac tromethamine)	Tier 2	ST: Requires prior prescription for a generic nonsteroidal anti-inflammatory drug within the past 120 days; QL (5 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
FELDENE ORAL CAPSULE 20 MG (piroxicam)	Tier 2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	

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<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Meloxicam and Diclofenac tablets within the past 365 days; QL (1 EA per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs		
<i>diclofenac potassium oral capsule 25 mg</i>	Tier 1	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (4 EA per 1 day)
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac submicronized oral capsule 35 mg</i>	Tier 1	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (3 EA per 1 day)
diclofenac potassium (Lofena Oral Tablet 25 Mg)	Tier 1	QL (8 EA per 1 day)
TRESNI RECTAL SUPPOSITORY 100 MG (diclofenac sodium)	Tier 2	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (diclofenac submicronized)	Tier 2	ST: Requires prior prescription for Diclofenac Sodium within the past 120 days; QL (3 EA per 1 day)

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Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs		
ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)	Tier 2	
COXANTO ORAL CAPSULE 300 MG (oxaprozin)	Tier 1	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	Tier 2	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 2	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	
FENOPRON ORAL CAPSULE 300 MG (fenoprofen calcium)	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
IBUPAK ORAL KIT 600 MG (ibuprofen/glycerin)	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
ketoprofen (Kiprofen Oral Capsule 25 Mg)	Tier 1	
flurbiprofen (Lurbipr Oral Tablet 100 Mg)	Tier 1	
flurbiprofen (Lurbiro Oral Tablet 100 Mg)	Tier 1	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Tier 2	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	

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<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	Tier 1	
<i>oxaprozin oral capsule 300 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective) - Arthritis And Pain Drugs		
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>indomethacin rectal suppository 50 mg</i>	Tier 1	
<i>etodolac (Lodine Oral Tablet 400 Mg)</i>	Tier 2	
Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations - Arthritis And Pain Drugs		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	

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

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ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
Anesthetics - Drugs For Pain And Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs For Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam/ketamine HCl/ondansetron HCl)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs For Sedation		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid 99.97 %</i>	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 2	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
ULTANE INHALATION LIQUID 99.97 % (sevoflurane)	Tier 2	
General Anesthetic - Parenteral, Benzodiazepines - Drugs For Sedation		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam injection solution 5 mg/ml</i>	Tier 4	
General Anesthetic Adjuncts - Opioid - Drugs For Sedation		
<i>fentanyl citrate (pf) intravenous patient control analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 4	

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Local Anesthetic - Amides - Drugs For Sedation		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
LIDOMARK 1-5 KIT 10 MG/ML (1 %) (lidocaine HCl/PF/adhesive bandage)	Tier 2	
LIDOMARK 2-5 KIT 20 MG/ML (2 %) (lidocaine HCl/PF/adhesive bandage)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 2	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	
hydrocortisone (Anusol-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	Tier 1	

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<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone acetate)	Tier 1	
hydrocortisone acetate (Proctocort Rectal Suppository 30 Mg)	Tier 2	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
hydrocortisone acetate/pramoxine HCl (Analpram-Hc Rectal Cream 1-1 %)	Tier 2	
ANALPRAM-HC RECTAL CREAM 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	

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PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine HCl/skin cleanser no.16)	Tier 2	
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
Antidote - Anticholinesterase Agents - Drugs For Overdose Or Poisoning		
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Tier 2	
Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4	
Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 4	
Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
Antidote Others - Drugs For Overdose Or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)	Tier 2	

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RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
Chelating Agents - Copper - Drugs For Overdose Or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
CUVRIOR ORAL TABLET 300 MG (trientine tetrahydrochloride)	Tier 2	PA
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
SYPRINE ORAL CAPSULE 250 MG (trientine HCl)	Tier 2	PA
<i>trientine oral capsule 250 mg</i>	Tier 2	PA
<i>trientine oral capsule 500 mg</i>	Tier 2	PA
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 2	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 2	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 2	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 2	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 4	PA
DESFERAL INJECTION RECON SOLN 500 MG (deferoxamine mesylate)	Tier 4	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (deferasirox)	Tier 2	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG (deferiprone)	Tier 2	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 2	PA

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FERRIPROX ORAL TABLET 1,000 MG, 500 MG (deferiprone)	Tier 2	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (deferiasirox)	Tier 2	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (deferiasirox)	Tier 2	PA
Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (succimer)	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	Tier 2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (methylnaltrexone bromide)	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs For Overdose Or Poisoning		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (naloxone HCl)	Tier 2	QL (4 EA per 30 days)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 4	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)	Tier 2	QL (4 EA per 30 days)

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OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (nalmeferene HCl)	Tier 2	QL (4 EA per 30 days)
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone HCl)	Tier 2	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (naloxone HCl)	Tier 4	QL (2 ML per 30 days)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (lenacapavir sodium)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (lenacapavir sodium)	Tier 4	PA
YEZTUGO ORAL TABLET 300 MG (lenacapavir sodium)	PV	
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (lenacapavir sodium)	PV	
Penem Antibiotic Combinations		
ORLYNVAH ORAL TABLET 500-500 MG (sulopenem etzadroxil/probenecid)	Tier 2	QL (2 EA per 1 day)
Anti-Infective Agents - Drugs For Infections		
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin sulfate liposomal with nebulizer accessories)	Tier 2	
neomycin oral tablet 500 mg	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 2	
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	

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<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 2	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
<i>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</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	ST: Requires prior prescriptions for a different strength of Augmentin within the past 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN ORAL TABLET 500-125 MG (amoxicillin/potassium clavulanate)	Tier 2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (amoxicillin/potassium clavulanate)	Tier 2	

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 2	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Tier 2	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (itraconazole)	Tier 2	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 2	
VFEND ORAL TABLET 50 MG (voriconazole)	Tier 2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal Other - Drugs For Fungus		
griseofulvin ultramicrosize (Fulvicin P/G Oral Tablet 165 Mg)	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b, recomb.)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	Tier 2	PA
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs For Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	

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COARTEM ORAL TABLET 20-120 MG (artemether/lumefantrine)	Tier 2	
MALARONE ORAL TABLET 250-100 MG (atovaquone/proguanil HCl)	Tier 2	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone/proguanil HCl)	Tier 2	
Antimalarials - Drugs For Parasites		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 2	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 2	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Tier 2	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	Tier 2	QL (60 EA per 30 days)

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Antiprotozoal Agents - Nitrofuran Derivatives - Drugs For Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)	Tier 2	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs For Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	PA
MEPRON ORAL SUSPENSION 750 MG/5 ML (atovaquone)	Tier 2	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	QL (50 ML per 1 day)
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 2	QL (2 EA per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (metronidazole)	Tier 2	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 125 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	

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

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

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

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

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<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)	Tier 2	
Antiretroviral Combinations - Protease Inhibitors - Drugs For Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML (lopinavir/ritonavir)	Tier 2	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (lopinavir/ritonavir)	Tier 2	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 1	
PREZCOBIX ORAL TABLET 675-150 MG (darunavir ethanolate/cobicistat)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine/rilpivirine HCl/tenofovir disoproxil fumarate)	Tier 2	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	
<i>emtricit-a-rilpivirine-tenof df oral tablet 200-25-300 mg</i>	Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate)	Tier 2	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
SYMFI ORAL TABLET 600-300-300 MG (efavirenz/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)	Tier 2	
Antitubercular - D-Alanine Analogs - Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)	Tier 2	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	

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

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<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3Rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SPECTRACEF ORAL TABLET 400 MG (cefditoren pivoxil)	Tier 2	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML, 500 MG/5 ML (cefixime)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (cefixime)	Tier 2	
Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections		
VALCYTE ORAL RECON SOLN 50 MG/ML (valganciclovir HCl)	Tier 2	
VALCYTE ORAL TABLET 450 MG (valganciclovir HCl)	Tier 2	
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	

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<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
Cmv Antiviral Agent - Protein Kinase Inhibitors - Drugs For Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (maribavir)	Tier 2	PA
Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (letermovir)	Tier 2	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 2	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	Tier 2	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
CIPRO ORAL TABLET 250 MG, 500 MG (ciprofloxacin HCl)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin HCl)	Tier 2	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin HCl)	Tier 2	QL (600 ML per 1 FILL)
VANCOCIN ORAL CAPSULE 125 MG (vancomycin HCl)	Tier 2	QL (56 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOCIN ORAL CAPSULE 250 MG (vancomycin HCl)	Tier 2	QL (112 EA per 1 FILL)
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	Tier 2	QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (entecavir)	Tier 2	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir dipivoxil)	Tier 2	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
VEMLIDY ORAL TABLET 25 MG (tenofovir alafenamide)	Tier 2	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (tenofovir disoproxil fumarate)	Tier 2	
Hepatitis C - Interferons - Drugs For Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (peginterferon alfa-2a)	Tier 2	PA
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (glecaprevir/pibrentasvir)	Tier 2	PA
MAVYRET ORAL TABLET 100-40 MG (glecaprevir/pibrentasvir)	Tier 2	PA
ZEPATIER ORAL TABLET 50-100 MG (elbasvir/grazoprevir)	Tier 2	PA
Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir/velpatasvir/voxilaprevir)	Tier 2	PA
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (sofosbuvir/velpatasvir)	Tier 2	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (sofosbuvir/velpatasvir)	Tier 2	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (ledipasvir/sofosbuvir)	Tier 2	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir/sofosbuvir)	Tier 2	PA

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Hepatitis C - Nucleos(T)ide Analog Ns5b Polymerase Inhibitors - Drugs For Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (sofosbuvir)	Tier 2	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	Tier 2	PA
Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C- Ns5a, Ns3/4A Protease And Non-Nucleo.Ns5b Poly Inh. Comb - Drugs For Viral Infections		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG (ombitasvir/paritaprevir/ritonavir/dasabuvir sodium)	Tier 2	
Herpes Antiviral Agent - Purine Analogs - Drugs For Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
VALTREX ORAL TABLET 1 GRAM, 500 MG (valacyclovir HCl)	Tier 2	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Tier 2	
Herpes Antiviral Agent - Thymidine Analogs - Drugs For Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	

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

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Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fidaxomicin)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 1	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (erythromycin ethylsuccinate)	Tier 2	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 333 Mg)	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	

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<i>fidaxomicin oral tablet 200 mg</i>	Tier 1	QL (20 EA per 10 days)
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	Tier 2	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	Tier 2	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	Tier 2	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	Tier 2	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	Tier 2	
Misc Anti-Infective - Drugs For Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine isethionate)	Tier 2	
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 2	
Misc Anti-Infective Combinations - Drugs For Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin)	Tier 2	

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

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<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	Tier 2	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	Tier 2	
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 1	
PREZCOBIX ORAL TABLET 675-150 MG (darunavir ethanolate/cobicistat)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	Tier 2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (darunavir)	Tier 2	
Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	
NORVIR ORAL CAPSULE 100 MG (ritonavir)	Tier 2	
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 2	
NORVIR ORAL TABLET 100 MG (ritonavir)	Tier 2	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (atazanavir sulfate)	Tier 2	

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REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)	Tier 2	
<i>ritonavir oral tablet 100 mg</i>	Tier 1	
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	Tier 2	
Quaternary Protoberberine Alkaloids - Antibiotics		
<i>berberine chloride oral capsule 500 mg</i>	Tier 1	
BERBERINE ES-5 ORAL CAPSULE 200 MG (dihydroberberine)	Tier 2	
Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
VIRAZOLE INHALATION RECON SOLN 6 GRAM (ribavirin)	Tier 2	
Rifamycins And Related Derivative Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (rifaximin)	Tier 2	PA
Sars-Cov-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs For Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 150 MG (6)- 100 MG (5) (nirmatrelvir/ritonavir)	PV	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (nirmatrelvir/ritonavir)	PV	QL (30 EA per 28 days); Age (Min 12 Years)

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Sars-Cov-2 Antiviral Agent - Rna Polymerase Inhibitors - Drugs For Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (molnupiravir)	PV	QL (40 EA per 29 days); Age (Min 18 Years)
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	PV	MEDICAL BENEFIT; QL (11 EA per 10 days)
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline And Tetracycline Antibiotic Combinations - Antibiotics		
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 100mg capsules within the past 120 days; QL (1 EA per 30 days)
Tetracycline Antibiotics - Antibiotics		
doxycycline monohydrate (Avidoxy Oral Tablet 100 Mg)	Tier 2	QL (2 EA per 1 day)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	

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DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG (doxycycline hyclate)	Tier 2	ST: Requires prior prescription for Doxycycline Hyclate/Monohydrate 50mg/100mg IR tablets/capsules within the past 120 days; QL (2 EA per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (doxycycline hyclate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)

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

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

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

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doxycycline hyclate (Targadox Oral Tablet 50 Mg)	Tier 2	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Tier 1	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl)	Tier 2	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Variola (Smallpox) Virus Antiviral Agents - Drugs For Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (brincidofovir)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (brincidofovir)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (tecovirimat)	Tier 2	
Antineoplastics		
Antineoplastic - Akt (Protein Kinase B (Pkb)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)	Tier 2	PA
Antineoplastic - Caseinolytic Protease P (Clpp) Activators		
MODEYSO ORAL CAPSULE 125 MG (dordaviprone HCl)	Tier 2	PA; QL (20 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Gamma-Secretase Inhibitor (Gsi)		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (nirogacestat hydrobromide)	Tier 2	PA
Antineoplastic - Janus Kinase (Jak), Acvr1/Alk2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (mometotinib dihydrochloride)	Tier 2	PA
Antineoplastic - Menin Inhibitors		
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (revumenib citrate)	Tier 2	PA
Antineoplastic - Ornithine Decarboxylase (Odc) Inhibitors		
IWILFIN ORAL TABLET 192 MG (eflornithine HCl)	Tier 2	PA
Antineoplastic - Parp Inhibitor And Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib tosylate/abiraterone acetate)	Tier 2	PA
Antineoplastic - Systemic Enzyme Inhibitors Combinations		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (avutometinib potassium/defactinib hydrochloride)	Tier 2	PA
Antineoplastic-Isocitrate Dehydrogenase-1 And -2 (Idh1 And Idh2) Inhib		
VORANIGO ORAL TABLET 10 MG, 40 MG (vorasidenib citrate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastics - Drugs For Cancer		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib - Drugs For Cancer		
<i>lapatinib oral tablet 250 mg</i>	Tier 1	PA
TYKERB ORAL TABLET 250 MG (lapatinib ditosylate)	Tier 2	PA
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 2	PA
abiraterone acetate (Abitrega Oral Tablet 250 Mg)	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)	Tier 2	PA
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA
<i>gefitinib oral tablet 250 mg</i>	Tier 2	PA
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 2	PA
TARCEVA ORAL TABLET 100 MG (erlotinib HCl)	Tier 2	PA
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	Tier 2	PA
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	Tier 2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
LAZCLUZE ORAL TABLET 240 MG, 80 MG (lazertinib mesylate)	Tier 2	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	Tier 2	PA
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer		
MYLERAN ORAL TABLET 2 MG (busulfan)	Tier 2	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer		
MATULANE ORAL CAPSULE 50 MG (procarbazine HCl)	Tier 2	
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
ALKERAN ORAL TABLET 2 MG (melphalan)	Tier 2	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 2	
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 2	
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 2	
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG (alectinib HCl)	Tier 2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)	Tier 2	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 2	PA
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (ensartinib hydrochloride)	Tier 2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	Tier 2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 2	PA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (crizotinib)	Tier 2	PA
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 2	PA
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	
Antineoplastic - Antiandrogens - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 2	PA
abiraterone acetate (Abitrega Oral Tablet 250 Mg)	Tier 2	PA
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
CASODEX ORAL TABLET 50 MG (bicalutamide)	Tier 2	
ERLEADA ORAL TABLET 240 MG, 60 MG (apalutamide)	Tier 2	PA
NILANDRON ORAL TABLET 150 MG (nilutamide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nilutamide oral tablet 150 mg</i>	Tier 1	
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 2	PA
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 2	PA
XTANDI ORAL TABLET 40 MG, 80 MG (enzalutamide)	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone acetate)	Tier 2	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 2	PA
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 4	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 2	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs For Cancer		
<i>mercaptopurine oral suspension 20 mg/ml</i>	Tier 2	ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 2	ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	Tier 2	PA
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Tier 2	PA
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Tier 2	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCl)	Tier 2	PA
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
<i>anastrozole oral tablet 1 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	PV	
AROMASIN ORAL TABLET 25 MG (exemestane)	PV	
<i>exemestane oral tablet 25 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
FEMARA ORAL TABLET 2.5 MG (letrozole)	Tier 2	
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs For Cancer		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (asparaginase Erwinia chrysanthemi (recombinant)-rywn)	Tier 4	
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 2	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 2	PA
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	Tier 2	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (tovorafenib)	Tier 2	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (tovorafenib)	Tier 2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	Tier 2	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (dabrafenib mesylate)	Tier 2	PA
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 2	PA
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
BRUKINSA ORAL TABLET 160 MG (zanubrutinib)	Tier 2	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 2	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 2	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 2	PA
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (ribociclib succinate)	Tier 2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 2	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer		
HERNEXEOS ORAL TABLET 60 MG (zongertinib)	Tier 2	PA; QL (3 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	Tier 2	PA
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
Antineoplastic - Exportin-1 (Xpo1) Inhibitors - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)	Tier 2	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 2	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (futibatinib)	Tier 2	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	Tier 2	PA
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)	Tier 2	PA
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	Tier 2	PA
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	Tier 2	PA
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 2	PA
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	Tier 2	PA
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Hypoxia Inducible Factor (Hif) Inhibitors - Drugs For Cancer		
WELIREG ORAL TABLET 40 MG (belzutifan)	Tier 2	PA
Antineoplastic - Interferons - Drugs For Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	Tier 4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 2	PA; QL (2 EA per 1 day)
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)	Tier 2	PA; QL (4 EA per 1 day)
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	Tier 2	PA; QL (4 EA per 1 day)
Antineoplastic - Kirsten Rat Sarcoma (Kras) Protein Inhibitor - Drugs For Cancer		
KRAZATI ORAL TABLET 200 MG (adagrasib)	Tier 2	PA
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (sotorasib)	Tier 2	PA
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA

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Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)	Tier 4	QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG (relugolix)	Tier 2	PA
Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (cromolyn sodium)	Tier 2	
Antineoplastic - Mek Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	Tier 2	PA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (mirdametinib)	Tier 2	PA
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (mirdametinib)	Tier 2	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate)	Tier 2	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML (trametinib dimethyl sulfoxide)	Tier 2	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	Tier 2	PA
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 2	PA
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (everolimus)	Tier 2	PA

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus)	Tier 2	PA
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 1	PA
everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 1	PA
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 2	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (cabozantinib s-malate)	Tier 2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (ponatinib HCl)	Tier 2	PA
NEXAVAR ORAL TABLET 200 MG (sorafenib tosylate)	Tier 2	PA
<i>sorafenib oral tablet 200 mg</i>	Tier 2	PA
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 2	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors - Drugs For Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)	Tier 2	PA
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 2	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 2	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA
Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (inavolisib)	Tier 2	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib)	Tier 2	PA
Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 2	PA
Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 2	PA
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	Tier 2	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	Tier 2	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (talazoparib tosylate)	Tier 2	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)	Tier 2	PA
Antineoplastic - Progestins - Drugs For Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	Tier 2	PA
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (repotrectinib)	Tier 2	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	Tier 2	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG (bosutinib)	Tier 2	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)	Tier 2	PA
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
BRUKINSA ORAL TABLET 160 MG (zanubrutinib)	Tier 2	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 2	PA
DANZITEN ORAL TABLET 71 MG, 95 MG (nilotinib tartrate)	Tier 2	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 2	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib HCl)	Tier 2	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (fruquintinib)	Tier 2	PA
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib mesylate)	Tier 2	PA
IBTROZI ORAL CAPSULE 200 MG (taletrectinib adipate)	Tier 2	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 2	PA
IMKELDI ORAL SOLUTION 80 MG/ML (imatinib mesylate)	Tier 2	PA
INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)	Tier 2	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 2	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (lenvatinib mesylate)	Tier 2	PA
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA
<i>pazopanib oral tablet 200 mg</i>	Tier 2	PA
QINLOCK ORAL TABLET 50 MG (ripretinib)	Tier 2	PA
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (vimseltinib)	Tier 2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 2	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (entrectinib)	Tier 2	PA
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 2	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (asciminib hydrochloride)	Tier 2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 2	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 2	PA

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TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)	Tier 2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCl)	Tier 2	PA
TEPMETKO ORAL TABLET 225 MG (tepotinib HCl)	Tier 2	PA
TURALIO ORAL CAPSULE 125 MG (pexidartinib hydrochloride)	Tier 2	PA
VOTRIENT ORAL TABLET 200 MG (pazopanib HCl)	Tier 2	PA
Antineoplastic - Retinoids - Drugs For Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	
Antineoplastic - Selective Estrogen Receptor Degradors (Serds) - Drugs For Cancer		
ORSERDU ORAL TABLET 345 MG, 86 MG (elacestrant HCl)	Tier 2	PA
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
FARESTON ORAL TABLET 60 MG (toremifene citrate)	Tier 2	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (tamoxifen citrate)	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>toremifene oral tablet 60 mg</i>	Tier 1	
Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine) - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Selective Ret Kinase Inhibitor - Drugs For Cancer		
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	Tier 2	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (selpercatinib)	Tier 2	PA
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 2	PA
Antineoplastic - Thalidomide Analogs - Drugs For Cancer		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 2	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	Tier 2	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan HCl)	Tier 2	
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	Tier 2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	Tier 2	PA

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Antineoplastic Antibiotic - Others - Drugs For Cancer		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (mitomycin)	Tier 2	PA
Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb - Drugs For Cancer		
INQOVI ORAL TABLET 35-100 MG (decitabine/cedazuridine)	Tier 2	PA
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)	Tier 2	QL (24 EA per 14 days)
Methotrexate Rescue Agents - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
<i>mesna oral tablet 400 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG (mesna)	Tier 2	

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Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water)	Tier 2	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR IRRIGATION IRRIGATION SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR TOPICAL SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)	Tier 2	
IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)	Tier 2	

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LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
Antiseptic - Others - Antiseptics And Disinfectants		
<i>glutaraldehyde solution 25 %</i>	Tier 1	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 2	
Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants		
<i>phenol liquid</i>	Tier 2	
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (Rsv)		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (respiratory syncytial virus vaccine, preF A and B/PF)	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (respiratory syncytial virus vacc. antigen/AS01E adjuvant/PF)	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (respiratory syncytial virus vaccine, preF protein, mRNA/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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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 300 INDX REACTIVITY (grass pollen-orchard/sweet vernal/rye/Kentucky/timothy, std.)	Tier 2	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 4	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (nirsevimab-alip)	Tier 4	
Chemicals, Foods, Irritant/Allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (chemical allergens)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (hepatitis A virus and hepatitis B virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B vaccine recombinant/vaccine adjuvant CpG 1018/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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

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

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

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PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	PA
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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

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PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 20-valent conjugate vaccine (Diphtheria crm)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 15-valent conjugate vaccine (Diphtheria crm)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (meningococcal group B vaccine, 4-component)	Tier 2	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (Neisseria meningitidis group B, lipidated fHBP recombinant)	Tier 2	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	

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Vaccine Viral - Covid-19 (Sars-Cov-2) - Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (COVID vacc 2025-2026 (5-11 years) (Pfizer)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (COVID vaccine 2025-2026 (12 yrs up) (Pfizer)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML (COVID vaccine 2025-2026 (12 years up) (Moderna)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (COVID vaccine 2024-2025 (6 months-11 years)(Moderna)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (COVID vaccine 2024-2025 (12 yrs up)/adjuvant-Matrix/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (COVID vaccine 2025-2026 (12 yrs up)/adjuvant-Matrix/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (COVID vaccine 2024-2025 (12 yrs up) (Moderna)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (COVID vaccine 2025-2026 (12 years up) (Moderna)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (COVID vaccine 2025-2026 (6 months-11 years)(Moderna)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A And B - Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trival split 2025-26 (36 mos up)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trivalent 2025-26 (6 mos and older))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza vaccine tvs 2025-26 (65 yr up)/adjuvant MF59C.1/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (influenza virus vaccine tv 2025-26(9 yrs and older)rcmb/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (flu vaccine tri 2025-2026(6 month and older)cell derived/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (flu vaccine triv 2025-2026(6 month and older)cell derived)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine tvs 2025-2026(6 months and older)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (influenza virus vaccine trivalent 2025-26 (6 mos and older))	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (influenza virus vaccine trival split 2025-2026(65 yr up)/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mumps And Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (poliomyelitis vaccine, killed)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))	Tier 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 2	
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (varicella-zoster virus glycoprotein E,rec/AS01B adjuvant/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Therapy Agents		
Antihyperlipidemic - Apolipoprotein C-ii Synthesis Inhibitors		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (olezarsen sodium)	Tier 4	PA
Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG (aprocitentan)	Tier 2	PA
VANRAFIA ORAL TABLET 0.75 MG (atrasentan hydrochloride)	Tier 2	PA
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	Tier 2	PA
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (garadacimab-gxii)	Tier 4	PA
Pah-Endothelin Receptor Antagonist-Selective Cgmp Pde5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (macitentan/tadalafil)	Tier 2	PA
Plasma Kallikrein Inhibitor Agents, Antisense Oligonucleotide (Aso)		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (donidalorsen sodium)	Tier 4	PA; QL (0.8 ML per 28 days)
Pulmonary Antihypertensive Agent - Activin Receptor lia-Fc (Actriia)		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (sotatercept-csrk)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Therapy Agents - Drugs For The Heart		
Ace Inhibitor And Calcium Channel Blocker Combinations - Drugs For High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
amlodipine besylate/benazepril HCl (Lotrel Oral Capsule 10-20 Mg)	Tier 2	
LOTREL ORAL CAPSULE 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besylate/benazepril HCl)	Tier 2	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arginine/amlodipine besylate)	Tier 2	ST: Requires prior prescriptions for Amlodipine and an ACE Inhibitor within the past 365 days; QL (1 EA per 1 day)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril HCl/hydrochlorothiazide)	Tier 2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril HCl/hydrochlorothiazide)	Tier 2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
VASERETIC ORAL TABLET 10-25 MG (enalapril maleate/hydrochlorothiazide)	Tier 2	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril/hydrochlorothiazide)	Tier 2	
Ace Inhibitors - Drugs For High Blood Pressure		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril HCl)	Tier 2	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Tier 2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Tier 2	PA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril HCl)	Tier 2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	Tier 2	PA
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	

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VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Tier 2	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Tier 2	
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML (spironolactone)	Tier 2	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Tier 2	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (finerenone)	Tier 2	PA
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs For High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Tier 2	QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>labetalol oral tablet 400 mg</i>	Tier 1	

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

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

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

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 2	QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium)	Tier 2	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
<i>niacin oral tablet 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
<i>icosapent ethyl oral capsule 0.5 gram</i>	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	Tier 1	QL (4 EA per 1 day)
omega-3 acid ethyl esters (Lovaza Oral Capsule 1 Gram)	Tier 2	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	QL (4 EA per 1 day)
Antihyperlipidemic - Pcsk9 Inhibitor, Monoclonal Antibody (Mab) - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 4	ST: Requires prior prescription for Repatha within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic - Pcsk9 Inhibitors - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 4	ST: Requires prior prescription for Repatha within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 4	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
ZETIA ORAL TABLET 10 MG (ezetimibe)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
<i>choline bitartrate oral tablet 500 mg</i>	Tier 1	
<i>lecithin, soy oral capsule 1,200 mg</i>	Tier 1	
PHOSPHALINE ORAL CAPSULE 900 MG (phosphatidylcholine)	Tier 2	
PHOSPHALINE ORAL LIQUID 3 GRAM/5 ML (phosphatidylcholine)	Tier 2	
Antihyperlipidemic Agents - Dietary Source Combinations - Drugs For Cholesterol		
COQMAX OMEGA ORAL CAPSULE 174-50-115-250 MG, 348-500-100 MG (omega-3 fatty acids/dha/epa/fish oil/coenzyme Q-10)	Tier 2	
FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 1,200 (144-216) MG, 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 300-500 MG, 360-1,200 MG (omega-3 fatty acids/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE, DELAYED RELEASE (DR/EC) 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
<i>inositol-choline bitartrate oral capsule 250-250 mg</i>	Tier 1	
<i>krill-om-3-dha-epa-phospho-ast oral capsule 350-90-24-50 mg, 500-115-30-64 mg</i>	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (methionine/inositol/choline/folic acid)	Tier 2	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG (omega-3 fatty acids/dha/epa/fish oil/krill oil)	Tier 2	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 1,000-230-60 MG, 350-90-24-50 MG, 500-115-30-64 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 2	
<i>omega 3-dha-epa-fish oil oral capsule 1,000 (120-180) mg, 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 100-400-1,000 mg, 415-670 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 300 mg (120 mg-180mg)-1,000 mg</i>	Tier 2	
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 450 mg (128 mg- 322 mg)-650 mg</i>	Tier 1	
OMEGA MONOPURE DHA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 790 MG-675 MG-118 MG-1,300 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGA MONOPURE EPA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910-1,300 MG (omega-3 fatty acids/eicosapentaenoic acid (epa)/fish oil)	Tier 2	
OMEGA MONOPURE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 430-130-650 MG, 860-260-1,300 MG (omega-3 fatty acids/dha/epa/dpa/fish oil)	Tier 2	
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i>	Tier 1	
<i>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</i>	Tier 1	
OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omega-3s-dha-epa-fish oil oral capsule 360-600 mg</i>	Tier 1	
OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE PRM ORAL CAPSULE 590-195-245-800 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-600 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 650 MG-240 MG- 360 MG-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-780 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910 MG-330 MG- 450 MG-1,400 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-900 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 967 MG-385 MG- 515 MG-1,290 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OVEGA-3 ORAL CAPSULE 250-140-47.5 MG (omega-3 fatty acids/dha/epa/Schizochytrium algal oil)	Tier 2	
OVEGA-3 ORAL CAPSULE 500-270-135 MG (omega-3 fatty acids/docosahexaenoic acid/epa)	Tier 2	
SUPERIOR OMEGA3 WITH VIT D ORAL CAPSULE 1,250 MG-1,375 MG-25 MCG (omega-3/dha/epa/other omega-3s/fish oil/vitamin D3)	Tier 2	
TRIPLE OMEGA 3-6-9 ORAL CAPSULE 400-400-400 MG (fish oil/borage oil/flaxseed oil/omega 3,6,9 combination no1)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib - Drugs For Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid/ezetimibe)	Tier 2	ST: Requires prior prescription for generic statin within the past 120 days
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine besylate/atorvastatin calcium)	Tier 2	QL (1 EA per 1 day)
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit - Drugs For Cholesterol		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	Tier 1	ST: Requires prior prescriptions for Atorvastatin and Rosuvastatin tablets within the past 365 days; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Acting Vasodilators - Drugs For High Blood Pressure		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective - Drugs For High Blood Pressure		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (spironolactone)	Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML (spironolactone)	Tier 2	PA
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs For High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
INSPRA ORAL TABLET 25 MG, 50 MG (eplerenone)	Tier 2	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 2	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs For High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
EDECIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 2	PA
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
ADCIRCA ORAL TABLET 20 MG (tadalafil)	Tier 2	PA; QL (2 EA per 1 day)
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 2	PA; QL (2 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML (sildenafil citrate)	Tier 2	PA
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	Tier 2	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (tadalafil)	Tier 2	PA
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren hemifumarate)	Tier 2	
Vasodilator Combinations - Drugs For High Blood Pressure		
BIDIL ORAL TABLET 20-37.5 MG (isosorbide dinitrate/hydralazine HCl)	Tier 2	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Nervous System Agents		
Antipsychotic - Muscarinic Agonist/Antagonist Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (xanomeline tartrate/trospium chloride)	Tier 2	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (xanomeline tartrate/trospium chloride)	Tier 2	ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Cox-2 Comb		
SYMBRAVO ORAL TABLET 10-20 MG (rizatriptan benzoate/meloxicam)	Tier 2	
Central Nervous System Agents - Drugs For The Nervous System		
Agents To Treat Episodic Cluster Headaches - Drugs For Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (galcanezumab-gnlm)	Tier 4	PA; QL (3 ML per 30 days)
Antianxiety Agent - Antihistamine Type - Drugs For Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	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	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 2	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 2	ST: Requires prior prescription for Lorazepam tablets within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 2	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 2	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 2	
Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (buspirone HCl)	Tier 1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 2	QL (60 EA per 30 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	Tier 1	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)	Tier 2	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 2	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 2	QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 2	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Cannabinoid Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol (CBD))	Tier 2	
Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	Tier 2	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (lacosamide)	Tier 2	PA
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 2	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 2	
Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
GABARONE ORAL TABLET 100 MG, 400 MG (gabapentin)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)	Tier 2	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 2	PA
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 2	PA
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 1	PA
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 1	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML (vigabatrin)	Tier 2	PA
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 1	PA
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
phenytoin sodium extended (Dilantin Oral Capsule 30 Mg)	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet,chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
APTOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 2	QL (1 EA per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
carbamazepine (Eptol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	Tier 2	PA
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG (topiramate)	Tier 2	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (3 EA per 1 day)

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

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

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TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (topiramate)	Tier 2	QL (7 EA per 1 day)
Anticonvulsant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	Tier 2	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)	Tier 2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 2	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 2	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 2	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 2	

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	Tier 2	QL (2 EA per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG (levetiracetam)	Tier 2	ST: Requires prior prescription for generic Levetiracetam ER within the past 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG (levetiracetam)	Tier 2	ST: Requires prior prescription for generic Levetiracetam ER within the past 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
levetiracetam (Roweepra Oral Tablet 500 Mg)	Tier 2	
levetiracetam (Roweepra Xr Oral Tablet Extended Release 24 Hr 500 Mg, 750 Mg)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 2	PA
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Tier 2	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 2	
ethosuximide (Zarontin Oral Solution 250 Mg/5 ML)	Tier 2	
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Tier 2	
ZONISADE ORAL SUSPENSION 100 MG/5 ML (zonisamide)	Tier 2	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 2	ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (80 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 2	ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 2	ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (8 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	ST: Requires prior prescription for Valproic Acid, Divalproex, or Clobazam within the past 120 days; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 2	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine HCl)	Tier 2	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (cenobamate)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (cenobamate)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (cenobamate)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (cenobamate)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Tier 2	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Tier 2	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B - Drugs For Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (selegiline)	Tier 2	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	Tier 2	
NARDIL ORAL TABLET 15 MG (phenelzine sulfate)	Tier 2	
PARNATE ORAL TABLET 10 MG (tranylcypromine sulfate)	Tier 2	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - Nmda Receptor Antagonist And Ndri Combinations - Drugs For Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (dextromethorphan HBr/bupropion HCl)	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
Antidepressant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Depression		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (zuranolone)	Tier 2	PA
Antidepressant - N-Methyl D-Aspartate (Nmda) Receptor Antagonist - Drugs For Depression		
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (esketamine HCl)	Tier 2	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram hydrobromide)	Tier 2	
<i>citalopram oral capsule 30 mg</i>	Tier 1	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine oral capsule, delayed release (drlec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Tier 2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine HCl)	Tier 2	
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine HCl)	Tier 2	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine HCl)	Tier 2	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine HCl)	Tier 2	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline HCl)	Tier 2	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris) - Drugs For Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML (trazodone HCl)	Tier 2	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine HCl)	Tier 2	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)	Tier 2	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 1	ST: Requires prior prescription for two generic Duloxetine 20mg capsules within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULOXICAINE KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)	Tier 2	
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine HCl)	Tier 2	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (levomilnacipran HCl)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran HCl)	Tier 2	QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate)	Tier 2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	ST: At least 2 prior prescriptions for Amitriptyline tablets, Cyclobenzaprine IR tablets, Duloxetine 20/30/60mg capsules, generic Gabapentin IR tablets/capsules, or Pregabalin IR capsules within the past 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 1	ST: Requires prior prescription for Venlafaxine HCL ER capsules within the past 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone HCl)	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hydrobromide)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant- Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs For Depression		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (bupropion HBr)	Tier 2	ST: Requires prior prescription for Bupropion HCL within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 1	ST: Requires prior prescription for generic Bupropion within the past 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion HCl)	Tier 2	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion HCl)	Tier 2	
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine HCl)	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine HCl)	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline HCl)	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb - Drugs For Parkinson		
<i>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</i>	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa/levodopa)	Tier 2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (carbidopa/levodopa)	Tier 2	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa/levodopa)	Tier 2	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa/levodopa)	Tier 2	
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (foscarbidopa/foslevodopa)	Tier 4	PA
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs For Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	Tier 2	PA
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson		
TASMAR ORAL TABLET 100 MG (tolcapone)	Tier 2	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (opicapone)	Tier 2	PA
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
LODOSYN ORAL TABLET 25 MG (carbidopa)	Tier 2	
Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 2	PA
Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline mesylate)	Tier 2	QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XADAGO ORAL TABLET 100 MG, 50 MG (safinamide mesylate)	Tier 2	ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (selegiline HCl)	Tier 2	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents - Drugs For Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine HCl)	Tier 4	PA
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 4	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG (amantadine HCl)	Tier 2	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole di-HCl)	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)

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NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (rotigotine)	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (apomorphine HCl)	Tier 4	PA
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1) (amantadine HCl)	Tier 2	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (asenapine)	Tier 2	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs For Severe Mental Disorders		
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)	Tier 2	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone HCl)	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG (lurasidone HCl)	Tier 2	QL (60 EA per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs For Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	Tier 2	QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (iloperidone)	Tier 2	QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (iloperidone)	Tier 2	QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (iloperidone)	Tier 2	QL (8 EA per 28 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Tier 2	QL (2 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	Tier 2	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	Tier 2	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs For Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	Tier 2	QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs For Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	Tier 2	ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs For Severe Mental Disorders		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs For Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (loxapine)	Tier 2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Dihydroindolones - Drugs For Severe Mental Disorders		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs For Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
prochlorperazine maleate (Compazine Oral Tablet 10 Mg, 5 Mg)	Tier 2	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs For Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs For Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs For Severe Mental Disorders		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs For Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 2	ST: Requires prior prescription for generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (olanzapine)	Tier 2	
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	Tier 2	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	Tier 2	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (aripiprazole)	Tier 2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs For Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)	Tier 2	QL (1 EA per 1 day)
Antipsychotics,Atypical,Dopamine,Serotonin Antag And Opioid Antag Comb - Drugs For Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 2	ST: Requires prior prescription for generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day)
Attention Deficit-Hyperact. Disorder (Adhd)-Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG (guanfacine HCl)	Tier 2	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (clonidine HCl)	Tier 2	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day)

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Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day)

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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 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (methylphenidate)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (methylphenidate)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (methylphenidate)	Tier 2	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)	Tier 2	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Tier 2	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Tier 2	QL (120 EA per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (4 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexamethylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexamethylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)

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<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate HCl)	Tier 2	
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 2	ST: Requires prior prescription for Methylphenidate HCL or Relexxii within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	Tier 1	QL (1 EA per 1 day)

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<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, Concerta, or Adderall XR within the past 365 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (methylphenidate HCl)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)

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QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG (methylphenidate HCl)	Tier 2	ST: At least 2 prior prescriptions for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, Concerta, or Adderall XR within the past 365 days; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 40 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)

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RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 30 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (methylphenidate HCl)	Tier 2	QL (90 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (4 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 20 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

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dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (viloxazine HCl)	Tier 2	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (viloxazine HCl)	Tier 2	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (viloxazine HCl)	Tier 2	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (atomoxetine HCl)	Tier 2	
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

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<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
DORAL ORAL TABLET 15 MG (quazepam)	Tier 2	ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 2	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (diazepam)	Tier 2	QL (10 EA per 30 days)
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide/clidinium bromide)	Tier 2	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 2	

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LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 2	ST: Requires prior prescription for Lorazepam tablets within the past 120 days
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 2	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 2	QL (2 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 2	

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XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 2	
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	

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LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 2	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 2	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 2	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 2	

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TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs For Severe Mental Disorders		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone HCl)	Tier 2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 2	ST: Requires prior prescription for generic atypical antipsychotic within the past 365 days; QL (1 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)

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

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<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Tier 2	
Cannabis And Cannabinoids - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate (Adderall Oral Tablet 10 Mg, 12.5 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)	Tier 2	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine oral tablet,disintegrating biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate)	Tier 2	QL (1 EA per 1 day)
Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
DESOXYN ORAL TABLET 5 MG (methamphetamine HCl)	Tier 2	QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Tier 2	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG (dextroamphetamine sulfate)	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
amphetamine sulfate (Evekeo Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (4 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5 MI)	Tier 2	QL (1800 ML per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine)	Tier 2	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (4 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 15 Mg, 2.5 Mg, 7.5 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 20 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 30 Mg)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
Cns Stimulant - Analeptics, Methylxanthine-Type - Drugs For The Nervous System		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>caffeine oral tablet 200 mg</i>	Tier 1	
Diabetic Peripheral Neuropathy Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG (pregabalin)	Tier 2	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Gabapentin, tricyclic antidepressant, Divalproex, Duloxetine, Pregabalin IR, Venlafaxine, Valproic Acid within the past 365 days; QL (2 EA per 1 day)
Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG (duloxetine HCl)	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)	Tier 2	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 1	ST: Requires prior prescription for two generic Duloxetine 20mg capsules within the past 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)	Tier 2	

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

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<i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>	Tier 1	
<i>melatonin oral liquid 2.5 mg/10 ml</i>	Tier 2	
<i>melatonin oral lozenge 5 mg</i>	Tier 2	
<i>melatonin oral tablet 1 mg, 10 mg, 12 mg, 5 mg</i>	Tier 1	
<i>melatonin oral tablet 3 mg</i>	Tier 1	
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
<i>melatonin oral tablet, chewable 1 mg, 2.5 mg</i>	Tier 1	
<i>melatonin oral tablet, chewable 5 mg</i>	Tier 1	
<i>melatonin oral tablet, disintegrating 1 mg, 10 mg, 12 mg, 3 mg</i>	Tier 1	
<i>melatonin oral tablet, disintegrating 5 mg</i>	Tier 2	
MELATONINMAX ORAL TABLET, CHEWABLE 10 MG (melatonin)	Tier 1	
Hypnotics - Melatonin Combinations - Drugs For Insomnia		
AZO MENOPAUSE NIGHT-MELATONIN ORAL TABLET, CHEWABLE 1-30 MG (melatonin/genistein)	Tier 2	
COMPLETE BALANCE MENOPAUSE RLF ORAL CAPSULE, SEQUENTIAL 175-62-1 MG (NIGHT) (vit B/folic acid/calcium/soy xt/black cohosh xt/melatonin)	Tier 1	
KIDS SLEEP CALM ORAL TABLET, CHEWABLE 0.5-25-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 1	
KIDS SLEEP IMMUNE HEALTH ORAL TABLET, CHEWABLE 0.5 MG-45 MG- 12.5 MCG-3.75MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry)	Tier 1	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	

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<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
<i>melatonin-theanine oral tablet 10-5.5 mg</i>	Tier 1	
<i>melatonin-theanine oral tablet,disintegrating 3-50 mg</i>	Tier 1	
RELAX NIGHT CALM ORAL TABLET,CHEWABLE 1.5-12.5-50-0.5 MG (melatonin/5-hydroxytryptophan/theanine/lemon balm leaf xt)	Tier 1	
REPOZEN SLEEP AID ORAL CAPSULE 5-30-50 MG (melatonin/gamma-aminobutyric acid/valerian)	Tier 2	
SAMBUCUS HONEYBERRY NIGHT ORAL SYRUP 0.5 MG-3.5 GRAM -35 MG/7.5 ML (melatonin/honey/English ivy/elderberry/cider vinegar/C/zinc)	Tier 2	
SLEEP CALM ORAL TABLET,CHEWABLE 3-50-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 1	
SLEEP IMMUNE HEALTH ORAL TABLET,CHEWABLE 3 MG-45 MG-12.5 MCG-3.75 MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry)	Tier 1	
SLEEP SUPPORT (MELATONIN-HERB) ORAL TABLET, CHEWABLE DISPERSIBLE 1.5-22 MG-MCG (melatonin/herbal complex no.233)	Tier 1	
SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM (melatonin/mag carbonate,glycinate/pot bic/GABA/glycine/lemon)	Tier 2	
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (melatonin/GABA/5-HTP/theanine/magnesium citrate,oxide/herbs)	Tier 2	
SUPERIOR SLEEP ORAL CAPSULE 5-50-50 MG (melatonin/5-HTP/tryptophan/theanine/magnesium/vit B6/herbal)	Tier 2	
UNISOM SIMPLE SLUMBERS ORAL TABLET,CHEWABLE 2.5 MG (melatonin/passion flower/lemon balm)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs For Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (tasimelteon)	Tier 2	PA
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 2	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 1	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
ROZEREM ORAL TABLET 8 MG (ramelteon)	Tier 2	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
<i>tasimelteon oral capsule 20 mg</i>	Tier 2	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs For Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 4	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 4	PA; QL (1.5 ML per 30 days)

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EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)	Tier 4	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)	Tier 4	PA; QL (1 ML per 30 days)
Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab) - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 4	PA; QL (1 ML per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (rimegepant sulfate)	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)	Tier 2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	Tier 2	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (zavegepant HCl)	Tier 2	PA; QL (8 EA per 30 days)
Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 4	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (ergotamine tartrate)	Tier 2	QL (10 EA per 7 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)	Tier 2	PA
Migraine Therapy - Nsaid Analgesics (Cyclooxygenase Inhibitor) - Drugs For Migraine Headaches		
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (celecoxib)	Tier 2	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT₁ - Drugs For Migraine Headaches		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG (zolmitriptan)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT_{1F} - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)	Tier 2	PA; QL (8 EA per 30 days)
Migraine Therapy - Serotonin Agonist 5-HT₁ And Nsaïd Comb. - Drugs For Migraine Headaches		
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	Tier 1	ST: Requires prior prescription for Sumatriptan within the past 180 days; QL (18 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Movement Disorder Drug Therapy - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)	Tier 2	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)	Tier 2	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 2	PA; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)	Tier 2	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 2	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA; QL (1 EA per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 2	PA
XENAZINE ORAL TABLET 12.5 MG, 25 MG (tetrabenazine)	Tier 2	PA
Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (deutetrabenazine)	Tier 2	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG (deutetrabenazine)	Tier 2	PA; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 2	PA; QL (1 EA per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 2	PA; QL (1 EA per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)	Tier 2	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 2	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA; QL (1 EA per 1 day)
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (sodium oxybate)	Tier 2	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (sodium oxybate)	Tier 2	PA
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 2	PA
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 2	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate)	Tier 2	PA
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol HCl)	Tier 2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs For Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant HCl)	Tier 2	PA

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

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

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

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

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

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

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

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EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (zolpidem tartrate)	Tier 2	ST: Requires prior prescription for Zolpidem IR (Ambien) within the past 180 days; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 2	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral capsule 7.5 mg</i>	Tier 1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs For Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (daridorexant HCl)	Tier 2	ST: Requires prior prescription of Zolpidem Tartrate, Eszopiclone, or Zaleplon within the last 130 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs For Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine HCl)	Tier 2	PA
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin HCl)	Tier 2	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
Chemical Dependency, Agents To Treat - Drugs For Addiction		
Agents For Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs For Opioid Addiction		
<i>lofexidine oral tablet 0.18 mg</i>	Tier 2	PA
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine HCl)	Tier 2	PA
Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (buprenorphine HCl/naloxone HCl)	Tier 2	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (buprenorphine HCl/naloxone HCl)	Tier 2	
Alcohol Abstinence Therapy - Glutamate And Gaba System Type - Drugs For Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs For Alcohol Addiction		
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
Alcohol Deterrents - Drugs For Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	PV	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (nicotine)	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL GUM 2 MG (nicotine polacrilex)	PV	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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

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<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 1	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
<i>alum, ammonium (bulk) powder</i>	Tier 2	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 2	
<i>benzoin (bulk) topical tincture</i>	Tier 2	
<i>glutathione (bulk) powder 100 %</i>	Tier 2	
<i>guaiacol liquid</i>	Tier 2	
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 2	
<i>hydroxyethyl methacrylate,bulk liquid 96 %</i>	Tier 2	
<i>sodium bicarb-sodium chloride powder</i>	Tier 2	
SWEET OIL OIL (olive oil)	Tier 1	
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)	Tier 2	
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 2	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (dimethyl sulfoxide)	Tier 2	
Chemicals - Fixed Oils		
<i>olive oil oil</i>	Tier 1	
SWEET OIL OIL (olive oil)	Tier 1	
Chemicals - Solvents		
<i>isopropyl alcohol solution 70 %, 91 %, 99 %</i>	Tier 2	
MURI-LUBE OIL (mineral oil, light sterile)	Tier 2	
<i>sesame oil oil</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium succinate powder</i>	Tier 2	
Pharmaceutical Adjuvant - Anticorrosive Agents		
<i>butylated hydroxytoluene powder</i>	Tier 2	
Pharmaceutical Adjuvant - Capsule Excipients		
CAPSUBLEND-H POWDER (cellulose/silica gel/mannitol/magnesium stearate)	Tier 2	
Pharmaceutical Adjuvant - Coloring Agents		
<i>methylene blue (bulk-solid) powder</i>	Tier 2	
Pharmaceutical Adjuvant - Flavoring Agents		
<i>ethyl acetate liquid</i>	Tier 2	
SWEET OIL OIL (olive oil)	Tier 1	
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE (hypromellose capsules (empty))	Tier 2	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % (sodium chloride for inhalation)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)	Tier 2	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride for inhalation)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	

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Pharmaceutical Adjuvant - Liquid Vehicles		
Other		
PCCA SUSPENDIT ANHYDROUS LIQUID (liquid base no.261)	Tier 2	
Pharmaceutical Adjuvant - Oral Thickening Agents		
GELMIX ORAL POWDER (maltodextrin/carob)	Tier 2	
GELMIX ORAL POWDER IN PACKET (maltodextrin/carob)	Tier 2	
SIMPLYTHICK ORAL GEL IN PACKET 4 GRAM (xanthan gum)	Tier 2	
THICK AND EASY ORAL POWDER IN PACKET (starch)	Tier 2	
Pharmaceutical Adjuvant - Oral Vehicles		
<i>sorbitol solution 70 %</i>	Tier 2	
UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (compound vehicle suspension sugar-free no.24)	Tier 2	
Pharmaceutical Adjuvant - Surfactants		
<i>polysorbate 80 solution</i>	Tier 2	
Pharmaceutical Adjuvant - Suspending Agents		
<i>hydroxypropyl cellulose powder</i>	Tier 2	
<i>hypromellose powder</i>	Tier 2	
METHOCEL E 4 M POWDER (hypromellose)	Tier 2	
Pharmaceutical Adjuvant - Tableting		
<i>cellulose (bulk) powder</i>	Tier 2	
Pharmaceutical Adjuvant - Troche/Soft Lozenge Base		
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)	Tier 2	PA
Cognitive Disorder Therapy - Drugs For The Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs For Alzheimer's Disease		
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML (lecanemab-irmb)	Tier 4	
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (donepezil HCl)	Tier 2	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil HCl)	Tier 2	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine)	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)

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ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (benzgalantamine gluconate)	Tier 2	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine HCl)	Tier 2	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (memantine HCl)	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG (memantine HCl)	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone acetate)	PV	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	PV	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	PV	
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (copper)	PV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	PV	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	PV	
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (levonorgestrel)	PV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (levonorgestrel)	PV	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (levonorgestrel)	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (levonorgestrel)	PV	
Contraceptive Oral - Biphaseic - 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))	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	

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desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	PV	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	

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levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpele Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	PV	
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	PV	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	PV	
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PV	
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PV	
norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	
norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	

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

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

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

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

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

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

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

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norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	PV	
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (levonorgestrel/ethinyl estradiol)	PV	
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	PV	
ethynodiol diacetate-ethinyl estradiol (Valtya Oral Tablet 1-50 Mg-Mcg)	PV	
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	PV	
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	PV	
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-0.035 Mg)	PV	
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	PV	
norethindrone-ethinyl estradiol/ferrous fumarate (Xelria Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	PV	

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

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

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

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desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	PV	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb. - Birth Control Pills		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (levonorgestrel/ethinyl estradiol)	PV	
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	PV	
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	PV	
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (segesterone acetate/ethinyl estradiol)	PV	
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	PV	
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel/ethinyl estradiol)	Tier 2	

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Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PV	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ELLA ORAL TABLET 30 MG (ulipristal acetate)	PV	
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PV	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PV	
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (ulipristal acetate)	PV	
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PV	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PV	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)	Tier 2	ST: Requires prior prescription for generic Doxycycline or Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl)	Tier 2	ST: Requires prior prescription for generic Minocycline IR within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs For The Skin		
WINLEVI TOPICAL CREAM 1 % (clascoterone)	Tier 2	PA; QL (60 GM per 30 days)
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
ABENOR HP TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
ABENOR TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)	Tier 2	
ACZONE TOPICAL GEL 5 % (dapsone)	Tier 2	
ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsone)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMZEEQ TOPICAL FOAM 4 % (minocycline HCl)	Tier 2	ST: At least 2 prior prescriptions for generic topicals: Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 365 days; Age (Min 9 Years)
APORIX TOPICAL GEL 1-4 % (clindamycin/niacinamide)	Tier 2	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 2	ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur, clindamycin+/- benzoyl peroxide, erythromycin+/- benzoyl peroxide, adapalene+/- benzoyl peroxide, or tretinoin within the past 120 days
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Tier 2	
CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)	Tier 2	QL (180 ML per 1 FILL)
clindamycin phosphate (Clindacin Etz Topical Swab 1 %)	Tier 2	
clindamycin phosphate (Clindacin P Topical Swab 1 %)	Tier 2	
clindamycin phosphate (Clindacin Topical Foam 1 %)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)	Tier 2	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel 7.5 %</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (clindamycin/niacinamide)	Tier 2	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
ERYGEL TOPICAL GEL 2 % (erythromycin base in ethanol)	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)	Tier 2	
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
KLARON TOPICAL SUSPENSION 10 % (sulfacetamide sodium)	Tier 2	

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OXIAICE TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
RUMILO TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)	Tier 2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-Infective Combinations Other - Drugs For The Skin		
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (dapson/spironolactone/niacinamide)	Tier 2	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (dapson/spironolactone/niacinamide)	Tier 2	
ALIXI HP TOPICAL CREAM 8.5-4 % (dapson/niacinamide)	Tier 2	
ALIXI TOPICAL CREAM 6-4 % (dapson/niacinamide)	Tier 2	
APORIX TOPICAL LOTION 1-4 % (clindamycin/niacinamide)	Tier 2	
CLINDACIN ETZ TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 2	
CLINDACIN PAC TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 2	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin/niacinamide)	Tier 2	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (dapson/spironolactone/niacinamide)	Tier 2	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapson/spironolactone/niacinamide)	Tier 2	
DIAOXIA TOPICAL CREAM 6-4 % (dapson/niacinamide)	Tier 2	
DIAOXIA TOPICAL GEL 6-4 % (dapson/niacinamide)	Tier 2	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (dapson/spironolactone/niacinamide)	Tier 2	

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DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone/spironolactone/niacinamide)	Tier 2	
DIASOXIA TOPICAL CREAM 8.5-4 % (dapsone/niacinamide)	Tier 2	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone/niacinamide)	Tier 2	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
APEXOL HP TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)	Tier 2	
APEXOL TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
ARTILIS HP TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ARTILIS TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 1	
AVAR LS TOPICAL CLEANSER 10-2 % (sulfacetamide sodium/sulfur)	Tier 2	
AVAR TOPICAL CLEANSER 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 2	QL (1419 GM per 1 FILL)
BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin base/benzoyl peroxide)	Tier 2	
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium/sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	

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<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)	Tier 2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % (clindamycin phosphate/benzoyl peroxide/emollient comb no.94)	Tier 2	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) - 3.75 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	
PLEXION TOPICAL CLEANSER 9.8-4.8 % (sulfacetamide sodium/sulfur)	Tier 2	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium/sulfur)	Tier 2	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 % (sulfacetamide sodium/sulfur)	Tier 1	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin		
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 2	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALOMIRA TOPICAL GEL 0.05-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 % (tretinoin/clindamycin phosphate/spironolactone/niacinamide)	Tier 2	
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	

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

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ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
Acne Therapy Topical - Keratolytic - Drugs For The Skin		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i>	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)	Tier 2	

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PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)	Tier 2	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs For The Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (benzoyl peroxide/hydrocortisone)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
ALURIS HP TOPICAL CREAM 0.1-4 % (tretinoin/niacinamide)	Tier 2	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
ALURIS LP TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)	Tier 2	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
ALURIS TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
ALURIS TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)	Tier 2	
APHORIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)	Tier 2	
AZALTA HP TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	

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AZALTA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (adapalene/benzoyl peroxide)	Tier 2	
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % (adapalene/benzoyl peroxide)	Tier 2	
IDYYXIATAR TOPICAL GEL 0.025-5 % (tretinoin/niacinamide)	Tier 2	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
OXIAVARY TOPICAL CREAM 0.1-4 % (tretinoin/niacinamide)	Tier 2	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
SIRVANA TOPICAL GEL 0.025-5 % (tretinoin/niacinamide)	Tier 2	
SORIXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)	Tier 2	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin/niacinamide)	Tier 2	
TWYNEO TOPICAL CREAM 0.1-3 % (tretinoin/benzoyl peroxide)	Tier 2	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	

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

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

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

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

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

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

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

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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	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.15 % (roflumilast)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)	Tier 2	
Dermatological - Antibacterial Other - Drugs For The Skin		
BASADROX TOPICAL GEL IN PACKET (silver)	Tier 2	
BATIZIA TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 2 % (mupirocin)	Tier 2	
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 % (silver carbonate)	Tier 2	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM (silver)	Tier 2	

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

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

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

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

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

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<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (oxiconazole nitrate)	Tier 2	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate/zinc oxide/petrolatum,white)	Tier 2	
XOLEGEL TOPICAL GEL 2 % (ketoconazole)	Tier 2	ST: Requires prior prescription for Ketoconazole 2% cream/shampoo within the past 120 days
Dermatological - Antifungal Oxaborole - Drugs For The Skin		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
Dermatological - Antifungal Triazole - Drugs For The Skin		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (efinaconazole)	Tier 2	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin		
CLOBEZIN TOPICAL COMBO PACK 1-0.05-0.44 % (clotrimazole/betamethasone/menthol/zinc oxide/petrolatum,wht)	Tier 2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DELIBON TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)	Tier 2	

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DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole/betamethasone dipropionate/zinc oxide)	Tier 2	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (hydrocortisone/iodoquinol)	Tier 2	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)	Tier 2	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)	Tier 2	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)	Tier 2	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)	Tier 2	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)	Tier 2	
Dermatological - Antifungals Other - Drugs For The Skin		
<i>triacetin liquid 100 %</i>	Tier 2	
Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin		
VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine HCl)	Tier 2	PA
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 2	PA
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Tier 2	

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<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (fluorouracil)	Tier 2	
Dermatological - Antineoplastic Or Premalign. Lesions - Antimicrotubule - Drugs For The Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (tirbanibulin)	Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (tirbanibulin)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's - Drugs For The Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 2	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
<i>bexarotene topical gel 1 %</i>	Tier 2	PA
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 2	PA
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	

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

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

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<i>halobetasol propionate topical foam 0.05 %</i>	Tier 1	ST: Requires prior prescription for generic Halobetasol cream/ointment or Clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
halobetasol propionate (Lexette Topical Foam 0.05 %)	Tier 2	ST: Requires prior prescription for generic halobetasol cream/ointment or clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)
PURAZIL TOPICAL CREAM 0.005-4 % (calcipotriene/niacinamide)	Tier 2	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
<i>tazarotene topical cream 0.05 %</i>	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 2	Age (Max 39 Years)

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TAZORAC TOPICAL CREAM 0.1 % (tazarotene)	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 2	Age (Max 39 Years)
TRIONEX TOPICAL KIT 0.005 % (calcipotriene/transparent dressing)	Tier 2	
ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (120 ML per 30 days)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
VTAMA TOPICAL CREAM 1 % (tapinarof)	Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin micronized)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
ZORYVE TOPICAL CREAM 0.3 % (roflumilast)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (apremilast)	Tier 2	PA

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OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (apremilast)	Tier 2	PA
Dermatological - Antiseborrheic - Drugs For The Skin		
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
MICURADERM TOPICAL EMULSION (emollient combination no.43)	Tier 2	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL LOTION 9.8 % (sulfacetamide sodium)	Tier 2	ST: Requires prior prescription for Ciclopirox (shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 2	
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 2	
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 2	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 2	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (selenium sulfide)	Tier 2	
ZORYVE TOPICAL FOAM 0.3 % (roflumilast)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antiviral, Herpes - Drugs For The Skin		
<i>acyclovir topical cream 5 %</i>	Tier 1	ST: At least 2 prior prescriptions for oral generic Acyclovir, Famciclovir, or Valacyclovir within the past 365 days
<i>acyclovir topical ointment 5 %</i>	Tier 1	
<i>penciclovir topical cream 1 %</i>	Tier 1	
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Tier 2	
Dermatological - Antiviral-Glucocorticoid Combinations - Drugs For The Skin		
XERESE TOPICAL CREAM 5-1 % (acyclovir/hydrocortisone)	Tier 2	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days; QL (10 GM per 365 days)
Dermatological - Burn Products - Drugs For The Skin		
NEXOBRID TOPICAL GEL 8.8 % (anacaulase-bcdb)	Tier 2	
Dermatological - Burn Products Anti-Infective - Drugs For The Skin		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
SILVADENE TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	

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<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (mafenide acetate)	Tier 2	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 2	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide)	Tier 2	
ELYZIA TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)	Tier 2	
HOVYN TOPICAL SOLUTION 0.1 % (tacrolimus)	Tier 2	
NUJO TOPICAL SOLUTION 0.1 % (tacrolimus)	Tier 2	
NUJU TOPICAL CREAM 0.1 % (tacrolimus in vehicle base no.238)	Tier 2	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide)	Tier 2	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)	Tier 2	

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

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MEDORFA LP TOPICAL EMULSION 4 % (hydroquinone)	Tier 2	
MEDORFA TOPICAL EMULSION 6 % (hydroquinone)	Tier 2	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs For The Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KATARVIA TOPICAL EMULSION 4-0.025 % (hydroquinone/tretinoin)	Tier 2	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone/hyaluronate sodium)	Tier 2	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KEVARTIA TOPICAL EMULSION 6-0.05 % (hydroquinone/tretinoin)	Tier 2	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone/hydrocortisone)	Tier 2	

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

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

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

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

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COCOA BUTTER FORMULA - VIT E TOPICAL LIQUID (emollient combination no.123)	Tier 2	
CUTEMOL EMOLLIENT TOPICAL CREAM (emollient combination no.125)	Tier 2	
DERMASO PLUS TOPICAL CREAM (emollient combination no.122)	Tier 2	
DEXERYL TOPICAL CREAM (emollient combination no.104)	Tier 2	
DRY SKIN THERAPY(WITH LANOLIN) TOPICAL LOTION (lanolin/mineral oil)	Tier 1	
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
EMULSION SB TOPICAL EMULSION (emollient combination no.32)	Tier 1	
ENTTY TOPICAL SPRAY, NON-AEROSOL (palm oil/hyaluronate sodium)	Tier 2	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE (emollient combination no.32)	Tier 2	PA
EUCERIN ADVANCED REPAIR TOPICAL CREAM (emollient combination no.119)	Tier 2	
EUCERIN INTENSIVE REPAIR TOPICAL LOTION (emollient combination no.110)	Tier 2	
GOLD BOND THERAPEUTIC FOOT TOPICAL CREAM (emollient combination no.120)	Tier 2	
HALUCORT TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 2	
HAPRODERM TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 2	
HPR PLUS TOPICAL CREAM (emollient combination no.53)	Tier 2	
HPR PLUS TOPICAL FOAM (emollient combination no.53)	Tier 2	

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HPR TOPICAL FOAM (emollient combination no.44)	Tier 2	
HYGIENIC CLEANSING LOTION TOPICAL LOTION (mineral oil/lanolin oil/propylene glycol)	Tier 2	
INTENSE DRY SKIN THERAPY TOPICAL LOTION (emollient combination no.110)	Tier 1	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (emollient combination no.60)	Tier 2	
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
LOYON TOPICAL SPRAY, NON-AEROSOL (dicaprylyl carbonate/dimethicone)	Tier 2	
LUXAMEND TOPICAL CREAM (emollient combination no.10)	Tier 2	
MICURADERM TOPICAL EMULSION (emollient combination no.43)	Tier 2	
MINERIN CREME TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum, white/ceresin)	Tier 1	
MOISTURIZING CREAM TOPICAL CREAM (glycerin/dimethicone/petrolatum, white/water)	Tier 1	
MOITURIZING LOTION TOPICAL LOTION (vit E acetate (d-alpha tocoph)/glycerin/dimethicone/water)	Tier 1	
NEOSALUS TOPICAL CREAM (emollient combination no.47)	Tier 2	
NEOSALUS TOPICAL LOTION (emollient combination no.47)	Tier 2	
NUTRASEB TOPICAL CREAM (emollient combination no.107)	Tier 2	
ORGANIC NIPPLE BALM TOPICAL OINTMENT (sunflower/olive/beeswax/coconut/shear butter/marigold/argan)	Tier 1	
PRESERA TOPICAL FOAM (emollient combination no.80)	Tier 2	

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PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 2	
PRUCLAIR TOPICAL CREAM (vitamin E acet (dl,tocopheryl)/grape/hyaluronic acid)	Tier 1	
PRUMYX TOPICAL CREAM (emollient combination no.35)	Tier 1	
SEBUDERM TOPICAL GEL (emollient combination no.60)	Tier 2	
SKIN THERAPY TOPICAL LIQUID (emollient combination no.41)	Tier 1	
SONAFINE TOPICAL EMULSION (emollient combination no.10)	Tier 1	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
ULTRA MOISTURE TOPICAL LOTION (emollient combination no.40)	Tier 1	
<i>vitamin e-safflower oil topical oil</i>	Tier 1	
<i>vitamin e-vitamins a and d topical cream</i>	Tier 1	
XCLAIR TOPICAL CREAM (hyaluronate sodium/vit E/emollient no.12/allantoin/shear tree)	Tier 2	
Dermatological - Emollients - Drugs For The Skin		
AMLACTIN TOPICAL LOTION 12 % (ammonium lactate)	Tier 1	
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
<i>glycerin topical liquid</i>	Tier 1	
<i>glycerin topical solution 99.5 %</i>	Tier 1	
KERASTAT TOPICAL CREAM (keratin)	Tier 2	
KERASTAT TOPICAL GEL 5 % (keratin)	Tier 2	
LANOLIN (HPA) TOPICAL CREAM 100 % (modified lanolin)	Tier 2	

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RADIAGEL TOPICAL GEL (emollient base)	Tier 2	
urea topical cream 10 %, 20 %	Tier 1	
urea topical lotion 10 %	Tier 1	
vitamin e (dl, acetate) topical oil	Tier 1	
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (collagenase Clostridium histolyticum)	Tier 2	PA
Dermatological - Eyelid Cleansers - Drugs For The Skin		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED (eyelid cleanser combination no.8)	Tier 1	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED (eyelid cleanser combination no.10)	Tier 1	
EYELID WIPES (WITH CHAMOMILE) TOPICAL TOWELETTE (eyelid cleanser combination no.6)	Tier 2	
OCUSOFT LID SCRUB ALLERGY TOPICAL PADS, MEDICATED (eyelid cleanser combination no.13)	Tier 2	
VISTA MEIBO EYELID CLEANSING TOPICAL FOAM (eyelid cleanser combination no.11)	Tier 2	
VISTA MEIBO EYELID CLEANSING TOPICAL PADS, MEDICATED (eyelid cleanser combination no.12)	Tier 2	
Dermatological - Glucocorticoid - Drugs For The Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (hydrocortisone)	Tier 1	
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	

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This Drug Formulary was updated: 01/01/2026

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

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALOG TOPICAL OINTMENT 0.1 % (halcinonide)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	Tier 1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
HYDROXYM TOPICAL GEL 2 % (hydrocortisone)	Tier 2	
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days; QL (200 GM per 30 days)
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	Tier 2	
halobetasol propionate (Lexette Topical Foam 0.05 %)	Tier 2	ST: Requires prior prescription for generic halobetasol cream/ointment or clobetasol foam within the past 120 days; QL (100 GM per 1 FILL)
LOCOID LIPOCREAM TOPICAL CREAM 0.1 % (hydrocortisone butyrate/emollient base)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Tier 2	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone acetate)	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
OLUX TOPICAL FOAM 0.05 % (clobetasol propionate)	Tier 2	
OLUX-E TOPICAL FOAM 0.05 % (clobetasol propionate/emollient base)	Tier 2	
PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
hydrocortisone (Proctocort Topical Cream 1 %)	Tier 2	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone/salicylic acid/sulfur/shampoo no.1)	Tier 2	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (betamethasone dipropionate)	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR TOPICAL CREAM 0.025 % (fluocinolone acetonide)	Tier 2	
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone acetonide)	Tier 2	
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone acetonide)	Tier 2	
hydrocortisone (Texacort Topical Solution 2.5 %)	Tier 2	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RADIAPLEXRX TOPICAL GEL (hyaluronate sodium/allantoin/aloe vera extract)	Tier 2	
RECEDO TOPICAL GEL (polydimethylsiloxanes/silicon dioxide)	Tier 2	
SCARSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 2	
SCARTRATE TOPICAL CREAM 5-2.25 % (dimethicone/allantoin)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol)	Tier 2	
Dermatological - Protectants - Drugs For The Skin		
<i>benzoin (bulk) topical tincture</i>	Tier 2	
DERMELLE TOPICAL GEL (dimethicone)	Tier 2	
DERPIXA TOPICAL GEL (dimethicone)	Tier 2	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (zinc oxide)	Tier 1	
SAFRYCYN TOPICAL CREAM 0.2 % (hyaluronate sodium)	Tier 2	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
STRATAMARK TOPICAL GEL (dimethicone)	Tier 2	
STRATATRIZ TOPICAL GEL (dimethicone)	Tier 2	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (petrolatum,white)	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	

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Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs For The Skin		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin		
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (minocycline HCl)	Tier 2	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)	Tier 2	
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
AVEIDA TOPICAL GEL 1-1 % (ivermectin/metronidazole)	Tier 2	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)	Tier 2	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 2	ST: Requires prior prescription for one generic topicals: sulfacetamide+/- sulfur,clindamycin+/- benzoyl peroxide,erythromycin+/- benzoyl peroxide,adapalene+/- benzoyl peroxide,or tretinoin within the past 120 days
BAXONIL TOPICAL OINTMENT 1-2 % (metronidazole/mupirocin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 2	
DAZOMON TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 2	
EPSOLAY TOPICAL CREAM 5 % (benzoyl peroxide)	Tier 2	ST: Requires prior prescription for generic topical Metronidazole within the past 120 days; QL (30 GM per 30 days); Age (Min 18 Years)
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (metronidazole/mupirocin)	Tier 2	
<i>ivermectin topical cream 1 %</i>	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
METROCREAM TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
METROGEL TOPICAL GEL 1 % (metronidazole)	Tier 2	
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)	Tier 2	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine tartrate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORITATE TOPICAL CREAM 1 % (metronidazole)	Tier 2	ST: Requires prior prescription for Metronidazole 0.75% gel, lotion, or cream within the past 120 days
REMYDA TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 2	
RESTIMO TOPICAL GEL 1-1 % (ivermectin/metronidazole)	Tier 2	
RHOFADE TOPICAL CREAM 1 % (oxymetazoline HCl)	Tier 2	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
metronidazole (Rosadan Topical Gel 0.75 %)	Tier 2	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
ROSITARA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)	Tier 2	
ROVIS TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 2	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 2	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 2	
ZILXI TOPICAL FOAM 1.5 % (minocycline HCl)	Tier 2	ST: Requires prior prescription for generic topical Metronidazole within the past 120 days; QL (30 GM per 30 days)

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Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin		
CETAPHIL GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.42)	Tier 2	
GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.43)	Tier 1	
GENTLE SKIN CLEANSER(WITH SLS) TOPICAL CLEANSER (skin cleanser combination no.10)	Tier 1	
TECNU TOPICAL CLEANSER (skin cleanser combination no.41)	Tier 2	
Dermatological - Sunscreens - Drugs For The Skin		
CERAVE AM TOPICAL LOTION 30 SPF (homosalate/meradimate/octinoxate/octocrylene/zinc oxide)	Tier 2	
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs For The Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
ANASTIA TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
ASTERO TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	

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lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (lidocaine HCl)	Tier 2	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (lidocaine HCl)	Tier 2	
DERMALID TOPICAL COMBO PACK 5 % (lidocaine/elastic bandage)	Tier 1	
lidocaine HCl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl)	Tier 2	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i>	Tier 1	
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)

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lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 %, 3.25 % (lidocaine HCl)	Tier 2	
LIDOPURE PATCH TOPICAL COMBO PACK 5 % (lidocaine/kinesiology tape)	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 % (lidocaine HCl)	Tier 2	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine)	Tier 2	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (lidocaine)	Tier 2	
MOXICAINE TOPICAL KIT 5 % (lidocaine)	Tier 1	
NOLIRA TOPICAL CREAM 23-7 % (lidocaine/tetracaine)	Tier 2	
NUMBONEX TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
NYNUTEY TOPICAL CREAM 23-7 % (lidocaine/tetracaine)	Tier 2	
PROXIVOL TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 2	
REGENECARE TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 2	
REGENECARE WITH ALOE TOPICAL GEL 2 % (vitamin E/lidocaine/aloe vera/collagen)	Tier 2	
TRANZAREL TOPICAL GEL 4 % (lidocaine)	Tier 2	
XYLIDERM TOPICAL KIT 5 % (lidocaine/kinesiology tape)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	
ZILOVAL TOPICAL KIT 5 % (lidocaine)	Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (lidocaine)	Tier 2	ST: Requires prior prescription for Lidoderm 5% patch within the past 120 days; QL (90 EA per 30 days)

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Dermatological - Topical Local Anesthetic Esters - Drugs For The Skin		
ANACAINE TOPICAL OINTMENT 10 % (benzocaine)	Tier 2	
Dermatological - Topical Local Anesthetic Others - Drugs For The Skin		
DYCLOPRO TOPICAL SOLUTION 0.5 % (dyclonine HCl)	Tier 1	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (ketamine HCl)	Tier 2	
Dermatological - Topical Local Anesthetics And Combinations - Drugs For The Skin		
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (lidocaine/emollient combination no.102)	Tier 2	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (lidocaine/dimethicone)	Tier 2	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
Dermatological Antipruritics - Antihistamines - Drugs For The Skin		
<i>doxepin topical cream 5 %</i>	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
Dermatological Antipruritics Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological Irritants-Counter-Irritant Combinations - Drugs For The Skin		
CHEST RUB (WITH PINE OIL) TOPICAL OINTMENT (eucalyptus oil/lavender oil/pine needle oil/beeswax)	Tier 2	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
<i>methyl salicylate oil</i>	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 % (capsaicin/skin cleanser)	Tier 2	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
Human Cellular Regenerative Tissue Matrix - Drugs For The Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (human regenerative tissue matrix)	Tier 2	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (human regenerative tissue matrix)	Tier 2	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (human regenerative tissue matrix)	Tier 2	

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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 2	
GENADUR TOPICAL LIQUID (carbitol/equisetum ext/ethanol/hydroxypropyl chitosan/msm)	Tier 2	
Ovine (Sheep) Skin Dressings, Non-Living - Drugs For The Skin		
KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 " (tissue matrix, keratin-based, ovine derived)	Tier 2	
Porcine Skin Dressings, Non-Living - Drugs For The Skin		
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (extracellular matrix (ecm), porcine derived)	Tier 2	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (extracellular matrix (ecm), porcine derived)	Tier 2	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived,fenestrated)	Tier 2	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived,fenestrated)	Tier 2	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM (extracellular matrix (ecm), porcine derived)	Tier 2	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (extracellular matrix (ecm), porcine derived)	Tier 2	
XCELLISTEM TOPICAL POWDER 250 MG (extracellular matrix (ecm), porcine derived)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Scabicide And Pediculicide Combinations - Drugs For The Skin		
NIX LICE PREVENTION TOPICAL SPRAY, NON-AEROSOL 0.06-0.35-0.6 % (rosemary oil/lemongrass/citronella oil)	Tier 1	
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 2	
ELIMITE TOPICAL CREAM 5 % (permethrin)	Tier 2	
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 2	
EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 2	
LICE-BEDBUG-MITE BEDDING AEROSOL, SPRAY 0.5 % (permethrin)	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)	Tier 2	
OVIDE TOPICAL LOTION 0.5 % (malathion)	Tier 2	
<i>permethrin topical cream 5 %</i>	Tier 1	
crotamiton (Pruradik Topical Lotion 10 %)	Tier 2	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)	Tier 2	
Skin Replacement, Live Tissue Dressings - Drugs For The Skin		
APLIGRAF TOPICAL DISK (cultured skin substitute, human and bovine)	Tier 2	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 2	
Wound Care - Cleanser Combinations - Drugs For The Skin		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
DELUXO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
EPICYN TOPICAL SPRAY, NON-AEROSOL (hypochlorous acid/sodium chloride/sodium phosphate)	Tier 2	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagfluor/e.water)	Tier 2	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 % (hypochlorous acid/sod chlor/sod sulfate/sod phosphate,mono)	Tier 2	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR IRRIGATION IRRIGATION SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
RENOVAR TOPICAL SOLUTION (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	

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Wound Care - Cleansers - Drugs For The Skin		
SIMPLY SALINE WOUND WASH TOPICAL AEROSOL,SPRAY 0.9 % (sodium chloride)	Tier 2	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (sodium chloride irrigating solution/hypochlorous acid)	Tier 2	
Wound Care - Dressings - Drugs For The Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (silver/silicone/foam bandage)	Tier 2	
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " (silver)	Tier 2	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " (silver)	Tier 2	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 " (foam bandage)	Tier 2	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" (silver sulfadiazine/foam bandage)	Tier 2	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (foam bandage)	Tier 2	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing,collagen/silver/sod alginate/carboxymethylcellulose)	Tier 2	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 2	

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COLLATYL TOPICAL GEL 1 % (collagen, hydrolysate (bovine)/silver oxide)	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (silver/foam bandage)	Tier 2	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (silver/calcium alginate)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KERAGELT TOPICAL GEL (gel dressing)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
L-MESITRAN SOFT TOPICAL GEL 40 % (honey)	Tier 2	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL GEL 80 % (honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL PASTE 100 % (honey)	Tier 2	
OCM TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)	Tier 2	
OMEZA TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)	Tier 2	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 " (hydrocolloid dressing)	Tier 2	

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REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (silver/calcium alginate)	Tier 2	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (silver/calcium alginate)	Tier 2	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (silver/silicone/foam bandage)	Tier 2	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	
STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 2	
STRATAXRT TOPICAL GEL (gel dressing)	Tier 2	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (honey)	Tier 2	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)	Tier 2	
ZENPHOR TOPICAL GEL (gel dressing)	Tier 2	
Wound Care - Growth Factor Agents - Drugs For The Skin		
REGRANEX TOPICAL GEL 0.01 % (becaplermin)	Tier 2	
Wound Care Combinations Other - Drugs For The Skin		
<i>balsam peru-castor oil topical ointment</i>	Tier 1	
<i>balsam peru-castor oil topical ointment in packet</i>	Tier 1	
BPCO TOPICAL OINTMENT (balsam peru/castor oil)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	

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DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMULCERA TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	
FILSUEVZ TOPICAL GEL 10 % (birch bark extract)	Tier 2	PA
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 2	
VENELEX TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	
VENELEX TOPICAL OINTMENT IN PACKET (balsam peru/castor oil)	Tier 2	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction		
CIALIS ORAL TABLET 10 MG, 20 MG (tadalafil)	Tier 2	PA
CIALIS ORAL TABLET 5 MG (tadalafil)	Tier 2	PA; QL (1 EA per 1 day)
<i>tadalafil oral tablet 10 mg</i>	Tier 1	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<i>tadalafil oral tablet 20 mg</i>	Tier 1	PA; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (tenapanor HCl)	Tier 2	ST: Requires prior prescriptions for Velporo and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
Electrolyte Balance-Nutritional Products - Drugs For Nutrition		
Amino Acid - Carnitine Derivatives - Drugs For Nutrition		
CARNITEX ORAL CAPSULE 340 MG (levocarnitine tartrate)	Tier 2	
L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG (levocarnitine tartrate)	Tier 1	
L-CARNITINE ORAL CAPSULE 500 MG (levocarnitine)	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine tartrate oral capsule 250 mg, 500 mg</i>	Tier 1	
Amino Acid-Amino Acid Combinations, Oral - Drugs For Nutrition		
XYMOBOLX ORAL POWDER (amino acids)	Tier 2	
Amino Acids, Single Ingredient, Oral (Non-Injectable) - Drugs For Nutrition		
<i>arginine (l-arginine) oral capsule 500 mg</i>	Tier 1	
<i>arginine hcl (l-arginine) oral capsule 500 mg</i>	Tier 1	

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CITRULLINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (citrulline)	Tier 2	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 2	PA
<i>glutamine oral powder 100 %</i>	Tier 1	
ISOLEUCINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
ISOLEUCINE AMINO ACID SUPPLMNT ORAL POWDER IN PACKET 50 MG/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
<i>l-cystine oral packet 0.5-15 g-kcal/4 g</i>	Tier 1	
<i>lysine hcl oral capsule 500 mg</i>	Tier 1	
<i>lysine hcl oral tablet 500 mg</i>	Tier 1	
METHIONINE ORAL POWDER IN PACKET 100 MG/4 GRAM (methionine supplement in carbohydrate base)	Tier 1	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660 MG (arginine oxoglurate)	Tier 2	
<i>phenylalanine oral powder in packet 50 mg</i>	Tier 1	
VALINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (valine supplement in carbohydrate base)	Tier 2	
VALINE AMINO ACID SUPPLEMENT ORAL PACKET 50 MG/4 GRAM (valine supplement in carbohydrate base)	Tier 1	
B-Complex Vitamin Combinations - Drugs For Nutrition		
B ACTIV ORAL CAPSULE 680 MCG DFE (vitamin B complex/methyltetrahydrofolate glucosamine)	Tier 2	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1	
B-100 COMPLEX ORAL TABLET EXTENDED RELEASE 100 MG (vitamin B complex 100 combination no.2)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
B-50 COMPLEX WITH INOSITOL ORAL CAPSULE 400 MCG-25 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)	Tier 1	
<i>b-complex with vitamin c oral tablet</i>	Tier 1	
BIOPETIT ORAL LIQUID 790 MG/15 ML (vitamin B complex/lysine)	Tier 1	
COMPLETE LIVER CLEANSE ORAL CAPSULE 16.7 MG-66.7 MCG-110 MG (vitamin B complex/vit C/folic acid/amino acid/herbal no.351)	Tier 2	
FOLIKA-BC ORAL TABLET 1 MG-60 MG- 300 MCG (vitamin B complex/folic acid/ascorbic acid/biotin)	Tier 2	
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG (B comp/C/folic acid/zinc sulfate/cupric sulfate/vitamin E ac)	Tier 2	
NEPHRO VITAMINS ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)	Tier 1	
NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG (vit B complex and vit C no.24/ferrous fumarate/folic acid)	Tier 2	
NEPHRO-VITE ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)	Tier 1	
PUREVITA SUPER B-COMPLEX ORAL CAPSULE 400 MCG (vitamin B complex/folic acid)	Tier 1	
STRESS B WITH ZINC ORAL TABLET (multivitamin, stress formula/zinc)	Tier 1	
SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)	Tier 1	
TM-VITE RX ORAL TABLET 1,000 MCG (vitamin B complex and vitamin C combination no.22/folic acid)	Tier 2	
ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (vit B complex/folic acid/choline bit/inositol/alfalfa/herbs)	Tier 1	

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<i>vit b comp-folic-choline-inosi oral tablet extended release 400 mcg-10 mg- 10 mg</i>	Tier 1	
VITAMIN B COMPLEX-ELECTROLYTES ORAL TABLET 0.4 MG (vitamin B complex/folic acid)	Tier 1	
WESCAPS ORAL CAPSULE 1 MG (vitamin B complex and vitamin C no.20/folic acid)	Tier 1	
B-Complex Vitamins - Drugs For Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 4	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 4	
<i>vitamin b complex oral capsule</i>	Tier 1	
<i>vitamin b complex oral tablet</i>	Tier 1	
<i>vitamin b complex oral tablet,disintegrating</i>	Tier 1	
Bioflavonoid Combinations - Drugs For Nutrition		
ACTIFLOVIT ORAL TABLET 200-100 MG (bioflavonoid, lemon/vitamin B comp and C)	Tier 1	
BIO C 1:1 ORAL CAPSULE 500-500 MG (ascorbic acid/bioflavonoids)	Tier 2	
DIOVASC ORAL CAPSULE 500 MG (hesperidin/diosmin)	Tier 2	
LIPO-FLAVONOID ORAL TABLET 500 MG (vit B complex and C/choline/inositol/bioflavonoid,lemon)	Tier 2	
Dietary Product - Dietary Supplements - Drugs For Nutrition		
<i>inositol oral capsule 500 mg</i>	Tier 1	

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Dietary Product - Infant Formulas - Drugs For Nutrition		
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
Dietary Product - Sweeteners - Drugs For Nutrition		
<i>saccharin powder</i>	Tier 2	
Diluents - Insulin Diluting Solutions - Drugs For Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (diluent,insulin aspart combination no.1)	Tier 4	
Diluents - Sodium Chloride - Drugs For Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 4	
<i>sodium chloride 0.9 % injection solution</i>	Tier 4	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 4	
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
sodium polystyrene sulfonate/sorbitol solution (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	Tier 2	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (patiromer calcium sorbitex)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Geriatric Vitamins - Drugs For Nutrition		
ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML (vitamin B complex/zinc sulfate/manganese sulfate)	Tier 2	
Irrigation Solutions - Drugs For Nutrition		
<i>lactated ringers irrigation solution</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<i>sodium chloride tablet,soluble 1,000 mg</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
<i>calcium carb, citrate, malate oral capsule 250 mg calcium</i>	Tier 1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	Tier 1	
<i>calcium citrate oral tablet 200 mg (950 mg)</i>	Tier 1	
OSSOPAN MD ORAL CAPSULE 200 MG CALCIUM- 1.25 MCG (calcium combination no.35/vitamin D3/magnesium malate)	Tier 2	
OSSOPAN-1100 ORAL CAPSULE 275 MG CALCIUM (1,100 MG) (hydroxyapatite)	Tier 2	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Tier 1	

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Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
BONEUP (CALCIUM ASCORBATE) ORAL CAPSULE 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D3/magnesium oxide/ascorbate cal/vit K2/minerals)	Tier 2	
BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG (calcium/vit D3/magnesium oxide/vit C/vit K2/minerals)	Tier 2	
<i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet 600 mg calcium- 20 mcg-50 mg</i>	Tier 1	
<i>ca-d3-mag-zinc-cop-mang-bor oral tablet 600-200-40-7.5 mg-unit-mg-mg</i>	Tier 1	
<i>calc carb-mag ox-d3-zinc gluc oral tablet 333 mg-133 mg-1.67 mcg-5 mg</i>	Tier 1	
<i>calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg</i>	Tier 1	
<i>calcium carb-d3-mag ox-zinc ox oral tablet 333 mg-133 unit -133 mg-5 mg</i>	Tier 1	
<i>calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg</i>	Tier 1	
<i>calcium no.38-d3-mag-boron oral liquid 500 mg-12.5 mcg - 20 mg/15 ml</i>	Tier 1	
<i>calcium phos-d3-magnesium-zinc oral tablet,chewable 100 mg-25 mcg- 17 mg-1.67 mg</i>	Tier 1	
<i>calcium-d3-zinc-copper-mangan oral tablet 325 mg-12.5 mcg -2.75 mg</i>	Tier 1	
<i>calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg</i>	Tier 1	
CALTRATE-D3 PLUS MINERALS ORAL TABLET 600 MG-20 MCG- 50 MG-1 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALTRATE-D3 PLUS MINERALS ORAL TABLET,CHEWABLE 600 MG-20 MCG- 40 MG-0.25 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide)	Tier 2	
JOINT HEALTH-BONE STRENGTH ORAL TABLET 600 MG-25 MCG- 50 MG (calcium carb/vit D3/mag oxide/copper/manganese/zinc/collag)	Tier 2	
KIDS BONES-MUSCLES ORAL TABLET,CHEWABLE 162 MG CALCIUM- 10 MCG-21 MG (calcium phosphate, tribasic/vitamin D3/mag citrate/vit K1)	Tier 2	
LIQUICAL PLUS ORAL LIQUID 84 MG-24 MG- 10 MCG/5 ML (calcium citrate/magnesium citrate/vitamin D3/zinc citrate)	Tier 2	
MYLK ORAL CAPSULE 200 MG-6.25 MCG -50 MG (calcium no.43/vitamin D3/mag oxide/omega-3/dha/epa/fish oil)	Tier 2	
OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (calcium malate/magnesium amino acid chelate, malate)	Tier 2	
OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (hydroxyapatite/vitamin D3/vitamin K2/choline/silicon)	Tier 2	
OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (hydroxyapatite/vitamin D3/choline/silicon)	Tier 2	
OSTEOPRIME PLUS CALC-MAGNESIUM ORAL TABLET 200 MG-5 MCG-75 MG-200 MCG DFE (calcium no.39/vit D3/magnesium/folate/vit K1/vit K2/minerals)	Tier 2	
ULTRA BONEUP ORAL TABLET 200 MG-8.3 MCG- 83.3 MG-8.3 MG (calcium/vit D3/magnesium oxide/collagen/vit C/vit K2/mineral)	Tier 2	
VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D2/magnesium oxide/ascorbate calcium/vit K2/min)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition		
ALIVE CALCIUM-VITAMIN D3 ORAL TABLET,CHEWABLE 260 MG CALCIUM- 25 MCG-50 MG (calcium phosphate, tribasic/vitamin D3/herbal complex no.293)	Tier 2	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-5 mcg (200 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>	Tier 2	
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	Tier 1	
<i>calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit)</i>	Tier 1	
CALTRATE 600 PLUS D ORAL TABLET,CHEWABLE 600 MG-20 MCG (800 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 2	
CALTRATE GUMMY BITES ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))	Tier 2	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))	Tier 1	
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 2	
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 1	
XYMODINE ORAL CAPSULE 7,500-5,000 MCG (potassium iodide/iodine)	Tier 2	
Minerals And Electrolytes - Iron - Drugs For Nutrition		
ACCRUFER ORAL CAPSULE 30 MG (ferric maltol)	Tier 2	
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
FERGON ORAL TABLET 225 MG (27 MG IRON) (ferrous gluconate)	Tier 1	
FERRETTS IPS ORAL CAPSULE 18 MG (iron succinyl-protein complex)	Tier 1	

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<i>ferric citrate oral tablet 210 mg iron</i>	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
<i>ferric glycinate oral liquid 18 mg iron/15 ml</i>	Tier 1	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	Tier 1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet extended release 142 mg (45 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 325 mg (65 mg iron)</i>	Tier 1	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)	Tier 2	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
<i>iron bisglycinate chelate oral capsule 28 mg iron</i>	Tier 2	

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<i>iron bisglycinate chelate oral capsule 29 mg iron</i>	Tier 1	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid)	Tier 2	
NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	Tier 1	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON) (ferrous sulfate)	Tier 2	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) (ferrous sulfate)	Tier 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (ferric pyrophosphate citrate)	Tier 2	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (ferric pyrophosphate citrate)	Tier 2	
Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition		
BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 2	
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG (iron carbonyl,gluc/folic acid/vit B12/vit C/docusate sodium)	Tier 2	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1,667 MCGDFE, 75 MG IRON-175 MG-12 MCG-1 MG (iron asp gly/ascorbic acid/vit B12/folate no.1/zinc/succinic)	Tier 2	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (iron bisgly,aspart,fumarate/vit C/folate/B12/biotin/cupric)	Tier 2	
GENTLE IRON ORAL CAPSULE 28 MG IRON-60MG -400 MCG-8 MCG (iron bis-glycinate chelate/ascorbic acid/folic acid/vit B12)	Tier 2	

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HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
HEMATOGEN ORAL CAPSULE 66 MG IRON- 250 MG-10 MCG (ferrous fumarate/ascorbic acid/cyanocobalamin)	Tier 2	
HEMATRON-AF ORAL TABLET 150 MG-1,020 MCG DFE-500 MG, 150 MG-1,700 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper)	Tier 2	
HEMAX ORAL TABLET 150 MG-1,020 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper)	Tier 2	
IRON FOLATE PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vit B comp and C no.9)	Tier 1	
<i>iron,carbonyl-vitamin c oral tablet 100-250 mg</i>	Tier 1	
<i>iron,carbonyl-vitamin c oral tablet 65 mg iron- 125 mg</i>	Tier 1	
MAXFE (FOLATE) ORAL TABLET 160 MG-1,700 MCG DFE-60 MCG (iron carb,glycinate/folate/B12/mag ascorbate/biotin/zinc)	Tier 2	
NIFEREX (FERROUS ASPARTO GLYC) ORAL TABLET 75 MG IRON-175 MG-1,700 MCGDFE (iron asparto gly/vit C/vit B12/folate no.6/zinc/succinic)	Tier 2	
NOVAFERRUM YAY IRON ORAL TABLET,CHEWABLE 18 MG IRON- 30 MG (iron polysaccharide complex/ascorbic acid)	Tier 2	
PROTECT IRON LIQUID ORAL LIQUID 100 MG IRON-250 MG/5 ML (iron polysaccharide complex/ascorbic acid/vitamin B complex)	Tier 2	
TULIVITE ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 2	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (iron bisglycinate/C/methylfolate/B12/L. acidoph,plant/inulin)	Tier 2	

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VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG (iron,carbonyl/ascorbic acid)	Tier 2	
Minerals And Electrolytes - Magnesium - Drugs For Nutrition		
LC-655 ORAL CAPSULE 118 MG MAGNESIUM (magnesium glycinate)	Tier 2	
<i>magnesium chloride oral tablet 64 mg magnesium</i>	Tier 1	
<i>magnesium citrate oral capsule 100 mg</i>	Tier 1	
<i>magnesium citrate oral capsule 125 mg</i>	Tier 2	
<i>magnesium citrate oral tablet,chewable 83.3 mg</i>	Tier 1	
<i>magnesium citrate,mag oxide oral capsule 250 mg</i>	Tier 2	
MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (magnesium carb,citrate,oxide)	Tier 2	
<i>magnesium gluconate oral tablet 12.5 mg magnesium (250 mg), 30 mg (550 mg)</i>	Tier 2	
<i>magnesium glycinate oral capsule 100 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral capsule 400 mg magnesium</i>	Tier 2	
<i>magnesium oxide oral tablet 250 mg magnesium, 300 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet,chewable 200 mg magnesium</i>	Tier 1	
OPTIMAG 125 ORAL CAPSULE 125 MG MAGNESIUM (magnesium amino acid chelate, magnesium malate)	Tier 2	
OPTIMAG NEURO ORAL CAPSULE 66.7 MG (magnesium amino acid chelate, malate, threonate)	Tier 2	
OPTIMAG NEURO ORAL POWDER 200 MG MAGNESIUM/SCOOP (magnesium amino acid chelate, malate, threonate)	Tier 2	

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PUREVITA MAGNESIUM OXIDE ORAL TABLET 400 MG (241.3 MG MAGNESIUM) (magnesium oxide)	Tier 1	
SLOWMAG MUSCLE RECOVERY ORAL TABLET,CHEWABLE 85 MG (magnesium citrate)	Tier 2	
Minerals And Electrolytes - Magnesium Combinations - Drugs For Nutrition		
<i>magnesium citrate-lemon balm oral tablet,chewable 66.6-25 mg</i>	Tier 1	
MAGNESIUM OPTIMIZER ORAL TABLET 50-25-175-1 MG (magnesium malate/potassium citrate/taurine/pyridoxal)	Tier 2	
Minerals And Electrolytes - Multiple Minerals - Drugs For Nutrition		
MINREX ORAL CAPSULE 25-100 MG (minerals/potassium glycinate/betaine hydrochloride)	Tier 2	
Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition		
BIOLYTE ORAL LIQUID (electrolytes/dextrose/multivit/amino/ginger/milk thistle)	Tier 2	
BIOLYTE ORAL POWDER IN PACKET (electrolytes/dextrose/multivit/amino/ginger/milk thistle)	Tier 2	
CERASPORT ENDURANCE ORAL POWDER IN PACKET 400 MG-160 MG/42 GRAM (sodium chloride/potassium chloride/sodium citrate/rice/whey)	Tier 1	
CERASPORT EX1 ORAL POWDER 200 MG-100 MG- 20 KCAL/6 GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 2	
CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 1	
<i>electrolytes-dextrose oral packet</i>	Tier 1	
<i>electrolytes-dextrose oral solution</i>	Tier 1	

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ENSURE RAPID HYDRATION ORAL POWDER IN PACKET 30 MEQ-10 MEQ- 25 MEQ-11 GRAM (sodium/potassium/chloride/dextrose)	Tier 2	
HYDRALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
HYDRALYTE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000-300 MG (electrolytes/dextrose/ascorbic acid/elderberry fruit)	Tier 2	
HYDRATING ELECTROLYTE ORAL PACKET (electrolytes/dextrose)	Tier 1	
HYDRATING ELECTROLYTE SF ORAL POWDER IN PACKET (electrolytes,oral/multivitamin/amino acids)	Tier 1	
HYDRATION MULTIPLI SUGAR FREE ORAL PACKET (electrolytes)	Tier 2	
HYDRATION MULTIPLIER IMMUNE ORAL POWDER IN PACKET 504 MG (electrolytes,oral/dextrose/vitamin B complex/ascorbic acid)	Tier 2	
KINDERLYTE HERBAL IMMUNITY ORAL POWDER IN PACKET 270 MG-25 MCG- 140 MG-50 MG (electrolytes/dextr/vit C/vit D3/turmeric rt xt/elderberry fr)	Tier 2	
ORALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
PEDIALYTE ELECTROLYTE ORAL POWDER IN PACKET 11.25-5-8.75 MEQ (sodium/potassium/chloride/dextrose)	Tier 2	
PEDIALYTE ELECTROLYTE WATER ORAL SOLUTION (electrolytes)	Tier 2	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (sodium/potassium/chloride/dextrose)	Tier 2	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	

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Minerals And Electrolytes - Phosphate - Drugs For Nutrition		
PHOSPHOROUS SUPPLEMENT ORAL POWDER IN PACKET 280-160-250 MG (sodium phosphate/potassium phosphates, monobasic and dibasic)	Tier 1	
<i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>	Tier 1	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)	Tier 1	
Minerals And Electrolytes - Potassium Combinations - Drugs For Nutrition		
<i>mag citrate-potassium citrate oral capsule 70-99 mg</i>	Tier 1	
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarbonate/citric acid)	Tier 2	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)	Tier 1	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)	Tier 2	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride (Klor-Con Oral Packet 20 Meq)	Tier 2	

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KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)	Tier 2	
POKONZA ORAL PACKET 10 MEQ (potassium chloride)	Tier 1	
<i>potassium aa (bisglycinate) oral capsule 99 mg</i>	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 15 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
<i>potassium gluconate oral tablet 595 mg (99 mg)</i>	Tier 1	
Minerals And Electrolytes - Sodium Chloride, Oral - Drugs For Nutrition		
<i>sodium chloride tablet,soluble 1,000 mg</i>	Tier 1	
Minerals And Electrolytes - Trace Minerals - Drugs For Nutrition		
BORON COMPLEX ORAL CAPSULE 3 MG (boron aspartate)	Tier 2	
<i>chromium nicotinate oral capsule 200 mcg</i>	Tier 1	
<i>chromium picolinate oral tablet 1,000 mcg</i>	Tier 1	
<i>chromium picolinate oral tablet 200 mcg</i>	Tier 1	
<i>copper gluconate oral tablet 2 mg</i>	Tier 2	
<i>selenium oral capsule 200 mcg</i>	Tier 1	
<i>selenium oral tablet 200 mcg, 50 mcg</i>	Tier 1	
<i>selenomethionine oral capsule 200 mcg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Zinc - Drugs For Nutrition		
IS-ZC 50 ORAL TABLET 50 MG (zinc citrate, zinc oxide)	Tier 2	
PEPCIX ORAL TABLET,CHEWABLE 16 MG (polaprezinc (zinc carnosine))	Tier 2	
<i>zinc amino acid chelate oral tablet 50 mg</i>	Tier 1	
<i>zinc citrate oral tablet,chewable 11 mg, 16.7 mg</i>	Tier 2	
<i>zinc gluconate oral tablet 50 mg</i>	Tier 1	
<i>zinc glycinate oral capsule 20 mg</i>	Tier 1	
<i>zinc glycinate oral tablet,chewable 7.5 mg</i>	Tier 1	
<i>zinc sulfate oral capsule 50 mg zinc (220 mg)</i>	Tier 1	
<i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i>	Tier 1	
Minerals And Electrolytes - Zinc Combinations - Drugs For Nutrition		
ZINC BALANCE ORAL CAPSULE 15-1 MG (zinc methionine sulfate/copper gluconate)	Tier 2	
<i>zinc gluc, oxide-ascorbic acid oral tablet,disintegrating 15-60 mg</i>	Tier 1	
Multivitamin And Mineral Combinations - Drugs For Nutrition		
ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG (multivit-calc-min/ferrous fumarate/folic acid/vit K1/lutein)	Tier 2	
ACTIVNUTRIENTS (NO IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/methyltetrahydrofolate glucosamine)	Tier 2	
ACTIVNUTRIENTS CHEWABLE ORAL TABLET,CHEWABLE 0.75 MG- 85 MCG DFE (multivitamin-minerals no.98/ferric glycinate/m-hydrofolate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM (multivit with minerals/methyltetrahydrofolate glucosa/vit K2)	Tier 2	
ACTIVNUTRIENTS ORAL CAPSULE 1.25 MG IRON- 170 MCG DFE (multivit with min/iron bis-gly/methyltetrahydrofolate gluc)	Tier 2	
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE 72.25 MCG DFE- 22.5 MG (multivit-min/folate no.11/milk thistle seed extract/herbs)	Tier 2	
ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/leucovorin calc,m-folate glucosamine)	Tier 2	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,copper,zinc 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 1	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	
ALIVE ADULT ULTRA POTENCY ORAL TABLET 18 MG IRON- 400 MCG-120 MCG (multivit-min/ferrous fumarate/folic acid/vit K1/herb no.354)	Tier 2	
ALIVE COMPLETE PREMIUM PRENATL ORAL CAPSULE 13.5 MG IRON- 200 MCG-100 MG (mv-mins no.108/iron fumarate/folic acid/dha/Schiz algal oil)	Tier 2	
ALIVE DAILY ENERGY ORAL TABLET 18 MG IRON- 240 MCG-40 MCG (multivit-min/iron/folic/K1/resveratrol/lutein/herbal no.293)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG (multivit with minerals/folic acid/lutein/herbal comp no.329)	Tier 2	
ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG (multivit-min/folic acid/K1/resveratrol/lutein/herbal no.293)	Tier 2	
ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML (multivitamin-minerals/folic/vitamin K/herbal no.332)	Tier 2	
ALIVE MAX6 POTENCY COMPLETE ORAL CAPSULE 3 MG IRON- 66.67 MCG DFE (multivit-min/iron/methyltetrahydrofolate/vit K/herb no.335)	Tier 2	
ALIVE MEN 50 PLUS ULTRA-LUTEIN ORAL TABLET 240-120 MCG (multivit with minerals/folic acid/vitamin K1/herbal no.328)	Tier 2	
ALIVE MEN'S 50 PLUS MULTIVIT ORAL TABLET,CHEWABLE 120 MCG-150 MCG -50 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 2	
ALIVE MEN'S 50 PLUS MV (VIT K) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	
ALIVE MEN'S 50 PLUS ULTRA ORAL TABLET 800 MCG DFE- 120 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.328)	Tier 2	
ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	
ALIVE MEN'S GUMMY ORAL TABLET,CHEWABLE 120 MCG- 50 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE MEN'S MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.330)	Tier 2	

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ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG (multivitamin-min/methyltetrahydrofolate/vitamin K/herbal 334)	Tier 2	
ALIVE PREMIUM ADULT ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE PREMIUM PRENATAL ORAL TABLET,CHEWABLE 120 MCG-25 MG- 66.7 MG (multivitamin-minerals no.45/folic acid/dha/herbal no.293)	Tier 2	
ALIVE WOMEN'S 50 PLUS COMPLETE ORAL TABLET 240-120-300 MCG (multivit-minerals/folic acid/vitamin K1/lutein/herbs)	Tier 2	
ALIVE WOMEN'S 50 PLUS GUMMY ORAL TABLET,CHEWABLE 120 MCG-150 MCG -37.5 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 2	
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON-240 MCG-120 MCG (multivit,calcium,minerals/iron/folic acid/vit K/herb no.293)	Tier 2	
ALIVE WOMEN'S GUMMY VITAMIN ORAL TABLET,CHEWABLE 120 MCG- 37.5 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE WOMEN'S MULTIVITAMIN ORAL TABLET 4.5 MG IRON- 120 MCG-60 MCG (multivit-min/ferrous fumarate/folic acid/vit K1/herb no.352)	Tier 2	
ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG (multivit-min/iron/methyltetrahydrofolate/vit K/herb 333)	Tier 2	
ALPHA BETIC ORAL TABLET 240 MCG- 100 MG (multivitamin with minerals/folic acid/alpha lipoic acid)	Tier 2	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON-800 MCG DFE-120 MCG (multivit-min/ferrous fumarate/methyltetrahydrofolate/vit K1)	Tier 2	
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE 166.6-83.3-33.3 MG (multivit-min/yeast/astragalus root xt/ginger root xt/herbs)	Tier 2	
BOOSTNOW IMMUNE SUPPORT ORAL POWDER 499.99-249.99 MG/SCOOP (multivit-min/yeast/astragalus root xt/ginger root xt/herbs)	Tier 2	
CENTRUM ADULT 50 PLUS ORAL TABLET,CHEWABLE 80 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM ADULTS ORAL TABLET,CHEWABLE 12 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM CHEWABLES ORAL TABLET,CHEWABLE 8 MG-400 MCG- 80 MCG (multivitamin with minerals/iron,carbonyl/folic acid/vit K1)	Tier 2	
CENTRUM MENOPAUSE MULTIVITAMIN ORAL TABLET 400 MCG-30 MCG- 30 MG (multivitamin with minerals/folic acid/vitamin K1/genistein)	Tier 2	
CENTRUM MINIS ADULTS 50 PLUS ORAL TABLET 200-15-150-125 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 2	
CENTRUM MINIS MEN 50 PLUS ORAL TABLET 150-30-300-150 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 2	
CENTRUM MINIS WOMEN 50 PLUS ORAL TABLET 4 MG IRON-200 MCG-25 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 2	
CENTRUM MULTI MENTAL FOCUS ORAL TABLET,CHEWABLE 80 MCG- 25 MG (multivitamin with minerals/folic acid/caffeine)	Tier 2	

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CENTRUM MULTI PLUS BEAUTY ORAL TABLET,CHEWABLE 80-1,250 MCG (multivitamin with minerals/folic acid/biotin)	Tier 2	
CENTRUM MULTI PLUS OMEGA-3 ORAL TABLET,CHEWABLE 80 MCG-12.5 MCG -23.5 MG (multivitamin with min/folic acid/D3/omega-3/dha/epa/fish oil)	Tier 2	
CENTRUM MULTIGUMMIES MEN ORAL TABLET,CHEWABLE 12 MCG, 42 MCG, 80 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM MULTIGUMMIES WOMEN ORAL TABLET,CHEWABLE 42 MCG, 80 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML (multivitamin with minerals/ferrous gluconate)	Tier 1	
CENTRUM POSTNATAL ORAL TABLET,CHEWABLE 115 MCG-35 MG- 25 MG-5 MG (multivit-min no.114/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
CENTRUM PRENATAL ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (multivitamin-min no.115/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CENTRUM WOMEN IMMUNE MINIS ORAL TABLET 9 MG IRON- 200 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 2	
CENTURY ADULT FORMULA ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	
CENTURY MATURE ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	

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CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG-250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG (mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha)	Tier 2	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CULTURELLE PROBIOTIC-MULTIVIT ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM (multivitamin with minerals/B. coagulans/B. subtilis/inulin)	Tier 2	
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
DAVIMET WITH IRON ORAL TABLET,CHEWABLE 11 MG IRON- 1,700 MCG DFE (multivitamin combination no.62/iron chelate/levomefolate)	Tier 2	
DAYAVITE ORAL TABLET 1-75-10 MG (multivitamin with minerals no.90/folic acid/ALA/coQ10)	Tier 2	
DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG (multivitamin-minerals no.73/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX MULTITAM ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON-500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	

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DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENEXA ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENTRIXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITRAMYN ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITRANOL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VITRANOL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITREXATE FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VITREXATE ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX ZINTREXYL-C ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	
DIABETIC MULTIVITAMIN ORAL TABLET,CHEWABLE 120 MCG (multivitamin with minerals/folic acid)	Tier 1	
DIATROL ORAL TABLET 1,700 MCG DFE- 90 MCG (multivitamin-minerals no.105/levomefolate calcium/vit K1)	Tier 2	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	

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EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 1	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)	Tier 1	
FINAZOL ORAL TABLET 18 MG IRON- 1,700 MCG DFE (multivitamin with min no.109/ferrous fumarate/levomefolate)	Tier 2	
FOLAGENT DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 2	
FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
FOLAMED DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 2	
FOLAPRIME ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.81/folic acid/vit K1/ubidecarenone)	Tier 2	
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.82/folic acid/vit K1/ubidecarenone)	Tier 2	
HAIR, SKIN AND NAILS (HERBS) ORAL CAPSULE 120-1,250-60 MCG (multivit-min/folic acid/biotin/vit K1/collagen/herbal no.353)	Tier 2	

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HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 2	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 1	
IMMUNERX ORAL CAPSULE 250 MCG (multivitamin with minerals no.88/folic acid)	Tier 2	
KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) (multivitamin with minerals/ferrous gluconate)	Tier 1	
LIVITA FOR ADULT ORAL LIQUID 1,700 MCG DFE- 500 MG/15 ML (multivitamin-minerals no.103/levomefolate calcium/inulin)	Tier 2	
LUTEIN PLUS WITH ZEAXANTHIN ORAL TABLET 1,500 MCG-60 MG -20 MG-15 MG (betacarotene/vit C/vit E/zinc ox/cupric ox/lutein/zeaxanthin)	Tier 1	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 1	
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
MEN'S DAILY MULTIVITAMIN ORAL TABLET 8 MG IRON-200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)	Tier 1	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	

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MEN'S MULTIVITAMIN ORAL TABLET 200-60-600 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
MULTI PRO ORAL CAPSULE 32 MG IRON-1 MG -315 MG (multivit-mins no.85/iron/folic acid/dha/Lactobacillus casei)	Tier 2	
MULTIA DAILY MULTIVITAMIN ORAL CAPSULE 4.5 MG IRON- 500 MCG (mv-mn/iron,carbonyl/folic/om3/fish/lycopene/lutein/zeaxanth)	Tier 2	
MULTITOL-M ORAL TABLET 2,040 MCG DFE (multivitamin with minerals no.106/levomefolate calcium)	Tier 2	
<i>multivit with min-folic acid oral tablet 0.4 mg</i>	Tier 1	
<i>multivit with min-folic acid oral tablet,chewable 120 mcg, 200 mcg</i>	Tier 1	
<i>multivit,calc,min-fa-k1-lycop oral tablet 240 mcg-30 mcg-300 mcg</i>	Tier 1	
MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 1	
<i>multivit-min-ferrous fumarate oral tablet 15 mg iron</i>	Tier 2	
<i>multivit-min-ferrous gluconate oral liquid 9 mg iron/15 ml</i>	Tier 1	
MVW MODULATOR FORMUL MULTIVIT ORAL CAPSULE 6,000 MCG-400MG -37.5 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	
MVW MODULATR FORM MINI MULTIVT ORAL CAPSULE 3,000 MCG-200MG -18.75 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	
NANOVIM ADULT ORAL POWDER 1 MG-50 MCG DFE - 15.5 MCG (multivit-min/sodium ferredetate/levomefolate/vit K1/vit K2)	Tier 2	
NEOVITE ORAL TABLET 1-100-1 MG (multivit-minerals no.67/folic acid/alpha lipoic acid/lutein)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG (levomefolate calc/niacinamide/copper/zinc/selenium/chromium)	Tier 1	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
ONE A DAY MEN COMPLETE ORAL TABLET 240-25-300 MCG (multivitamin,calcium,minerals/folic acid/vitamin D3/lycopene)	Tier 2	
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG (multivitamin with minerals/folic acid)	Tier 2	
ONE DAILY MEN'S 50 PLUS W-D3 ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 1	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (multivitamin with minerals/ferrous sulfate)	Tier 1	
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON (multivitamin/ferrous sulfate)	Tier 2	
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG (multivit with minerals/folic acid/calcium carbonate/vit K1)	Tier 1	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	
ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY MEN'S 50 PLUS ORAL TABLET 400-370 MCG (multivitamin with minerals/folic acid/lycopene)	Tier 2	

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ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 2	
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY WOMEN'S 50 PLUS ORAL TABLET 0.4 MG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG IRON- 400 MCG (multivitamin with minerals/ferrous fumarate/folic acid)	Tier 2	
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG (multivitamin-minerals/folic acid/co Q10/lycopene/lutein)	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil)	Tier 1	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin)	Tier 2	
PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG (multivitamin with minerals/iron succinyl-protein/folic acid)	Tier 2	
SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
SPECTRAVITE MEN 50 PLUS ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 1	

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SPECTRAVITE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)	Tier 1	
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 1	
SUPERIOR MEN'S MULTI ORAL TABLET 400 MCG DFE-30 MCG-30 MG (multivit-min/levomefolate calc/K2/saw palm/ginkgo leaf/herbs)	Tier 2	
SUPERIOR WOMEN'S MULTI ORAL TABLET 2.5 MG IRON-400 MCG DFE-30 MCG (multivit-min/iron gly/levomefolate calc/K2/ginkgo leaf/herbs)	Tier 2	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (multivitamin/ferrous sulfate/folic acid)	Tier 2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
THERA-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)	Tier 1	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)	Tier 1	
THERA-VITE MAX-M ORAL TABLET 9 MG IRON-400 MCG (multivits with calcium and minerals/iron fumarate/folic acid)	Tier 1	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)	Tier 2	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)	Tier 2	
VITAFUSION PRENATAL ORAL TABLET,CHEWABLE 180 MCG-32.5 MG (25 MG-7.5 MG) (mv-min no.110/folic acid/om-3/dha/other omega-3s/fish oil)	Tier 2	

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VITAJoy ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
VITREXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
VITREXYL PLUS IRON ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
WELLFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with minerals no.83/iron bis-glycinate/folate no.10)	Tier 1	
WESCAP-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG (multivitamin,calcium,minerals/folic acid/phytonadione(vit K))	Tier 1	
WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
WOMEN'S DAILY MULTIVITAMIN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
WOMEN'S MULTIVITAMIN COLLAGEN ORAL TABLET,CHEWABLE 200 MCG- 25 MG (multivitamin with minerals/folic acid/collagen, hydrolyzed)	Tier 2	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
Multivitamins - Drugs For Nutrition		
ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-18.75 MCG-67MG-400MCG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 2	
ALTRIXA ORAL TABLET 1,000 MCG (multivitamin combination no.61/folic acid)	Tier 2	
CENTRUM ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
CENTURY ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
DAILY MULTIVITAMIN-MINERALS ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
DAVIMET-M ORAL TABLET,CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)	Tier 2	
DERMACINRX DAVIMET ORAL TABLET,CHEWABLE 1,000 MCG (multivitamin combination no.58/folic acid)	Tier 2	
DERMACINRX MULTIVITAMIN ORAL TABLET,CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)	Tier 2	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (multivit no.41/iron cysteine glycinate/folate no.8/phosph-dha)	Tier 2	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)	Tier 2	
HI-D ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-62.5 MCG-67 MG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 2	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
MICRONEX ORAL CAPSULE 400 MCG (multivitamin combination no.63/folic acid)	Tier 1	

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MINI MULTIVITAMINS-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
<i>multivitamin oral tablet</i>	Tier 1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (multivit 42/iron b-g che,carbonyl/methyltetrahydrofolate/dha)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG (multivitamin comb no.42/iron,carbonyl/levomefolate/dha)	Tier 2	
ONE DAILY MULTIVITAMIN ORAL TABLET (multivitamin)	Tier 1	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG (multivit no.38/methyltetrahydfolate glucos,folic acid/ginger)	Tier 2	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (multivitamin no.36/methyltetrahydrofolate gluc,folic acid)	Tier 2	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (multivitamin no.45/iron fumarate/folate comb no.6/dha)	Tier 2	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (multivitamin no.46/iron fumarate/folate comb. no.6/dha)	Tier 2	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (multivitamin no.40/iron asparto glycinate/folate no.1/dha)	Tier 2	

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PREV-RX ORAL TABLET 1,000-25-20 MCG (folic acid/vit B12/D3/vit E succ/calcium/phosphatidylcholine)	Tier 2	
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
THEREMS MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
TRIVIA COMPLETE ORAL CAPSULE 400 MCG (multivitamin combination no.63/folic acid)	Tier 1	
WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
WOMEN'S DAILY MULTIVITAMIN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs For Nutrition		
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	

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Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs For Nutrition		
I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for isovaleric acidemia with iron)	Tier 2	
Nutritional Product - Lipid Others - Drugs For Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)	Tier 2	PA
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)	Tier 2	
<i>medium chain triglycerides oral oil 14 gram-130 kcal/15 ml</i>	Tier 1	
Nutritional Product - Medical Condition Specific Formulation - Drugs For Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 2	PA
<i>ribose oral powder 10 kcal /2 gram (scoop)</i>	Tier 1	
Nutritional Product - Methionine-Free Specific Formulation - Drugs For Nutrition		
HCU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 2	
HCU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 1	
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 2	

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Nutritional Product - Msud Specific Formulation - Drugs For Nutrition		
ISOLEUCINE 1000 ORAL POWDER IN PACKET 1 GRAM/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
ISOLEUCINE AMINO ACID SUPPLMNT ORAL POWDER IN PACKET 50 MG/4 GRAM (isoleucine supplement in carbohydrate base)	Tier 2	
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for MSUD with iron)	Tier 2	
METHIONINE ORAL POWDER IN PACKET 100 MG/4 GRAM (methionine supplement in carbohydrate base)	Tier 1	
MSUD GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy for MSUD with iron)	Tier 2	
Nutritional Product - Nutritional Therapy - Drugs For Nutrition		
ALFAMINO JUNIOR ORAL POWDER 14 GRAM-480 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 2	
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 2	
ELECARE JR ORAL POWDER 14.4 GRAM-493 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 2	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (nutritional therapy for impaired digestive function)	Tier 2	
ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM-KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 2	

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ENSURE SURGERY PERIOP BUNDLE ORAL LIQUID 0.08 GRAM- 1.4 KCAL/ML (nut.tx.compromised immune system, reg-maltodextrin-fructose)	Tier 2	
FRUITIVITS ORAL POWDER IN PACKET (nut.tx. metabolic disorder,reg/multivit with iron, minerals)	Tier 1	
GLUCERNA 1.5 CAL ORAL LIQUID 0.08-1.5 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 2	
GLUCERNA HUNGER SMART ORAL LIQUID (nutritional therapy, glucose intolerance,lactose-free,soy)	Tier 2	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (nutritional therapy, glucose intolerance,soy)	Tier 2	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	
IMPACT ADVANCED RECOVERY ORAL LIQUID 0.1 GRAM-1.12 KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 2	
MCT PRO-CAL ORAL PACKET (nutritional therapy for impaired digestive function)	Tier 2	
NEOCATE JUNIOR WITH PREBIOTICS ORAL POWDER 14.8 GRAM-472 KCAL/100 GRAM (nut.tx.impaired digest fxn/fiber)	Tier 2	
NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 2	
OPTICLEANSE GHI ORAL POWDER IN PACKET 26 GRAM-210 KCAL, 26 GRAM-230 KCAL (nutritional therapy for impaired digestive function)	Tier 2	
PEPTAMEN JUNIOR PHGG ORAL LIQUID 0.036 GRAM-1.2 KCAL/ML (nutritional therapy for impaired digestive function)	Tier 2	

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PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM (nutritional supplement)	Tier 2	
RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (nutritional therapy, impaired renal function)	Tier 2	
RESTORE FUSION RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 2	
RESTORE RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 2	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 2	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 2	
VITAL PEPTIDE 1.5 CAL ORAL LIQUID 0.07 GRAM- 1.5 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 2	
VIVONEX PEDIATRIC ORAL POWDER 12 GRAM-412 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 1	
Nutritional Product - Phenylketonuria (Pku) Specific Formulation - Drugs For Nutrition		
GLYTACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM (nutritional therapy for PKU no.64)	Tier 2	
NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU), no.38)	Tier 2	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (nutritional therapy for phenylketonuria (PKU) with iron no.1)	Tier 2	

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Nutritional Product - Propionic Acidemia Specific Formulation - Drugs For Nutrition		
MMA-PA GEL ORAL POWDER IN PACKET 41.7 GRAM-338 KCAL/100 GRAM (nutritional therapy for propionic acidemia with iron)	Tier 1	
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for propionic acidemia with iron)	Tier 2	
Nutritional Product - Protein Replacements - Drugs For Nutrition		
GI PROTECT ORAL POWDER 2 GRAM-25 KCAL /SCOOP (whey protein concentrate)	Tier 2	
IGG 2000 CWP ORAL CAPSULE 500 MG (whey protein concentrate)	Tier 2	
IGG 2000 CWP ORAL POWDER 4 GRAM-20 KCAL /5 GRAM (whey protein concentrate)	Tier 2	
IGG PURE ORAL POWDER 8 GRAM-40 KCAL /SCOOP (whey protein concentrate)	Tier 2	
JUVEN (WITH COLLAGEN) ORAL POWDER IN PACKET 7-7-1.5 GRAM (arginine/glutamine/calcium HMB/collagen/multivitamin-mineral)	Tier 2	
NEW ZEALAND WHEY PROTEIN ORAL POWDER 15 GRAM-70 KCAL/16.9 GRAM (whey protein isolate)	Tier 2	
PROCEL SINGLES ORAL POWDER IN PACKET 5 GRAM-26 KCAL (whey protein concentrate)	Tier 2	
PROSOURCE ORAL PACKET 7.5 GRAM (calcium caseinate/whey)	Tier 2	
Nutritional Product - Tyrosinemia Specific Formulation - Drugs For Nutrition		
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for tyrosinemia with iron)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs For Nutrition		
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)	Tier 2	
EAA UCD ORAL POWDER IN PACKET 40 GRAM-310 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)	Tier 1	
Pediatric Vitamins - Drugs For Nutrition		
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)	Tier 1	
INFANT-TODDLER MULTIVIT ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (pediatric multivitamin no.192)	Tier 1	
INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.212)	Tier 1	
LITTLE ANIMALS ORAL TABLET,CHEWABLE (pediatric multivitamin no.28)	Tier 1	
<i>pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml</i>	Tier 1	
PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.197)	Tier 1	
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG - 400 UNIT/ML (vitamin A palmitate/ascorbic acid/cholecalciferol (vit D3))	Tier 1	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (pediatric multivitamin no.171)	Tier 2	
<i>vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml</i>	Tier 1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
WESTGEL DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate no.9/dha)	Tier 1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (prenatal vit with calcium no.61/iron fumarate/folic acid/dha)	PV	
Prenatal Vitamins With Low Or No Iron (Less Than 27 Mg) - Drugs For Nutrition		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE (prenatal vitamins no.181/ferrous fumarate/folate)	Tier 2	
AZESCO ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG (prenatal vitamins no.178/iron bisglycinate/folic acid)	Tier 2	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (prenatal vitamins no.164/ferrous gluconate/folate no.6)	Tier 1	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (prenatal vitamins no.167/folic acid/docosahexaenoic acid)	Tier 2	
PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.163/iron bis-glycinate/folate no.10)	Tier 2	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil)	PV	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (prenatal vitamins no.144/folic acid)	PV	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (prenatal vitamins no.78/iron asparto glycin/folate no.1/dha)	Tier 2	

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PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (prenatal vits no.114/ferrous aspart glycinate/folate no.1)	Tier 2	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (prenatal vitamins no.36/ferrous fumarate/folate no.6)	Tier 2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vits no.87/iron asp.glycinate,carb/folate no.1/dha)	Tier 2	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (prenatal vitamins no.85/iron asparto glycin/folate no.1/dha)	Tier 2	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77/ferrous asparto glycinate/folic acid)	Tier 2	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (prenatal vitamins no.66/iron,carbonyl/folic acid/dha)	Tier 1	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (prenatal vitamins no.74/ferrous fumarate/folic acid/coQ10)	PV	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa)	Tier 1	
ZALVIT ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
Sodium Chloride Flushes - Drugs For Nutrition		
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	

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MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 4	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 4	
<i>sodium chloride 0.9 % injection solution</i>	Tier 4	
Sodium Chloride, Parenteral - Drugs For Nutrition		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 4	
Vitamin C Combinations - Drugs For Nutrition		
EMERGEN-C APPLE CIDER VINEGAR ORAL POWDER EFFERVESCENT IN PACKET 250 MG (ascorbic acid/multivitamin with minerals/herbal drugs)	Tier 2	
EMERGEN-C ASHWAGANDHA ORAL POWDER EFFERVESCENT IN PACKET 250 MG (ascorbic acid/multivitamin with minerals/herbal drugs)	Tier 2	
EMERGEN-C ELDERBERRY ORAL TABLET,CHEWABLE 133.3-16.7 MG, 250-16.7 MG (ascorbic acid/multivit with minerals/elderberry fruit)	Tier 2	
EMERGEN-C ENERGY PLUS ORAL POWDER EFFERVESCENT IN PACKET 250-50 MG (ascorbic acid/vitamin B complex/minerals/cafeine)	Tier 2	
EMERGEN-C IMMUNE PLUS ORAL TABLET,CHEWABLE 250 MG (ascorbic acid/multivit with minerals)	Tier 2	

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EMERGEN-C ORAL TABLET,CHEWABLE 500 MG (ascorbic acid/ascorbate sodium/multivitamin with minerals)	Tier 2	
EMERGEN-C TURMERIC GINGER ORAL POWDER EFFERVESCENT IN PACKET 250-100-150 MG (ascorbic acid/multivit with minerals/turmeric/ginger root)	Tier 2	
EMERGEN-C TURMERIC GINGER ORAL TABLET,CHEWABLE 83.3-33.3-16.6 MG (ascorbic acid/multivit with minerals/turmeric/ginger root)	Tier 2	
SAMBUCUS ELDERBERRY-VITAMIN C ORAL LOZENGE 250-12.5 MG (ascorbic acid/ascorbate sodium/elderberry fruit)	Tier 2	
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)	Tier 1	
Vitamin D And Folic Acid Combinations - Drugs For Nutrition		
CHOLECAL DF ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX DOTREMINE ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLDITAM ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLIXAPURE ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLIXATE ORAL TABLET 125 MCG- 1,700 MCG DFE (cholecalciferol (vit D3)/levomefolate calcium)	Tier 2	
DERMACINRX FOLTAMIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLTREXYL ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
FOLIC D3 ORAL CAPSULE 94.38 MCG(3,775 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 1	

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OSTACHOL ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
Vitamin E Combinations - Drugs For Nutrition		
XCELLENT E ORAL CAPSULE 33.5-125-25 MG (vitamin E/vitamin E mixed/tocotrienol)	Tier 2	
Vitamins - A - Drugs For Nutrition		
A-25 (VIT A PALMITATE) ORAL CAPSULE 7,500 MCG (25,000 UNIT) (vitamin A palmitate)	Tier 1	
<i>beta carotene oral capsule 7,500 mcg (25,000 unit)</i>	Tier 1	
PUREVITA VITAMIN A ORAL DROPS 3,000 MCG/2 ML (vitamin A palmitate)	Tier 1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
<i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
Vitamins - B Preparation Combinations - Drugs For Nutrition		
B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG (thiamine HCl/riboflavin/niacinamide/cyanocobalamin/papain)	Tier 2	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 2	
<i>folic acid-vitamin b6-vit b12 oral tablet 400 mcg-50 mg- 100 mcg</i>	Tier 1	
FOLICORE B COMPLEX ORAL TABLET 1,000 MCG-10 MG -400 MCG (folic acid/pyridoxine HCl (B6)/cyanocobalamin)	Tier 2	
FOLVITA COMPLEX ORAL TABLET 1 MG-10 MG- 400 MCG (cyanocobalamin/folic acid/pyridoxine)	Tier 2	
KIDS BRAIN BUILDER ORAL TABLET,CHEWABLE 27.5 MG-0.2 MG- 0.25 MCG (choline bitartrate/pyridoxine HCl (vitamin B6)/vit B12)	Tier 2	

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METANX FC ORAL CAPSULE 2-3-35 MG (mecobalamin/levomefolate calcium/pyridoxal phosphate)	Tier 2	
METHYL PROTECT ORAL CAPSULE 1,000 MCG-3,400 MCG DFE-10 MG (mecobalamin/folate no.11/pyridoxal/vit B2/betaine)	Tier 2	
MINCORA ORAL TABLET 20 MCG- 1,000 MCG-10 MG (cholecalciferol/folic acid/vit B6/vit B12/acetylcysteine)	Tier 2	
RELCARE ORAL TABLET 20 MCG- 1,000 MCG-10 MG (cholecalciferol/folic acid/vit B6/vit B12/acetylcysteine)	Tier 2	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger)	Tier 1	
Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition		
<i>benfotiamine oral capsule 150 mg</i>	Tier 1	
PUREVITA VITAMIN B1 ORAL DROPS 50 MG/2 ML (thiamine HCl)	Tier 1	
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 4	
<i>thiamine hcl (vitamin b1) oral capsule 100 mg</i>	Tier 1	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 250 mg, 50 mg</i>	Tier 1	
Vitamins - B-12 And Folic Acid Combinations - Drugs For Nutrition		
LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (mecobalamin/levomefolate calcium/turmeric root extract)	Tier 2	

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<i>me-thfolate glucos-mecobalamin oral tablet,disintegrating 1,000 mcg dfe- 2,500 mcg</i>	Tier 1	
PAXLYTE ORAL CAPSULE 50 MCG-1 MG- 4.25 MG DFE (cobamamide/folic acid/leucovorin/levomefolate/mv-mins no.111)	Tier 1	
<i>vitamin b12-folic acid oral tablet,disintegrating 2,500-400 mcg</i>	Tier 1	
Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition		
ADENO-HYDROXO B12 ORAL TABLET,DISINTEGRATING 2,500 MCG (hydroxocobalamin acetate/cobamamide)	Tier 2	
B12 ACTIVE ORAL TABLET,CHEWABLE 1,000 MCG (mecobalamin)	Tier 2	
B12 SUBLINGUAL LOZENGE 5,000-100 MCG (cyanocobalamin/cobamamide)	Tier 1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 4	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral liquid 1,000 mcg/15 ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet,chewable 1,500 mcg, 5,000 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg</i>	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>niacin oral capsule 100 mg</i>	Tier 1	
<i>niacin oral tablet 100 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 500 mg</i>	Tier 1	
<i>niacinamide oral capsule 500 mg</i>	Tier 1	
<i>niacinamide oral tablet 250 mg, 50 mg</i>	Tier 1	
<i>niacinamide oral tablet 500 mg</i>	Tier 1	
PUREVITA VITAMIN B3 ORAL DROPS 35 MG/2 ML (niacinamide)	Tier 1	
Vitamins - B-5, Pantothenic Acid And Derivatives - Drugs For Nutrition		
<i>calcium pantothenate oral capsule 250 mg</i>	Tier 1	
PUREVITA VITAMIN B5 ORAL DROPS 20 MG/2 ML (calcium pantothenate)	Tier 1	
Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition		
PUREVITA VITAMIN B6 ORAL DROPS 25 MG/2 ML (pyridoxine HCl (vitamin B6))	Tier 1	
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 4	
<i>pyridoxine (vitamin b6) oral tablet 10 mg</i>	Tier 1	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg, 500 mg</i>	Tier 1	
Vitamins - Bioflavonoids - Drugs For Nutrition		
<i>quercetin oral capsule 500 mg</i>	Tier 2	
Vitamins - Biotin - Drugs For Nutrition		
<i>biotin oral capsule 5 mg</i>	Tier 1	
<i>biotin oral tablet 1 mg</i>	Tier 2	
<i>biotin oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>biotin oral tablet, chewable 2,500 mcg</i>	Tier 1	

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<i>biotin oral tablet,chewable 5,000 mcg</i>	Tier 1	
<i>biotin oral tablet,disintegrating 10,000 mcg, 5,000 mcg</i>	Tier 1	
HAIR, SKIN AND NAILS (BIOTIN) ORAL TABLET,CHEWABLE 10,000 MCG (biotin)	Tier 1	
VITAJEY Biotin Oral Tablet,CHEWABLE 2,500 MCG (biotin)	Tier 1	
Vitamins - C, Ascorbic Acid And Derivatives - Drugs For Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (ascorbic acid)	Tier 4	
<i>ascorbate sodium (vitamin c) oral liquid 1,000 mg/15 ml</i>	Tier 1	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 4	
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral tablet,chewable 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 2	
<i>ascorbic acid-ascorbate sodium oral tablet,chewable 500 mg</i>	Tier 1	
<i>ascorbic acid-zinc oxide oral capsule 90-50 mg</i>	Tier 1	
BUFFERED C POWDER ORAL POWDER IN PACKET 3,000 MG (ascorbic acid/minerals)	Tier 2	
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (ascorbate calcium/ascorbyl palmitate)	Tier 1	
LIQUID C ORAL LIQUID 500 MG/5 ML (ascorbic acid)	Tier 1	
PUREVITA VITAMIN C ORAL DROPS 100 MG/ML (ascorbic acid)	Tier 1	
PUREVITA VITAMIN C ORAL TABLET,CHEWABLE 125 MG (ascorbic acid)	Tier 1	

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VITAJEY DAILY C ORAL TABLET,CHEWABLE 125 MG (ascorbic acid)	Tier 1	
VITAMIN C WITH ROSE HIPS ORAL CAPSULE 500 MG (ascorbic acid)	Tier 1	
VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG (ascorbic acid)	Tier 1	
XCELLENT C ORAL CAPSULE 750-7.5 MG (ascorbate calcium, magnesium, potassium/black pepper extract)	Tier 2	
Vitamins - D And K Combinations - Drugs For Nutrition		
DECARA K ORAL CAPSULE 1,250-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
DOSOKAP ORAL TABLET 137.5-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
K2-D3 MAX ORAL CAPSULE 125 MCG (5,000 UNIT)-180 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
<i>vitamin d2-vitamin k1 oral drops 20-120 mcg/4 drops</i>	Tier 1	
<i>vitamin d3-vitamin k2 oral capsule 125 mcg (5,000 unit)-100 mcg, 125-90 mcg, 250 mcg (10,000 unit)-45 mcg</i>	Tier 1	
Vitamins - D Derivatives - Drugs For Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml), 25 mcg/drop (1000 unit/drop)</i>	Tier 1	

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<i>cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral syringe 10 mcg/ml (400 unit/ml)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet,chewable 25 mcg (1,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet,chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral tablet,disintegrating 50 mcg (2,000 unit)</i>	Tier 1	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	Tier 1	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin D3))	Tier 1	
PUREVITA VITAMIN D3 ORAL DROPS 10 MCG/2 ML (400 UNIT/2 ML) (cholecalciferol (vitamin D3))	Tier 1	
PUREVITA VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 2	
ergocalciferol (vitamin D2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - E - Drugs For Nutrition		
PUREVITA VITAMIN E ORAL DROPS 180 MG/2 ML (vitamin E)	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 90 mg (200 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	Tier 1	
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 2	
Vitamins - Folic Acid And Derivatives - Drugs For Nutrition		
COBALEFOL ORAL CAPSULE 1-1.4-1.6-16.3 MG (folic acid/thiamine/riboflavin/B3/B6/B12/vit C/vit D3/vit E)	Tier 2	
DEPLIN FC ORAL CAPSULE 15 MG (levomefolate calcium)	Tier 2	
FOLETRA ORAL CAPSULE 1-1.4-1.6-16.3 MG (folic acid/thiamine/riboflavin/B3/B6/B12/vit C/vit D3/vit E)	Tier 2	
<i>folic acid injection solution 5 mg/ml</i>	Tier 4	
<i>folic acid oral tablet 1 mg, 400 mcg</i>	Tier 1	
<i>folic acid oral tablet 800 mcg</i>	PV	
HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (folic acid/thiamine/riboflavin/niacin/pyridoxine/B12/C/zinc)	Tier 2	
<i>methyltetrahydrofolate glucos oral capsule 1,700 mcg dfe, 680 mcg dfe, 8,500 mcg dfe</i>	Tier 1	
MI-VITE RX ORAL TABLET 1-1.5-1.7-20-5 MG (folic acid/thiamine/riboflavin/niacin/B5/B6/biotin/B12/vit C)	Tier 1	
PUREVITA FOLIC ACID ORAL DROPS 200 MCG/ML (folic acid)	Tier 1	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (folic acid)	Tier 1	

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Vitamins - Folic Acid Combinations - Drugs For Nutrition		
FOLCYTEINE ORAL TABLET 1 MG-47 MG- 20 MCG-16 MG (folic acid/calcium citrate/vitamin D3/mag citrate/a-cysteine)	Tier 2	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
K1-1000 ORAL CAPSULE 1,000 MCG (phytonadione (vit K1))	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 4	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 4	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vit K1))	Tier 4	
phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/ML)	Tier 4	
<i>vitamin k2 (mk-4) oral tablet 100 mcg</i>	Tier 2	
<i>vitamin k2 oral capsule 100 mcg, 45 mcg</i>	Tier 1	
<i>vitamin k2 oral drops 90 mcg/0.5 ml</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Endocrine		
Antihyperglycemic - Dual SglT1 And SglT2 Inhibitors		
INPEFA ORAL TABLET 200 MG, 400 MG (sotagliflozin)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days
Corticotropin-Releasing Factor (Crf) Type 1 Receptor Antagonists		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (crinecerfont)	Tier 2	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (crinecerfont)	Tier 2	PA
Menopausal Symptoms Suppressant-Neurokinin 3 (Nk3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (fezolinetant)	Tier 2	
Endocrine - Hormones		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs - Drugs For Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)	Tier 2	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)	Tier 2	
Abortifacients- Progesterone Receptor Antagonist - Drugs For Women		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 2	
<i>mifepristone oral tablet 200 mg</i>	PV	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	Tier 2	PA

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RECORLEV ORAL TABLET 150 MG (levoketoconazole)	Tier 2	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 4	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (corticotropin)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 4	PA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (corticotropin)	Tier 4	PA
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (glucagon)	Tier 2	
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon HCl)	Tier 4	ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 4	ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days
<i>glucose oral tablet, chewable 2 gram</i>	Tier 1	
<i>glucose oral tablet, chewable 3.75 gram, 4 gram</i>	Tier 1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 4	

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GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (glucagon)	Tier 4	
INSTA-GLUCOSE (WITH DEXTRIN) ORAL GEL 24 GRAM/31 GRAM (dextrose/dextrin/maltose)	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 2	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (dasiglucagon HCl)	Tier 4	ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (dasiglucagon HCl)	Tier 4	ST: Requires prior prescription for Baqsimi or Gvoke within the past 120 days
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (acoramidis HCl)	Tier 2	PA
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 2	PA
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 2	PA
Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (eplontersen sodium)	Tier 4	PA
Androgen - Single Agents - Drugs For Men		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (testosterone)	Tier 2	PA; QL (5 GM per 1 day)
testosterone cypionate (Depo-Testosterone Intramuscular Oil 100 Mg/ML)	Tier 4	PA; QL (10 ML per 28 days)

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JATENZO ORAL CAPSULE 158 MG, 198 MG (testosterone undecanoate)	Tier 2	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG (testosterone undecanoate)	Tier 2	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG (testosterone undecanoate)	Tier 2	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (testosterone undecanoate)	Tier 2	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 2	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (testosterone)	Tier 2	PA; QL (22 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 2	PA; QL (10 GM per 1 day)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 4	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 4	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 1	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA; QL (6 ML per 1 day)

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TLANDO ORAL CAPSULE 112.5 MG (testosterone undecanoate)	Tier 2	PA; QL (4 EA per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 2	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Tier 2	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Tier 2	PA; QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (testosterone enanthate)	Tier 4	PA; QL (2 ML per 28 days)
Antidiuretic And Vasopressor Hormones - Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin acetate)	Tier 4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin acetate)	Tier 2	
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 2	
Antihyperglycemic - Amylin Analog-Type - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (pramlintide acetate)	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (pramlintide acetate)	Tier 2	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	Tier 2	
NESINA ORAL TABLET 12.5 MG, 25 MG (alogliptin benzoate)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRADJENTA ORAL TABLET 5 MG (linagliptin)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days
Antihyperglycemic - Dopamine Receptor Agonists - Drugs For Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	Tier 2	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days
Antihyperglycemic - Dual Gip And Glp-1 Receptor Agonists - Drugs For Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (tirzepatide)	Tier 4	PA
Antihyperglycemic - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (exenatide microspheres)	Tier 2	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (semaglutide)	Tier 4	PA
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG (semaglutide)	Tier 2	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (dulaglutide)	Tier 2	PA
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-li) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 2	PA
<i>mifepristone oral tablet 300 mg</i>	Tier 2	PA
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 days

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	
Human Insulins - Intermediate Acting - Drugs For Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	
Human Insulins - Rapid Acting - Drugs For Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (insulin regular, human)	Tier 2	PA
Human Insulins - Short Acting - Drugs For Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular, human)	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (insulin regular, human)	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin aspart protamine human/insulin aspart)	Tier 2	
Insulin Analogs - Long Acting - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	ST: At least 2 prior prescriptions for Insulin glargine-yfgn, Toujeo or Tresiba within the past 365 days
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 2	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-aglr)	Tier 2	ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	Tier 2	ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	Tier 2	ST: Requires prior prescription for Glargine-yfgn, Toujeo, or Tresiba within the past 120 days
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	

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TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine,human recombinant analog)	Tier 2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	Tier 2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	Tier 2	
Insulin Analogs - Rapid Acting - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin glulisine)	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glulisine)	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 2	
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (insulin aspart (niacinamide)/pump cartridge)	Tier 2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart (niacinamide))	Tier 2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (insulin lispro)	Tier 2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (insulin lispro)	Tier 2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (insulin lispro)	Tier 2	ST: At least 2 prior prescriptions for Insulin lispro, Novolog, Fiasp, or Lyumjev (non Tempo version) within the past 365 days
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)	Tier 2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 2	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart-xjhz)	Tier 2	
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart-xjhz)	Tier 2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro-aabc)	Tier 2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (insulin lispro-aabc)	Tier 2	ST: At least 2 prior prescriptions for Insulin lispro, Novolog, Fiasp, or Lyumjev (non Tempo version) within the past 365 days
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro-aabc)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MERIOLOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart-szjj)	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days
MERIOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart-szjj)	Tier 2	ST: Requires prior prescription for Fiasp, Lyumjev, Novolog, Insulin Lispro, or Humalog U-200 within the past 120 days
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart)	Tier 2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin aspart)	Tier 2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart)	Tier 2	
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
DM2 COMBO PACK, TABLET AND STRIP 500 MG (metformin HCl/blood sugar diagnostic)	Tier 2	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet 625 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Tier 1	ST: Requires prior prescription for generic Glucophage XR within the past 120 days
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin HCl)	Tier 2	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone HCl)	Tier 2	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)	Tier 4	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 4	PA
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (nafarelin acetate)	Tier 2	PA
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations - Drugs For Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix/estradiol/norethindrone acetate)	Tier 2	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (elagolix sodium/estradiol/norethindrone acetate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Lhrh (Gnrh) Antagonists - Drugs For Women		
<i>cetorelix subcutaneous kit 0.25 mg</i>	Tier 4	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetorelix acetate)	Tier 4	
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 ml)	Tier 4	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	
ORILISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)	Tier 2	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type - Drugs For Women		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Mineralocorticoids - Drugs For Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs For Women		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones And Analogs - Drugs For Menopause And Bone Loss		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (palopegteriparatide)	Tier 4	PA
Progestins - Drugs For Women		
norethindrone acetate (Gallifrey Oral Tablet 5 Mg)	Tier 1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	

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

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

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

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

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

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

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

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

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Antiemetic - Selective Serotonin 5-HT₃ Antagonists - Drugs For Vomiting And Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 16 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (granisetron)	Tier 2	QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL CAPSULE 80 MG (aprepitant)	Tier 2	QL (2 EA per 21 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	Tier 2	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (aprepitant)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (rolapitant HCl)	Tier 2	QL (2 EA per 14 days)

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

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PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (lipase/protease/amylase (porcine))	Tier 2	
PANXYME PH ORAL CAPSULE 10.2-10-45 MG (lipase/protease/amylase (porcine))	Tier 2	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (lipase/protease/amylase (porcine))	Tier 2	ST: Requires prior prescription for Zenpep or Creon within the past 120 days
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase (porcine))	Tier 2	ST: Requires prior prescription for Zenpep or Creon within the past 120 days
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (lipase/protease/amylase (porcine))	Tier 2	
Digestive Enzymes - Drugs For The Stomach		
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT (lactase)	Tier 1	
<i>lactase oral tablet 3,000 unit, 9,000 unit</i>	Tier 1	
PAPAYA DIGESTIVE ENZYME CMLPX ORAL TABLET,CHEWABLE (enzymes,digestive)	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 2	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
CTEXLI ORAL TABLET 250 MG (chenodiol)	Tier 2	PA

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (esomeprazole magnesium)	Tier 2	QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG (esomeprazole magnesium)	Tier 2	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)	Tier 2	QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (lansoprazole)	Tier 2	
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (omeprazole magnesium)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days

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PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole sodium)	Tier 2	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole sodium)	Tier 2	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor And Antacid Comb - Drugs For Ulcers And Stomach Acid		
KONVOMEPE ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML (omeprazole/sodium bicarbonate)	Tier 2	PA
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	Tier 2	QL (1 EA per 1 day)
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastrointestinal Antiflatulents - Drugs For The Stomach		
<i>activated charcoal oral capsule 260 mg</i>	Tier 1	
<i>activated charcoal oral capsule 280 mg</i>	Tier 2	
BEANAID ORAL CAPSULE 300 UNIT (alpha-D-galactosidase)	Tier 1	
BEANO ORAL TABLET 400 UNIT (alpha-D-galactosidase)	Tier 2	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (alpha-D-galactosidase)	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (metoclopramide HCl)	Tier 2	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide HCl)	Tier 2	

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H. Pylori Therapy - Proton Pump Inhibitor And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (omeprazole/clarithromycin/amoxicillin trihydrate)	Tier 2	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (omeprazole magnesium/amoxicillin trihydrate/rifabutin)	Tier 2	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker And Antibiotics - Drugs For The Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (vonoprazan fumarate/amoxicillin trihydrate)	Tier 2	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (vonoprazan fumarate/amoxicillin trihydrate/clarithromycin)	Tier 2	PA; QL (112 EA per 14 days)
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG (lubiprostone)	Tier 2	QL (2 EA per 1 day)
AMITIZA ORAL CAPSULE 8 MCG (lubiprostone)	Tier 2	QL (4 EA per 1 day)
<i>lubiprostone oral capsule 24 mcg</i>	Tier 1	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i>	Tier 1	QL (4 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 2	QL (1 EA per 1 day)
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist - Drugs For Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 2	QL (2 EA per 1 day)
Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)	Tier 2	
Ibs Agent - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitor - Drugs For Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (tenapanor HCl)	Tier 2	PA
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 4	PA
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-stba)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab-kfce)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab-kfce)	Tier 4	PA

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Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, Mc Ab - Drugs For Inflammatory Bowel Disease		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (mirikizumab-mrkz)	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (mirikizumab-mrkz)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (risankizumab-rzaa)	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 4	PA
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (guselkumab)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (guselkumab)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	Tier 2	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 2	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 2	
<i>balsalazide oral capsule 750 mg</i>	Tier 1	

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CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	Tier 2	
COLAZAL ORAL CAPSULE 750 MG (balsalazide disodium)	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	Tier 2	ST: Requires prior prescription for Lialda within the past 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (mesalamine)	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipes)	Tier 2	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide oral tablet, delayed and ext.release 9 mg</i>	Tier 1	ST: Requires prior prescription for Balsalazide within the past 120 days
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)	Tier 2	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG (budesonide)	Tier 2	PA
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG (budesonide)	Tier 2	ST: Requires prior prescription for Balsalazide within the past 120 days
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	Tier 2	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, Mc Antibody - Drugs For Inflammatory Bowel Disease		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (vedolizumab)	Tier 4	PA
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (upadacitinib)	Tier 2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (tofacitinib citrate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (etrasimod arginine)	Tier 2	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 2	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
Intestinal Flora Modifiers - Drugs For Diarrhea		
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)	Tier 1	
<i>acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)-100 mg</i>	Tier 1	
<i>acidophilus-pectin, citrus oral tablet 25 million cell -100 mg</i>	Tier 1	
ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL (Lactobacillus combination no.9)	Tier 1	

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ADVANCED PROBIOTIC ORAL CAPSULE 625 MG (10 BILLION CELL) (L.acidophilus/L.casei/L.lactis/L.rhamnosus/B.lactis/B.longum)	Tier 2	
ALIGN DUALBIOTIC ORAL TABLET,CHEWABLE 500 MILLION CELL-1.25 GRAM (Bacillus coagulans/inulin)	Tier 2	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
AZO DUAL PROTECTION ORAL CAPSULE 5 BILLION CELL- 15 MG (L.crispatus/L.gasseri/L.jensenii/L.rhamnosus/bacteriophages)	Tier 2	
AZO VAGINAL HEALTH PROBIOTIC ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
BACICAP ORAL CAPSULE 20 BILLION CELL (Lactobacillus acidophilus,paracasei,plantarum/B.animalis)	Tier 2	
BACID WITH LACTOSPORE ORAL CAPSULE 1 BILLION CELL (Bacillus coagulans)	Tier 2	
BENEFIBER ADVANCED ORAL POWDER IN PACKET 1 BILLION CELL- 4 GRAM (Bacillus coagulans/maltodextrin/guar gum)	Tier 2	
BENEFIBER DUAL ACTION ORAL TABLET,CHEWABLE 500 MILLION CELL-1.5 GRAM (Bacillus coagulans/inulin)	Tier 2	
BENEFIBER DUAL ACTION-THEANINE ORAL POWDER IN PACKET 1 BILLION CELL- 3 GRAM-200 MG (Bacillus coagulans/inulin/theanine)	Tier 2	
BILAC ORAL CAPSULE 33 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
BIOMEPRO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 2	

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BIOMEPRO ORAL LIQUID 100 BILLION CELL/104 ML (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 2	
BIOTINEX ORAL CAPSULE 700 MILLION CELL (Lactobacillus acidophilus)	Tier 2	
BIOZEN ORAL CAPSULE 15.5 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
CHILD PROBIOTIC DIGEST-IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)	Tier 2	
CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET,CHEWABLE 1.5 BILLION CELL (L. acidophilus/L. rhamnosus/B. breve/S. thermophilus)	Tier 1	
CHILDREN'S DAILY PROBIOTIC ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 1	
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (L.acidophilus,casei,rhamnosus/B.breve,longum)	Tier 1	
CLAIRVEE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL- 400 MCG DFE (L. acidophilus/L. rhamnosus/levomefolate sodium/lactoferrin)	Tier 2	
CRANBERRY-PROBIOTC(BLEND)-VITC ORAL TABLET 150 MM CELL- 250 MG-30 MG (L.acidophilus/L.salivar/B.bifidum/S.thermophilus/cranberry/C)	Tier 2	
CULTURELLE ABDOMINAL SUPP-CMFT ORAL POWDER IN PACKET 2 BILLION CELL- 4 GRAM (Bacillus coagulans/fucosyllactose)	Tier 2	
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)	Tier 2	

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CULTURELLE BABY COLIC-SOOTHING ORAL DROPS 250 MM CELL-10 MCG/5 DROPS (Lactobacillus reuteri/Lactobacillus rhamnosus GG/vitamin D3)	Tier 2	
CULTURELLE BABY DIGESTIVE CALM ORAL DROPS 2 BILLION CELL/5 DROPS (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 2	
CULTURELLE BABY HEALTH DEVELOP ORAL POWDER IN PACKET 2 BILLION CELL- 50 MG-300 MG (L. rhamnosus/B. animalis/dha/fucosyllactose/vitamin D3)	Tier 2	
CULTURELLE BLOATING GAS ORAL CAPSULE 5 BILLION CELL- 285 MG-50 MG (Lactobacillus rhamnosus GG/enzymes,digestive/ginger/minerals)	Tier 2	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 2	
CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 2	
CULTURELLE KIDS 4 IN 1 IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-20 MCG (L. rhamnosus/ascorbic acid/vitamin D3/zinc oxide/elderberry)	Tier 2	
CULTURELLE KIDS GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-1 GRAM (Lactobacillus rhamnosus/Bifidobac animalis/fucosyllactose/D3)	Tier 2	
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 2	
CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-1.88 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 2	
CULTURELLE KIDS PROBIO-FIBER ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM (Lactobacillus rhamnosus GG/fiber)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE KIDS PROBIOT-FIBER ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE KIDS PROBIOTICS ORAL TABLET,CHEWABLE 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE MEN'S DAILY HEALTH ORAL CAPSULE 10 BILLION CELL -90 MG (L. rhamnosus/vit C/vit D3/vit B6/vit B12/magnesium ox/selen)	Tier 2	
CULTURELLE METABOLISM-WT MGMT ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus rhamnosus/Bifido animalis/vit B6/vit B12)	Tier 2	
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE PROBIOTIC-PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
CULTURELLE SLIMBIOTICS ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus fermentum/Lactobacillus rhamnosus/vit B6/B12)	Tier 2	
CULTURELLE WOMEN'S 4-IN-1 ORAL CAPSULE 15 BILLION CELL -15 MG (L.crispatus/L.gasseri/L.jensenii/L.rhamnosus/bacteriophages)	Tier 2	
CULTURELLE WOMEN'S WELLNESS ORAL TABLET,CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
DAILY PROBIOTIC (4 STRAINS) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAILY PROBIOTIC (B.INFANTIS) ORAL CAPSULE 1 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum)	Tier 1	
DAILY PROBIOTIC (S. BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
DERMACINRX LACTEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBINATE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBISOL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBITRAN ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBITROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROMEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (Bacillus coagulans/digestive enzymes combination no.10)	Tier 2	
DIGEST PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (Bacillus coagulans/protease/amylase/lipase)	Tier 2	
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIGESTIVE ADVANTAGE LACTOS SUP ORAL CAPSULE 500 MILLION CELL-3,000 UNIT (Bacillus coagulans/lactase)	Tier 2	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)	Tier 2	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum)	Tier 1	
ENVIVE ORAL CAPSULE 12 BILLION CELL (Lactobacillus acidophilus,paracasei,Bifidobacterium animalis)	Tier 2	
ESTROVEN SLIMBIOTICS ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus fermentum/Lactobacillus rhamnosus/vit B6/B12)	Tier 2	
FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 2	
FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 2	
FLORAMAX ORAL TABLET 1 MILLION CELL (Lactobacillus acidophilus/Lactobacillus bulgaricus)	Tier 1	
FLORASAVE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL -15 MG (Lactobacillus no.65/Bifidobac no.7/B.subtilis/bacteriophages)	Tier 2	
FLORASTART ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
FLORASTOR ADVANCED ORAL CAPSULE 250-62.5-30 MG (S.boulardii/enzymes/ginger/peppermint leaf/fennel)	Tier 2	
FLORASTOR DIGEST-METABOLIC ORAL TABLET,CHEWABLE 500MILLION CELL -1 GRAM-125 MCG (Bacillus coagulans/inulin/cyanocobalamin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLORASTOR WOMAN'S PROBIOTIC ORAL CAPSULE 11 BILLION CELL -200 MG (L.acidophilus/L.paracasei/L.rhamnosus/theanine)	Tier 2	
FLORASTORBABY ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 2	
FLORASTORKIDS ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 2	
FLORASTORSELECT GUT BOOST ORAL CAPSULE 250-300 MG (Saccharomyces boulardii/inulin)	Tier 2	
FLORASTORSELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG (Saccharomyces boulardii/vitamin C/vitamin D3/zinc gluconate)	Tier 2	
FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL (Lactobacillus reuteri/Bifidobacterium infantis/FOS)	Tier 2	
FORTIFY OPT ADV (L. SALIVARUS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL-75 MG (Lactobacillus no.83/Bifido animal,bifid,infant/inulin/acacia)	Tier 2	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL -75 MG (Lactobac no.108/B.animal,bifid,infant/S.therm/inulin/acacia)	Tier 2	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/B.animalis/B.bifidum/B.infantis)	Tier 2	
FORTIFY OPTIMA WOMEN ADVANCED ORAL CAPSULE,DELAYED RELEASE(DR/EC) 90 BILLION CELL -75 MG (Lactobacillus no.102/Bifid anim,bifid/L.lactis/inulin/acacia)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (L.acidophilus,gasseri/Bifidobact animalis,bifidum,infantis)	Tier 2	
FORTIFY PROBIOTIC 50 PLUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.21/Bifidobacterium combo no.7/inulin)	Tier 2	
FORTIFY PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.51/Bifido animalis, bifidum/inulin)	Tier 2	
FORTIFY WOMEN PROBIO(L.SALIV.) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL-50 MG (Lactobacillus combo no.32/Bifidobacterium animalis/inulin)	Tier 2	
FORTIFY WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL -50 MG (Lactobacillus combo no.51/Bifidobacterium animalis/inulin)	Tier 2	
IDEAL BOWEL SUPPORT ORAL CAPSULE 10 BILLION CELL (Lactobacillus plantarum)	Tier 2	
JARRO-DOPHILUS ALLERGEN FREE ORAL CAPSULE 10 BILLION CELL (L.acidoph,paracasei,plantarum,rhamn/B.animalis,breve)	Tier 2	
JARRO-DOPHILUS BABY ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (Lactobacillus casei/L. rhamnosus/Bifido no.4/GOS)	Tier 2	
JARRO-DOPHILUS EPS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25 BILLION CELL, 5 BILLION CELL (Lactobac no.19/Bifidobac breve,longum/Lactoc lactis/P. acidi)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARRO-DOPHILUS PLUS FOS ORAL CAPSULE 3.4 BILLION CELL-210 MG (Lactobacillus no.33/Bifido animalis,longum/FOS/inulin)	Tier 2	
JARRO-DOPHILUS WOMEN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
<i>L. acidophilus-b. coagulans oral tablet 35 million- 25 million cell</i>	Tier 1	
LACTEOL DIARRHEASE KIDS ORAL POWDER IN PACKET 10 BILLION CELL (Lactobacillus fermentum/Lactobacillus lactis)	Tier 2	
LACTEOL DIARRHEASE ORAL CAPSULE 10 BILLION CELL (Lactobacillus fermentum/Lactobacillus lactis)	Tier 2	
<i>lactobacillus acidophilus oral capsule 500 million cell</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 1 billion cell</i>	Tier 1	
<i>lactobacillus acidoph-I.bulgar oral tablet 1 million cell</i>	Tier 1	
LACTOVIVE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
MAGE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 BILLION CELL -15 MG (L. acidoph,rhamn/Bifido animalis/B. subtilis/bacteriophages)	Tier 2	
MVW COMPLETE FORM PROBIOT MINI ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -15 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophag)	Tier 2	
MVW COMPLETE FORMUL PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -7.5 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophag)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEWFLORA ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
NUGUT BOWEL SUPPORT PROBIOTIC ORAL CAPSULE 5 BILLION CELL (Lactobacillus plantarum)	Tier 1	
OMNI-BIOTIC AB-10 ORAL POWDER IN PACKET 5 BILLION CELL (L.acid,parac,plant,rhamn,saliv-B.anim,bifid,long-E.faecium)	Tier 2	
OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL (L.acidoph,casei,salivar/B.animalis/Lactococ.lactis/E.faecium)	Tier 2	
OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL (L.acidophil,brevis,casei,sal/B.anim,bifid/Lactococcus lactis)	Tier 2	
OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL (Bifidobacterium animalis, bifidum/Lactococcus lactis)	Tier 2	
OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL (L.acido,casei,para,plant,sali/B.anim,bif/Lactococcus lactis)	Tier 2	
ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
PREBIOMAX ORAL TABLET,CHEWABLE 1.4 GRAM (xylooligosaccharides)	Tier 2	
PRIMADOPHILUS BIFIDUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifidobact.breve,longum)	Tier 2	
PRIMADOPHILUS ORIGINAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 2	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	

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PROBACAP ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)	Tier 2	
PROBIO DEFENSE ORAL CAPSULE 2 BILLION CELL- 2 MG-12.5 MCG (L. helveticus,rhamnosus/B. longum/zinc yeast/selenium yeast)	Tier 2	
PROBIOFLEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/herb)	Tier 2	
PROBIOMAX 350 DF ORAL POWDER IN PACKET 350 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 2	
PROBIOMAX COMPLETE DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 2	
PROBIOMAX DAILY DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum)	Tier 2	
PROBIOMAX DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum)	Tier 2	
PROBIOMAX IG 26 DF ORAL CAPSULE 500 MILLION CELL-500 MG (Bacillus coagulans/hyperimmune egg)	Tier 2	
PROBIOMAX LEAN DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL (Bifidobacterium animalis)	Tier 2	
PROBIOMAX PLUS DF ORAL POWDER IN PACKET 40 BILLION CELL -1.5 GRAM (L.acidophilus,plantarum/B.animalis,longum/S.boulardii/larch)	Tier 2	

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PROBIOMAX SB DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL (L.acidophilus/L.plantarum/B.animalis/B.longum/S.boulardii)	Tier 2	
PROBIOMAX SERENITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 17.5 BILLION CELL (Lactobacillus paracasei)	Tier 2	
PROBIONEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/h erb)	Tier 2	
PROBIOTIC (B. COAGULANS) ORAL TABLET,CHEWABLE 1 BILLION CELL, 2.5 BILLION CELL (Bacillus coagulans)	Tier 1	
PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET,CHEWABLE 2 BILLION CELL- 5 MCG (Bacillus coagulans/cholecalciferol (vit D3))	Tier 1	
PROBIOTIC ACIDOPHILUS (4 STRN) ORAL TABLET 1 BILLION CELL- 250 MG (Lactobac acidophilus/L.bulgaricus/B.bifidum/S.thermophilus)	Tier 1	
PROBIOTIC ACIDOPHILUS(14-STRN) ORAL TABLET,CHEWABLE 3 BILLION CELL (Lactobacillus no.66/Bifidobacterium no.4/S.thermophilus)	Tier 1	
PROBIOTIC COLON SUPPORT ORAL CAPSULE 1.5 BILLION CELL (Lactobacillus gasseri/Bifidobacterium bifidum/Bifido longum)	Tier 1	
PROBIOTIC DIGEST SUPP (4-STRN) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)	Tier 1	
PROBIOTIC DIGEST SUPP (6-STRN) ORAL CAPSULE 10 BILLION CELL -100 MG (L.acidoph,bulgar,paracasei,rhamnosu/B.animalis,longum/in ulin)	Tier 1	

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PROBIOTIC DIGEST(L.RHAM,INULN) ORAL CAPSULE 20 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 1	
PROBIOTIC DIGEST(LACTO,BIFIDO) ORAL CAPSULE 1.5 BILLION CELL (L.acidophilus/L.gasseri/L.rhamnosus/B.bifidum/B.longum)	Tier 1	
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG (Bacillus coagulans/inulin)	Tier 1	
PROBIOTIC ORAL CAPSULE 20 BILLION CELL (Lactobacillus combination no.10)	Tier 1	
PROBIOTIC ORAL CAPSULE 3 BILLION CELL (Lactobacillus combination no.4)	Tier 1	
PROBIOTIC PEARLS ACIDOPHILUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium longum)	Tier 2	
PROBIOTIC PEARLS COMPLETE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobacillus combination no.13)	Tier 2	
PROBIOTIC PEARLS WOMEN'S ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobac acidophilus/Lactobac plantarum/Lactobac rhamnosus)	Tier 2	
PROBIOTIC-10 ORAL CAPSULE 20 BILLION CELL (L.acid,brev,bulg,casei,parac,plant,saliv/Bifidobac animalis)	Tier 1	
PROBIOTIC-IMMUNE ORAL TABLET,CHEWABLE 1 BILLION CELL- 45 MG-25 MCG (Bacillus coagulans,subtilis/vitamin C/vit D3/zinc gluconate)	Tier 2	
PROBIZEN ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
PROMELLA ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
REJUVAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	

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RELIBIOTIC ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
REPHRESH PRO-B ORAL CAPSULE 5 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 2	
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL (Saccharomyces boulardii)	Tier 1	
REVITAFLO® ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
saccharomyces boulardii oral capsule 250 mg	Tier 1	
saccharomyces boulardii-yeast oral capsule, delayed release(dr/lec) 5 billion cell- 200 mg	Tier 1	
SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (Lactobacillus combination no.4)	Tier 1	
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (Bifidobacterium animalis/Bifidobacterium infantis/S.thermoph)	Tier 2	
SUPERIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (Lactobac.acidoph,plantar,rhamn/Bifidobac.animal,breve,lon gum)	Tier 2	
SUREBIOTIC ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
TRUBIOTICS BABY ORAL DROPS 3 BILLION CELL /0.27 ML (Bifidobacterium animalis)	Tier 2	
TRUBIOTICS GUMMY ORAL TABLET,CHEWABLE 1.5BILLION CELL -7.5 MCG-1.8 G (Bacillus subtilis/cholecalciferol (vit D3)/inulin)	Tier 2	
TRUBIOTICS KIDS CHEWABLE ORAL TABLET,CHEWABLE 6 BILLION CELL (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 2	

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TRUBIOTICS KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1.8 GRAM (Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (Lactobacillus acidophilus/Bifidobacterium animalis/vit D2)	Tier 2	
UP4 PROBIOTICS MEN'S ORAL CAPSULE 50 BILLION CELL -90 MG-30 MCG (Lactobac no.21/Bifidobac no.7/vit C/vit D3/vit B6/vit B12)	Tier 2	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (Lactobacillus combination no.51/Bifidobacterium combo no.4)	Tier 2	
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (L.acidophilus/L.gasseri/L.plant/L.rham/B.animalis/cranberry)	Tier 2	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
WELLPRO-31 ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
XYBIOTIC ORAL CAPSULE 15 BILLION CELL -1,000 MCG-25MG (L. acidophilus/Bacillus coagulans/folic acid/inulin)	Tier 2	
YUM-YUM DOPHILUS ORAL TABLET,CHEWABLE 2.5 BILLION CELL-50 MG, 500 MILLION CELL-50 MG (L.acidophilus,plantarum/B.animalis,breve/FOS/inulin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
AMITIZA ORAL CAPSULE 24 MCG (lubiprostone)	Tier 2	QL (2 EA per 1 day)
AMITIZA ORAL CAPSULE 8 MCG (lubiprostone)	Tier 2	QL (4 EA per 1 day)
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alosetron HCl)	Tier 2	
<i>lubiprostone oral capsule 24 mcg</i>	Tier 1	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i>	Tier 1	QL (4 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 2	QL (2 EA per 1 day)
Laxative - Bulk Forming - Drugs To Prevent Constipation		
BENEFIBER (INULIN-CORN FIBER) ORAL TABLET,CHEWABLE 2 GRAM (soluble corn fiber/inulin)	Tier 2	
BENEFIBER (WHEAT DEXTRIN) ORAL TABLET 1 GRAM (wheat dextrin)	Tier 2	
BENEFIBER CLEAR SF (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/3.5 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER 3 GRAM/4 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (INULIN) ORAL POWDER IN PACKET 3 GRAM (inulin)	Tier 2	
BEST FIBER ORAL POWDER 3 GRAM/3.5 GRAM, 3 GRAM/4 GRAM (wheat dextrin)	Tier 1	
CHILDRENS FIBER GUMMY BEAR ORAL TABLET,CHEWABLE 1.5 GRAM (polydextrose)	Tier 1	
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM (dextrin)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM (psyllium husk)	Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
EASY FIBER (WHEAT DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM-100 MG CALCIUM (wheat dextrin/calcium carbonate)	Tier 1	
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM (dextrin)	Tier 1	
FIBER (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (dextrin)	Tier 1	
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3 GRAM/11 GRAM (psyllium husk (with sugar))	Tier 2	
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
FIBER GUMMIES (WITH B-COMPLEX) ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose/vitamin B complex)	Tier 1	
FIBER GUMMIES ORAL TABLET,CHEWABLE 1.7 GRAM (inulin)	Tier 1	
FIBER SUPPLEMENT(WHEATDEXTRIN) ORAL POWDER 3 GRAM/3.8 GRAM (wheat dextrin)	Tier 1	
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
FIBERWELL ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose)	Tier 2	
GERI-MUCIL (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
GERI-MUCIL (SUGAR) ORAL POWDER 3 GRAM/12 GRAM (psyllium husk (with sugar))	Tier 1	

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KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM (psyllium husk)	Tier 2	
METAMUCIL (INULIN-CORN FIBER) ORAL TABLET,CHEWABLE 1.7 GRAM (soluble corn fiber/inulin)	Tier 2	
NUTRISOURCE FIBER ORAL PACKET (guar gum)	Tier 1	
NUTRISOURCE FIBER ORAL POWDER (guar gum)	Tier 1	
PREBIOTIC FIBER (FOS) ORAL TABLET,CHEWABLE 2.5 GRAM (fructooligosaccharides)	Tier 1	
PREBIOTIC FIBER DIGESTIVE ORAL TABLET,CHEWABLE 1.7 GRAM (inulin)	Tier 1	
PREBIOTIC FIBER ORAL TABLET,CHEWABLE 2 GRAM (inulin)	Tier 1	
PREBIOTIC INULIN-FOS ORAL POWDER 3 GRAM/3.8GRAM (SCOOP) (fructooligosaccharides/inulin)	Tier 2	
<i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i>	Tier 1	
<i>psyllium husk oral capsule 0.4 gram</i>	Tier 1	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM, 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM (psyllium husk (with sugar))	Tier 2	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk)	Tier 1	
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticoagulants - Coumarin - Drugs To Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
Anti-Inhibitor Coagulation Complex - Drugs To Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (anti-inhibitor coagulant complex)	Tier 4	
Blood Cell And Platelet Disorder Treatment- Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	Tier 2	PA
WAYRILZ ORAL TABLET 400 MG (rilzabrutinib)	Tier 2	PA
C1 Esterase Inhibitor Agents - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 4	PA
Cxcr4 Chemokine Receptor Antagonists - Drugs For The Blood		
XOLREMDI ORAL CAPSULE 100 MG (mavorixafor)	Tier 2	PA

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rFVIII Fc-VWF-XTEN,BDD-ehnl)	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (FVIII) recombinant, Fc fusion protein)	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-dom truncated peg-exei)	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-domain deleted peg-aucl)	Tier 4	

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 4	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 4	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 4	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 4	
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML (fondaparinux sodium)	Tier 4	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (fondaparinux sodium)	Tier 4	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML (fondaparinux sodium)	Tier 4	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML (fondaparinux sodium)	Tier 4	QL (18 ML per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)

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<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	QL (30 ML per 30 days)
<i>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</i>	Tier 4	
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (enoxaparin sodium)	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin sodium,porcine)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin sodium,porcine)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin sodium,porcine)	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (dalteparin sodium,porcine)	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)	Tier 4	QL (18 ML per 30 days)
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin sodium)	Tier 4	QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML (enoxaparin sodium)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Plasma Proteins Which Facilitate Anticoagulation - Drugs For The Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (plasminogen, human-tvmh)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Tier 2	QL (2 EA per 1 day)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide HCl)	Tier 2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet,chewable 81 mg</i>	PV	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	PV	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	PV	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 2	PA
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
EFFIENT ORAL TABLET 10 MG, 5 MG (prasugrel HCl)	Tier 2	QL (1 EA per 1 day)
PLAVIX ORAL TABLET 75 MG (clopidogrel bisulfate)	Tier 2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb - Drugs For The Blood		
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin/omeprazole)	Tier 2	PA

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Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr - Drugs For The Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	Tier 2	QL (1 EA per 1 day)
Pnh - Complement (C3) Inhibitors - Drugs For The Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)	Tier 4	PA
Pyruvate Kinase (Pk) Activators - Drugs For The Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	Tier 2	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (mitapivat sulfate)	Tier 2	PA
Sickle Cell Anemia Agents, Others - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 2	PA
SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)	Tier 2	ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG (hydroxyurea)	Tier 2	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML (hydroxyurea)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thrombin Inhibitor - Selective Direct And Reversible - Drugs To Prevent Blood Clots		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate mesylate)	Tier 2	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (dabigatran etexilate mesylate)	Tier 2	PA
Thrombopoietin Receptor Agonists - Drugs For The Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (eltrombopag choline)	Tier 2	PA
DOPTelet (10 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
DOPTelet (15 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
DOPTelet (30 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	Tier 2	PA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	PA
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	Tier 2	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatobiliary System Treatment Agents		
Agents To Treat Cerebrotendinous Xanthomatosis (Ctx)		
CHENODAL ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
CTEXLI ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
Non-Alcoholic Steatohepatitis (Nash) Agents - Thr-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	Tier 2	PA
Peroxisome Proliferator-Activated Receptor (Ppar) Agonist		
IQIRVO ORAL TABLET 80 MG (elafibranor)	Tier 2	PA
LIVDELZI ORAL CAPSULE 10 MG (seladelpar lysine)	Tier 2	PA
Hepatobiliary System Treatment Agents - Drugs For The Liver		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	Tier 2	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor - Drugs For The Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (odevixibat)	Tier 2	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG (odevixibat)	Tier 2	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (maralixibat chloride)	Tier 2	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (maralixibat chloride)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 2	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus)	Tier 2	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	Tier 2	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 2	
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Tier 2	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (mycophenolate mofetil)	Tier 2	PA
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs For Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (satralizumab-mwge)	Tier 4	PA
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	

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<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus)	Tier 2	
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
azathioprine (Azasan Oral Tablet 100 Mg, 75 Mg)	Tier 2	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 2	
Locomotor System		
Duchenne Muscular Dystrophy - Histone Deacetylase (Hdac) Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (givinostat hydrochloride)	Tier 2	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)	Tier 2	PA
Friedreich Ataxia-Nuclear Factor Erythroid-Rel.Factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	Tier 2	PA
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 2	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 2	PA
dichlorphenamide (Ormalvi Oral Tablet 50 Mg)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Als Agents - Antioxidants/Anti-Inflammatories - Drugs For Nerves And Muscles		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (edaravone)	Tier 2	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (edaravone)	Tier 2	
Amyotrophic Lateral Sclerosis (Als) Agents - Benzothiazoles - Drugs For Nerves And Muscles		
RILUTEK ORAL TABLET 50 MG (riluzole)	Tier 2	
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 2	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 2	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs For Nerves And Muscles		
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (efgartigimod alfa-hyaluronidase-qvfc)	Tier 4	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 2	
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Tier 2	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	Tier 2	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	

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<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Antimyasthenic Agents Other - Drugs For Nerves And Muscles		
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	Tier 2	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (zilucoplan sodium)	Tier 4	PA
Musculoskeletal Therapy Agent - Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)	Tier 4	PA; QL (3 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (hyaluronate sodium)	Tier 4	PA; QL (6 ML per 180 days)
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (hyaluronate sod, cross-linked)	Tier 4	PA; QL (3 ML per 180 days)
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (hyaluronate sodium)	Tier 4	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (12.5 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (10 ML per 180 days)
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (10 ML per 180 days)
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (hyaluronate sodium, modified, non-crosslinked)	Tier 4	PA; QL (6 ML per 180 days)
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (hyaluronate sodium, stabilized)	Tier 4	PA; QL (4 ML per 180 days)
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (hyaluronate sodium)	Tier 4	PA; QL (8 ML per 180 days)

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SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (12.5 ML per 180 days)
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (6 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (hylan G-F 20)	Tier 4	PA; QL (6 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (hylan G-F 20)	Tier 4	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (7.5 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA; QL (7.5 ML per 180 days)
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)	Tier 2	QL (4 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 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		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>baclofen oral tablet 15 mg, 5 mg</i>	Tier 1	

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<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier 1	ST: Requires prior prescription for Chlorzoxazone 500mg within the past 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
CYCLOTENS REFILL COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit electrodes)	Tier 2	
CYCLOTENS STARTER COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit/TENS unit electrodes)	Tier 2	
cyclobenzaprine HCl (Fexmid Oral Tablet 7.5 Mg)	Tier 2	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)	Tier 2	PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG (baclofen)	Tier 2	PA
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>metaxalone oral tablet 640 mg</i>	Tier 1	
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)	Tier 2	PA
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Tier 2	
methocarbamol (Tanlor Oral Tablet 1,000 Mg)	Tier 1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	
carisoprodol (Vanadom Oral Tablet 350 Mg)	Tier 2	

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (tizanidine HCl)	Tier 2	
ZANAFLEX ORAL TABLET 4 MG (tizanidine HCl)	Tier 2	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
DANTRIUM ORAL CAPSULE 25 MG (dantrolene sodium)	Tier 2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
CYCLOPAK KIT 5 MG-2.5 %- 2.5 % (cyclobenzaprine/lidocaine/prilocaine/glycerin)	Tier 2	
Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier - Drugs For Nerves And Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (risdiplam)	Tier 2	
EVRYSDI ORAL TABLET 5 MG (risdiplam)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment		
Medical Supplies And Dme - Blood Coagulation Testing Supplies - Medical Supplies And Durable Medical Equipment		
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
Medical Supplies And Dme - Blood Collection Needles - Medical Supplies And Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GM100 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days

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

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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

This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
Medical Supplies And Dme - Blood Glucose-Ketone Comb. Test Supplies - Medical Supplies And Durable Medical Equipment		
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	Tier 3	

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

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (lancets with blood glucose test strips)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
BLULINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Tier 3	
BLULINK GLUCOSE MONITOR SYSTEM (blood-glucose meter)	Tier 3	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE LANCING DEVICE (lancing device)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N (blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	Tier 3	

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

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This Drug Formulary was updated: 01/01/2026

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

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

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

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

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

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

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EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Tier 3	
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 4	PA
EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G30A (blood-glucose meter)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 READER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	

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GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies,miscell)	Tier 3	

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GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
HYPOLANCE AST LANCING KIT (lancing device/lancets)	Tier 3	

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

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

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This Drug Formulary was updated: 01/01/2026

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	

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

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

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

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UNISTIK 2 DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

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VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 2	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)	Tier 2	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (pessary)	Tier 2	
Medical Supplies And Dme - Infant Diapers - Medical Supplies And Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 1 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EXTENDED RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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

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

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

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

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

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 mL)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con.disp.unit)	Tier 1	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This Drug Formulary was updated: 01/01/2026

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 mL and self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)	Tier 1	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 2	

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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 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 2	
SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)	Tier 1	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
<i>syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	

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

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

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

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

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AEROCHAMBER MECHANICAL VENT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER2GO SPACER (inhaler, assist devices)	Tier 2	
AERONEB GO (nebulizer accessories)	Tier 2	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 2	
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 2	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 2	

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Subcutaneous Administration Supply - Medical Supplies And Durable Medical Equipment		
INSUFLON INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices - Medical Supplies And Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	
ILET STARTER KIT CONTACT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
ILET STARTER KIT-INSET KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
MODD1 PATIENT WELCOME KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/L2)	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)	Tier 4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/L2 with controller)	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 4	

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OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)	Tier 4	
TWIIST REFILL KT(CSST-NDL-SYR) KIT (insulin pump cartridge/insulin pump syringe/insulin needles)	Tier 2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (insulin pump cartridge/insulin infusion set/syringe/needle)	Tier 2	
TWIIST STARTER KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	
Medical Supplies And Dme - Subcutaneous Insulin Pump - Medical Supplies And Durable Medical Equipment		
ILET INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 2	PA
TANDEM MOBI SYSTEM (subcutaneous insulin pump)	Tier 2	PA

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Medical Supplies And Dme - Tissue Bulking Implants - Medical Supplies And Durable Medical Equipment		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)	Tier 4	PA
Medical Supplies And Dme - Urinary Catheters And Related Devices - Medical Supplies And Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)	Tier 2	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
FEMALE CATHETER 14 FR (catheter)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 2	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 2	

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LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (catheter)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
TOUCH-TROL 10 FR (catheter)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)	Tier 2	
Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment		
KETONE CARE STRIP (urine acetone test strips)	Tier 3	
KETONE URINE TEST STRIP (urine acetone test strips)	Tier 3	
KETOSTIX STRIP (urine acetone test strips)	Tier 3	
TRUEPLUS KETONE STRIP (urine acetone test strips)	Tier 3	
Medical Supplies And Dme- Blood Collection Sets With Local Anesthetics - Medical Supplies And Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 2	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 2	

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Medical Supplies And Dme-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies And Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 2	
Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies - Medical Supplies And Durable Medical Equipment		
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION KIT-INSET 32" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	

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MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MODD1 SUPPLY KIT COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
A.I.R.S. NEBULIZER REPLACEMENT KIT (nebulizer accessories)	Tier 2	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	

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ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	

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ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
ADJUSTABLE LANCING DEVICE (lancing device)	Tier 3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 2	
ADVANCED ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 3	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	Tier 3	

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ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCING DEVICE (lancing device)	Tier 3	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, disposable, insulin 1 mL)	Tier 1	

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AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 2	
AEROCHAMBER MECHANICAL VENT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER2GO SPACER (inhaler, assist devices)	Tier 2	
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AEROECLIPSE XL NEBULIZER (nebulizer)	Tier 2	
AERONEB GO (nebulizer accessories)	Tier 2	
AERONEB GO NEBULIZER (nebulizer)	Tier 2	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	

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AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
AGAMATRIX CONTROL SOLN-HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX CONTROL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
AGAMATRIX JAZZ TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT (blood-glucose meter)	Tier 3	
AGAMATRIX PRESTO SYSTEM (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Tier 3	
AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 2	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
ALKALINE BATTERIES (diabetic supplies, miscell)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 2	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle, disposable, 0.5 mL)	Tier 1	

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 7 X 7 " (foam bandage)	Tier 2	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (foam bandage)	Tier 2	
ALTERA NEBULIZER HANDSET (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)	Tier 2	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
AQUA LANCE LANCING DEVICE (lancing device)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 2	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	Tier 3	

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ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AURA PORTANEB (nebulizer)	Tier 2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	Tier 3	
AUTOLET LANCING DEVICE (lancing device)	Tier 3	
AUTOLET LITE (lancing device)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 2	

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

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

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

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

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BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (syringe with needle,disposable, 0.5 mL)	Tier 1	
BD VERITOR SARS-COV-2, FLU A-B KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	

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BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)	Tier 2	
BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)	Tier 2	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)	Tier 2	
BINAXNOW COVD AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 2	
BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Tier 3	
<i>blood glucose contrl hi,normal solution</i>	Tier 3	
<i>blood glucose control, normal solution</i>	Tier 3	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
<i>blood-glucose meter</i>	Tier 3	
<i>blood-glucose meter kit</i>	Tier 3	

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BLULINK BG SYSTEM REFILL KIT 32 GAUGE (lancets with blood glucose test strips)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
BLULINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Tier 3	
BLULINK GLUCOSE MONITOR SYSTEM (blood-glucose meter)	Tier 3	
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
BOYS TRAINING PANTS 4T-5T (diaper/brief, infant-toddler, disposable)	Tier 2	
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK, ADULT SPACER (inhaler, assist device with large mask)	Tier 2	
BREATHERITE SPACER-MASK, CHILD SPACER (inhaler, assist device with medium mask)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler,assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler,assist device with small mask)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CAREONE LANCING DEVICE (lancing device)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREPOINT LUER SLIP SYRINGE-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (needles, disposable)	Tier 2	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N (blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	Tier 3	
CARESENS N PLUS BT KIT (blood-glucose meter)	Tier 3	
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CARESENS N VOICE (blood-glucose meter)	Tier 3	
CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CARETOUCH LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	

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CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	Tier 3	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	

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CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CHOSEN LANCET 30 GAUGE (lancets)	Tier 3	
CHOSEN LANCING DEVICE (lancing device)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	

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CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	

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CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	

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COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 2	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	Tier 3	

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CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
CONTOUR PLUS BLUE METER (blood-glucose meter)	Tier 3	
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX TYFAST FLU-COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
<i>covid19 test adm.by pharmacist</i>	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 2	

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CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36" (gauze bandage)	Tier 2	
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 2	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	
DERM-SILK TOPICAL PAD 2.5 X 2" (gel-matrix pad dressing, silicone)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
DEXCOM G6 RECEIVER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

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DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 RECEIVER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIAPERS, UNISEX SIZE 1 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	

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DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
DROPLET GENTEEL LANCING DEVICE (lancing device)	Tier 3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
DROPLET LANCING DEVICE (lancing device)	Tier 3	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
DROPSAFE ACTI-LANCE 23 GAUGE (lancets)	Tier 3	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	PV	
DUREX EXTRA SENSITIVE CONDOM DEVICE (condoms, latex, lubricated)	PV	
DUREX TROPICAL CONDOM DEVICE (condoms, latex, lubricated)	PV	
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY GLIDE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH BLULINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 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 1	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	

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EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASYMAX NG (blood-glucose meter)	Tier 3	
EASYMAX NG KIT (blood-glucose meter)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EASYMAX T1 KIT (blood-glucose meter)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 3	
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)	Tier 2	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 2	

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips,Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE LANCING DEVICE (lancing device)	Tier 3	
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EMBRACE PRO GLUCOSE METER (blood-glucose meter)	Tier 3	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
ENFIT IRRIGAT SYRINGE-CONTAINR KIT (feeder irrigation kit)	Tier 2	
ENFIT MEDICAL STRAW (medical supply, miscellaneous)	Tier 2	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enteral connector, enfit</i>	Tier 2	
ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)	Tier 2	
<i>eua patient assessment</i>	Tier 2	
EVENCARE G2 (blood-glucose meter)	Tier 3	
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVENCARE KIT (blood-glucose meter)	Tier 3	

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EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor, implantable, continuous/dexamethasone acetate)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle, insulin, 0.3 mL)	Tier 1	
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle, disposable, 3 mL)	Tier 1	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
EXTENDED RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	PV	
FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FC2 FEMALE CONDOM (condoms, female)	PV	
FEMALE CATHETER 14 FR (catheter)	Tier 2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	
FINGERSTIX LANCETS (lancets)	Tier 3	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	
FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX PLUS COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA G30A (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORA LANCING DEVICE (lancing device)	Tier 3	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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FORA V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 READER (blood-glucose meter, receiver, continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	

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GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GIRLS TRAINING PANTS 4T-5T (diaper/brief, infant-toddler, disposable)	Tier 2	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

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GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

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GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCOM AUTOLINK (diabetic supplies, miscell)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	

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GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	Tier 3	
GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA

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HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 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 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	
HEALTHWISE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 2	
HYPOLANCE AST LANCING KIT (lancing device/lancets)	Tier 3	
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
IHEALTH CONTROL SOLN LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)	Tier 3	
IHEALTH GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION KIT-INSET 32" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
ILET STARTER KIT CONTACT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
ILET STARTER KIT-INSET KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 3	

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IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY METER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 2	

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INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler,assist device with large mask)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler,assist device with medium mask)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	

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INSUFLOXON INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
INSUL-CAP (diabetic supplies,miscell)	Tier 3	
INSUL-EZE (diabetic supplies,miscell)	Tier 3	
<i>insulin syringe u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 1	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	

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INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 2	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
I-PORT (injection ports)	Tier 2	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 2	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)	Tier 2	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)	Tier 2	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 2	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 2	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 2	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KERAGELT TOPICAL GEL (gel dressing)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 2	

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KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KETONE CARE STRIP (urine acetone test strips)	Tier 3	
KETONE URINE TEST STRIP (urine acetone test strips)	Tier 3	
KETOSTIX STRIP (urine acetone test strips)	Tier 3	
KIMONO LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO MICROTHIN AQUA LUBE CON DEVICE (condoms, latex, lubricated)	PV	
KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
KIMONO MICROTHIN LARGE CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO TEXTURED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
KIMONO THIN LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS, ULTRA THIN (lancets)	Tier 3	
<i>lancing device</i>	Tier 3	
LANCING DEVICE WITH LANCETS (lancing device)	Tier 3	
<i>lancing device with lancets kit</i>	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
LC PLUS (nebulizer)	Tier 2	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 2	

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LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 2	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 2	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)	Tier 2	
LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	

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This Drug Formulary was updated: 01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (catheter)	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1/2 ML 27 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)	Tier 2	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDISENSE COMBO PACK (blood-glucose calib. control)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	Tier 3	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 2	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	

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MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MICROSPACER SPACER (inhaler, assist devices)	Tier 2	
MINI LANCING DEVICE (lancing device)	Tier 3	
MINI PLUS NEBULIZER (nebulizer)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK-SERTER (MMT-395) (diabetic supplies,miscell)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 2	

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MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MOBILE LANCETS 30 GAUGE (lancets)	Tier 3	
MODD1 PATIENT WELCOME KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
MODD1 SUPPLY KIT COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)	Tier 1	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 2	
MONOJECT 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 1	
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 1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	Tier 3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips,Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
nebulizer and compressor device	Tier 2	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 2	
NIGHTTIME UNDERPANTS L-XL (diaper, brief, youth, disposable)	Tier 2	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
NOSE CLIP (nebulizer accessories)	Tier 2	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/L2)	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)	Tier 4	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/L2 with controller)	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 4	
OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)	Tier 2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)	Tier 4	
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips,Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
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ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL LANCING DEVICE (lancing device)	Tier 3	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Contour Test Strip, Contour Next, Contour Plus, Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, or Precision Xtra within the past 120 days
ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 2	
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
OVAL TAPE (diabetic supplies, miscell)	Tier 3	
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 2	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 2	
PARI LC SPRINT SINUS (nebulizer)	Tier 2	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 2	
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Tier 1	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	Tier 1	
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	

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PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 2	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 2	
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 2	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 2	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 2	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 2	
PIKO 1 DEVICE (peak flow meter)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	

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PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 2	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 2	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	Tier 3	

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PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	

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PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 2	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	

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PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 2	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 2	

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PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 2	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRODIGY LANCING DEVICE (lancing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 2	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips,Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	

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PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 2	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (pessary)	Tier 2	
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 2	
QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)	Tier 2	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
RAPIDGO FLU AND COVID-19 TEST KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 2	

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RECONSTITUTE KIT (medical supply, miscellaneous)	Tier 2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION PRIME METER (blood-glucose meter)	Tier 3	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 2	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 " (hydrocolloid dressing)	Tier 2	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 2	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	

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REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Tier 3	

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RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL, insulin, safety w-self-cont.dis.unit)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle, safety, disposal unit, 0.5 mL)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL, insulin, safety w-self-con.disp.unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe, needle, safety 1 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe, safety needle 10 mL and self-contained disposal unit)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)	Tier 1	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

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SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SIDESTREAM (nebulizer)	Tier 2	
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SIDESTREAM NEBULIZER (nebulizer)	Tier 2	
SIDESTREAM PLUS (nebulizer)	Tier 2	
SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SILICONE MASK (nebulizer accessories)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SIMPLERA SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
SIMPLERA SYNC SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
SINGLE-LET (lancets)	Tier 3	
SINUSTAR NEBULIZER (nebulizer)	Tier 2	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	

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SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 2	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 2	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 2	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
SPEEDYSWAB COVID-19 AND FLU KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
STERILE DROPTAINERS (eye drop dispenser)	Tier 2	
STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 2	
STRATAXRT TOPICAL GEL (gel dressing)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	Tier 3	
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	

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SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips,Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
SURE-TOUCH LANCET (lancets)	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 2	
SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)	Tier 1	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	

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SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
<i>syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"</i>	Tier 1	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	
SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 2	
T.E.D. KNEE LENGTH-M-LONG (compression stocking, knee high, long length, small circumferen)	Tier 2	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 2	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM MOBI SYSTEM (subcutaneous insulin pump)	Tier 2	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	

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TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)	Tier 3	
TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)	Tier 2	
TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)	Tier 2	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)	Tier 2	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	

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TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips,Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
THERAHONEY TOPICAL BANDAGE 4 X 5 " (honey)	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 2	
TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TOUCH-TROL 10 FR (catheter)	Tier 2	
TROJAN ULTRA RIBBED CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
TRUE COVER CONDOM DEVICE (condoms, latex, lubricated)	PV	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Tier 3	

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TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUEDRAW LANCING DEVICE (lancing device)	Tier 3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
TRUEPLUS KETONE STRIP (urine acetone test strips)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	

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TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEX LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	

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TRUSTEX LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 1	
TWIIST REFILL KT(CSST-NDL-SYR) KIT (insulin pump cartridge/insulin pump syringe/insulin needles)	Tier 2	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (insulin pump cartridge/insulin infusion set/syringe/needle)	Tier 2	
TWIIST STARTER KIT KIT (insulin pump/insulin cartridge/infusion set/syringe/needle)	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	

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ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
ULTIGUARD SAFEPAK-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 1	

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ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (syringe with needle, insulin, 1 mL and sharps container)	Tier 1	
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (syringe-needle, insulin, 0.5 mL/container, empty)	Tier 1	
ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	
ULTI-LANCE (lancing device)	Tier 3	
ULTI-LANCE KIT (lancing device/lancets)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle, insulin, 0.5 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 3	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	

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ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	

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ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	

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UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	

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UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle, disposable, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe, safety with needle, 10 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 2	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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VERIFINE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	
VIBRANT ORAL CAPSULE (vibrating transient device for constipation)	Tier 2	
VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	

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VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST: Requires prior prescription for Freestyle Insulinx, Freestyle Lite, Freestyle Precision Neo, Freestyle Test Strips, Onetouch Ultra, Onetouch Verio, or Precision Xtra within the past 120 days
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
VORTEX VHC PEDIATRIC MASK SPACER (inhaler, assist device with medium mask)	Tier 2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	PV	

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WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	PV	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (pessary)	Tier 2	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)	Tier 2	
ZENPHOR TOPICAL GEL (gel dressing)	Tier 2	
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease		
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs For Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (asfotase alfa)	Tier 4	PA

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Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs For Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (fosdenopterin hydrobromide)	Tier 4	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs For Metabolic Disease		
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (elapegademase-lvlr)	Tier 4	PA
Metabolic Modifiers		
Metabolic Modifier - Neimann Pick Disease Type C (Npc)		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (levacetylleucine)	Tier 2	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (arimoclomol citrate)	Tier 2	PA
Metabolic Modifier - Pompe Disease - Gcs Inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (miglustat)	Tier 2	PA
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	

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RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (calcifediol)	Tier 2	QL (2 EA per 1 day)
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 2	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 2	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 2	
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Tier 2	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Tier 2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs That Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	Tier 2	
<i>miglustat oral capsule 100 mg</i>	Tier 2	PA
miglustat (Yargesa Oral Capsule 100 Mg)	Tier 2	PA
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Tier 2	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine triacetate)	Tier 2	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 2	PA

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CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine)	Tier 2	PA
Metabolic Modifier - Phosphatidylinositol-3-Kinase (Pi3k) Inhibitors - Drugs That Alter Metabolism		
JOENJA ORAL TABLET 70 MG (leniolisib phosphate)	Tier 2	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG (alpelisib)	Tier 2	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (alpelisib)	Tier 2	PA
Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs That Alter Metabolism		
HARLIKU ORAL TABLET 2 MG (nitisinone)	Tier 2	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	Tier 2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	Tier 2	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents - Drugs That Alter Metabolism		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)	Tier 2	PA
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	Tier 2	PA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (sodium phenylbutyrate)	Tier 2	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (sodium phenylbutyrate)	Tier 2	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (glycerol phenylbutyrate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 2	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 2	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator - Drugs That Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 2	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 2	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs That Alter Metabolism		
TYBOST ORAL TABLET 150 MG (cobicistat)	Tier 2	
Pharmacological Chaperone Tx - Alpha-Galactosidase A Enzyme Stabilizer - Drugs That Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (migalastat HCl)	Tier 2	PA
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 2	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 2	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	Tier 2	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin dihydrochloride)	Tier 2	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 2	
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 2	

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SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (sepiapterin)	Tier 2	PA
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase - Drugs That Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (pegvaliase-pqpz)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs That Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (lonafarnib)	Tier 2	PA
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat		
Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PV	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 1	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE

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FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (sodium fluoride/hydroxyapatite)	Tier 2	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 % (sodium fluoride/potassium nitrate)	Tier 2	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 2	
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 2	
PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	

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SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 1	
Mouth And Throat - Antifungals - Drugs For The Mouth And Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth And Throat - Anti-Infective Mixtures - Drugs For The Mouth And Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (sulfuric acid/sulfonated phenol)	Tier 2	
Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth And Throat - Artificial Saliva - Drugs For The Mouth And Throat		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY (saliva substitute combo no.3)	Tier 2	
CAPHOSOL MUCOUS MEMBRANE SOLUTION (saliva substitute combo no.2)	Tier 2	

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MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos)	Tier 2	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat		
triamcinolone acetonide (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
lidocaine HCl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth And Throat - Mucositis-Stomatitis Agents - Drugs For The Mouth And Throat		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic)	Tier 2	
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 2	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (potassium sorbate/maltodextrin/aloe vera/mann ps)	Tier 2	
ORAPEUTIC MUCOUS MEMBRANE GEL (xylitol/pectin/acemannan/sodium bicarbonate)	Tier 2	

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Mouth And Throat - Protectants - Drugs For The Mouth And Throat		
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 2	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 2	
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
EVOXAC ORAL CAPSULE 30 MG (cevimeline HCl)	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine HCl)	Tier 2	
THERABREATH DRY MOUTH MUCOUS MEMBRANE LOZENGE (saliva stimulant combination no.11)	Tier 2	
THERABREATH MUCOUS MEMBRANE LOZENGE (saliva stimulant combination no.10)	Tier 2	
XYLIGEL MUCOUS MEMBRANE GEL (saliva stimulant combination no.9)	Tier 2	
XYLIMELTS MUCOUS MEMBRANE MUCO-ADHESIVE BUCCAL TABLET 500 MG (xylitol)	Tier 2	
Periodontal Product - Tetracycline Antiinfective, Local - Drugs For The Mouth And Throat		
ARESTIN DENTAL CARTRIDGE 1 MG (minocycline HCl microspheres)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs For The Mouth And Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	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 2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
Multiple Sclerosis Agents - Drugs For The Nervous System		
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (ofatumumab)	Tier 4	PA
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (interferon beta-1a)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA
Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG (monomethyl fumarate)	Tier 2	PA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)	Tier 2	PA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	Tier 1	PA

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TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	Tier 2	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (diroximel fumarate)	Tier 2	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (dalfampridine)	Tier 2	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 1	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	Tier 2	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA

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Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 1	PA
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (fingolimod HCl)	Tier 2	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (siponimod)	Tier 2	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (siponimod)	Tier 2	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 2	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (ponesimod)	Tier 2	PA
PONVORY ORAL TABLET 20 MG (ponesimod)	Tier 2	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (fingolimod lauryl sulfate)	Tier 2	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 2	PA
Ophthalmic Agents		
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog		
<i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i>	Tier 1	

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Ophthalmic - Trpm8 Agonist		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % (acoltremon)	Tier 2	PA
Ophthalmic Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (lotilaner)	Tier 2	PA
Ophthalmic Agents - Drugs For The Eye		
Artificial Tears And Lubricant Single Agents - Drugs For The Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (chondroitin sulfate A sodium/PF)	Tier 2	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (perfluorohexyloctane/PF)	Tier 2	
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	Tier 2	
Miotics - Direct Acting - Drugs For Glaucoma		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic And Cycloplegic Combinations - Drugs For The Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate HCl/phenylephrine HCl)	Tier 2	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 2	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	

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MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (phenylephrine HCl/tropicamide)	Tier 2	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
Ophth - Beta Blocker-Adrenergic-Carbonic Anhyd Inh-Prostaglandin Analog - Drugs For Glaucoma		
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 1	
<i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>	Tier 1	
<i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs For The Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (oxymetazoline HCl/PF)	Tier 2	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (brinzolamide/brimonidine tartrate)	Tier 2	
Ophthalmic - Agents For Corneal Collagen Cross-Linking - Drugs For The Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 2	

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Ophthalmic - Agents For Presbyopia - Drugs For The Eye		
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	Tier 1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (pilocarpine HCl)	Tier 2	ST: Requires prior prescription for generic Pilocarpine Ophthalmic solution within the past 120 days; QL (2 EA per 1 day)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % (aceclidine HCl)	Tier 2	QL (1 EA per 1 day)
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (pilocarpine HCl)	Tier 2	QL (10 ML per 30 days)
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (sulfacetamide sodium/prednisolone acetate)	Tier 2	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (neomycin/polymyxin B sulfate/dexamethasone)	Tier 2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin B/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	

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PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (gentamicin sulfate/prednisolone acetate)	Tier 2	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (tobramycin/dexamethasone)	Tier 2	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin/loteprednol etabonate)	Tier 2	
Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Tier 1	

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Ophthalmic - Antibacterial-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Tier 1	
Ophthalmic Antibiotic - Vancomycin And Derivatives - Anti-Infective/Anti-Inflammatories		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs For The Eye		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
<i>cyclopentolate HCl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %, 1 %, 2 %)</i>	Tier 2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine Hbr)</i>	Tier 1	
<i>tropicamide (Mydriacyl Ophthalmic (Eye) Drops 1 %)</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs For The Eye		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 2	
<i>MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)</i>	Tier 2	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)

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<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1	ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)
BEPREVE OPTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 2	ST: Requires prior prescription for a generic ophthalmic antihistamine (Azelastine, Epinastine, or Olopatadine) within the past 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
ZERVATE OPTHALMIC (EYE) DROPPERETTE 0.24 % (cetirizine HCl)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)

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<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (dexamethasone)	Tier 2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 2	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (loteprednol etabonate)	Tier 2	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone acetate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (fluorometholone)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)

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FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone)	Tier 2	QL (10 ML per 14 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (loteprednol etabonate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	Tier 2	QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)	Tier 2	QL (20 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (loteprednol etabonate)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (loteprednol etabonate)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)

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MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (prednisolone acetate)	Tier 2	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (prednisolone acetate)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (cyclosporine)	Tier 2	ST: At least 2 prior prescriptions for Cyclosporine/Restasis, Miebo, Tyrvaya, or Xiidra within the past 365 days; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (cyclosporine/chondroitin sulfate A sodium)	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (cyclosporine)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (cyclosporine)	Tier 2	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (cyclosporine)	Tier 2	PA
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (lifitegrast)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac tromethamine)	Tier 2	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac tromethamine)	Tier 2	QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (ketorolac tromethamine/PF)	Tier 2	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days)

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<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac sodium)	Tier 2	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)

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NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (nepafenac)	Tier 2	ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (9 ML per 16 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac sodium)	Tier 2	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
Ophthalmic - Beta Blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs For Glaucoma		
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs For Glaucoma		
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
<i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine tartrate/timolol maleate)	Tier 2	

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Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide HCl/timolol maleate/PF)	Tier 2	ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide HCl/timolol maleate)	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Beta Blockers-Prostaglandin Analog Combinations - Drugs For Glaucoma		
<i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (cysteamine HCl)	Tier 2	PA

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CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCl)	Tier 2	PA
Ophthalmic - Decongestants - Drugs For Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)	Tier 2	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol)	Tier 2	

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BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (betaxolol HCl)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % (timolol maleate/PF)	Tier 2	QL (2 EA per 1 day)
Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
proparacaine HCl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine HCl)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (chloroprocaine HCl/PF)	Tier 2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Local Anesthetic, Amides - Drugs For The Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (lidocaine HCl/PF)	Tier 2	
Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropicamide/proparacaine/phenylephrine/ketorolac in water)	Tier 1	
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (netarsudil mesylate/latanoprost)	Tier 2	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs For The Eye		
GELFILM OPHTHALMIC (EYE) FILM (gelatin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Viscoelastic Agents - Drugs For The Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (hyaluronate sodium)	Tier 4	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (hyaluronate sodium)	Tier 4	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (hyaluronate sodium)	Tier 4	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (hyaluronate sodium)	Tier 4	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (hyaluronate sodium)	Tier 4	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	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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<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	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	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin HCl)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antifungals - Tetraene Polyene-Type - Drugs For The Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 2	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	Tier 2	ST: Requires prior prescription for oral Acyclovir, Famciclovir, or Valacyclovir within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % (brimonidine tartrate)	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (apraclonidine HCl)	Tier 2	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (latanoprost/PF)	Tier 2	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 2	QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)	Tier 2	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (latanoprost)	Tier 2	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (latanoprost)	Tier 2	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost/PF)	Tier 2	QL (1 EA per 1 day)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil mesylate)	Tier 2	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Drugs For The Ear		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (ciprofloxacin HCl/hydrocortisone)	Tier 2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom)	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin HCl/fluocinolone acetone)	Tier 2	
Otic (Ear) - Anti-Infectives Other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % (ciprofloxacin HCl)	Tier 2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (fluocinolone acetone oil)	Tier 2	

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fluocinolone acetonide oil (Flac Otic Oil Otic (Ear) Drops 0.01 %)	Tier 2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (hydrocortisone/pramoxine HCl/chloroxylenol)	Tier 2	
Respiratory Therapy Agents		
Asthma/Copd - Phosphodiesterase-3 And -4 (Pde3 And Pde4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (ensifentrine)	Tier 2	PA
Bronchiectasis Therapy Agents		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (brensocatic)	Tier 2	PA; QL (1 EA per 1 day)
Respiratory Therapy Agents - Drugs For The Lungs		
1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
2Nd Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (desloratadine/pseudoephedrine sulfate)	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
Antihistamine - 1St Generation - Alkylamines - Drugs For Allergies		
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	Tier 1	QL (236 ML per 1 FILL)
Antihistamine - 1St Generation - Ethanolamines - Drugs For Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST: Requires prior prescriptions for Carbinoxamine 4mg tablets and IR solution within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 ML)	Tier 1	Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clemastine fumarate (Clemsza 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 2	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)	Tier 4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)

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<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i>	Tier 1	ST: Requires prior prescriptions for Carbinoxamine 4mg tablets and IR solution within the past 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 ML)	Tier 1	Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)	Tier 1	
clemastine fumarate (Clemsza Oral Tablet 2.68 Mg)	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	Tier 1	QL (236 ML per 1 FILL)
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 2	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine HCl (Phenergan Injection Solution 25 Mg/ML, 50 Mg/ML)	Tier 4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2Nd Generation - Drugs For Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 2	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperazines - Drugs For Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies		
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 2	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
Antitussives - Non-Opioid - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST: Requires prior prescriptions for Montelukast and Zafirlukast within the past 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG (zileuton)	Tier 2	ST: Requires prior prescriptions for Montelukast and Zafirlukast within the past 365 days; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 4	
Asthma Therapy - Immunoglobulin E (Ige) Inhibitors, Mab - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)	Tier 4	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (ciclesonide)	Tier 2	ST: At least 2 prior prescriptions for Asmanex, Qvar, or Arnuity Ellipta within the past 365 days; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (mometasone furoate)	Tier 2	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 2	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)	Tier 2	ST: At least 2 prior prescriptions for Asmanex, Qvar, or Arnuity Ellipta within the past 365 days; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML (budesonide)	Tier 2	QL (120 ML per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
Asthma Therapy - Interleukin-5 (Il-5) Inhibitors, Mab - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (mepolizumab)	Tier 4	PA

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Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 4	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	Tier 2	
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
SINGULAIR ORAL GRANULES IN PACKET 4 MG (montelukast sodium)	Tier 2	
SINGULAIR ORAL TABLET 10 MG (montelukast sodium)	Tier 2	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG (montelukast sodium)	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, Mab - Drugs For Asthma/Copd		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (tezepelumab-ekko)	Tier 4	PA
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (theophylline anhydrous)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 2	QL (1 EA per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium bromide)	Tier 2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (tiotropium bromide)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Tier 2	QL (30 EA per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (aclidinium bromide)	Tier 2	ST: Requires prior prescription for Spiriva Respimat or Incruse Ellipta within the past 120 days; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)	Tier 2	QL (90 ML per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (ipratropium bromide)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs For Asthma/Copd		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol tartrate)	Tier 2	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 2	QL (120 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (salmeterol xinafoate)	Tier 2	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	ST: Requires prior prescription for generic Albuterol Sulfate 90mcg HFA inhaler within the past 120 days
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)	Tier 2	
Asthma/Copd Therapy - Beta Adrenergic Agents - Drugs For Asthma/Copd		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	

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<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium bromide/vilanterol trifenate)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (glycopyrrolate/formoterol fumarate)	Tier 2	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium bromide/albuterol sulfate)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACTUATION (aclidinium bromide/formoterol fumarate)	Tier 2	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (tiotropium bromide/olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propionate/salmeterol xinafoate)	Tier 2	QL (60 EA per 30 days)

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ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 2	QL (12 GM per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 2	QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (albuterol sulfate/budesonide)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (fluticasone furoate/vilanterol trifenate)	Tier 2	QL (60 EA per 30 days)
budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 2	QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide/formoterol fumarate)	Tier 2	QL (30.9 GM per 30 days)

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fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
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 trifenate)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenate)	Tier 2	QL (2 EA per 1 day)
Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 2	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 2	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin/nebulizer)	Tier 2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % sodium chloride)	Tier 2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)	Tier 2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	

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<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 2	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	
Cystic Fibrosis - Inhaled Monobactams - Drugs For Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (aztreonam lysine)	Tier 2	
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs For Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (mannitol)	Tier 2	ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator - Drugs For Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (ivacaftor)	Tier 2	PA
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 2	PA
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb - Drugs For Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (vanzacaftor calcium/tezacaftor/deutivacaftor)	Tier 2	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor/ivacaftor)	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)	Tier 2	PA

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SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor)	Tier 2	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 2	PA
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 4	PA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (alpha-1-proteinase inhibitor)	Tier 4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (alpha-1-proteinase inhibitor)	Tier 4	PA
Lung Surfactants - Drugs For The Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (poractant alfa)	Tier 2	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (calfactant)	Tier 2	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (beractant)	Tier 2	
Mucolytics - Drugs For The Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (dornase alfa)	Tier 2	PA
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	

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GOPRELTO NASAL SOLUTION 4 % (cocaine HCl)	Tier 2	
NUMBRINO NASAL SOLUTION 4 % (cocaine HCl)	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine HCl/fluticasone propionate)	Tier 2	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY (olopatadine HCl/mometasone furoate)	Tier 2	QL (29 GM per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	Tier 1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	
Nasal Corticosteroids - Allergy		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG (ciclesonide)	Tier 2	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days)
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone propionate/sodium chloride/sodium bicarbonate)	Tier 2	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (fluticasone propionate)	Tier 2	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (ciclesonide)	Tier 2	ST: Requires prior prescription for Flunisolide or Fluticasone within the past 120 days; QL (6.1 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Post-Surgical Agents - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 2	PA
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs For The Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (varenicline tartrate)	Tier 2	PA
Nasal Wash Combinations - Allergy		
ALKALOL NASAL WASH NASAL SOLUTION (menthol/eucal/thymol/camphor/benz/sod chloride/pot chlorate)	Tier 2	
Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
brompheniramine maleate/pseudoephedrine HCl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (chlorpheniramine maleate/codeine phosphate)	Tier 2	ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (triprolidine HCl/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (chlorpheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (brompheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)	Tier 1	Age (Min 12 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs For Cough And Cold		
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG (hydrocodone bitartrate/homatropine methylbromide)	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 ML)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 2	PA
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 2	PA
<i>pirfenidone oral capsule 267 mg</i>	Tier 2	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 2	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA
Vaginal Products - Drugs For Women		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	Tier 2	ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (clindamycin phosphate)	Tier 2	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	Tier 2	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole nitrate)	Tier 1	

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Vaginal Antifungal - Triazoles - Drugs For Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 2	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)	Tier 2	
Vaginal Antiseptic Mixtures - Drugs For Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)	Tier 2	
RELAGARD VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)	Tier 2	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (oxyquinoline sulfate/sodium lauryl sulfate)	Tier 2	
Vaginal Estrogens - Drugs For Women		
estradiol (Estrace Vaginal Cream 0.01 % (0.1 Mg/Gram))	Tier 2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (estradiol)	Tier 2	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (estradiol acetate)	Tier 2	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)	Tier 2	
VAGIFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Lubricants And Moisturizers - Drugs For Women		
REPLENS EXTERNAL COMFORT VAGINAL GEL (glycerin/mineral oil/polycarbophil)	Tier 2	
Vaginal Products Miscellaneous - Drugs For Women		
AZO BORIC ACID VAGINAL SUPPOSITORY 600 MG (boric acid)	Tier 2	
MONISTAT MAINTAIN VAGINAL SUPPOSITORY 600 MG (boric acid)	Tier 1	
Vaginal Progestins - Drugs For Women		
CRINONE VAGINAL GEL 4 % (progesterone, micronized)	Tier 2	

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Vaginal-Cervical Care And Treatment Agents - Drugs For Women		
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (pessary)	Tier 2	
Weight Loss/Gain Agents		
Anti-Obesity - Dual GIP And GLP-1 Receptor Agonists		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (tirzepatide)	Tier 4	PA; QL (2 ML per 28 days)
Treatment Of Hyperphagia In Prader-Willi Syndrome (PWS)		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (diazoxide choline)	Tier 2	PA
Weight Loss/Gain Agents - Drugs For Eating Disorders		
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs For Eating Disorders		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (semaglutide)	Tier 4	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (semaglutide)	Tier 4	PA; QL (3 ML per 28 days)
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 2	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days

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This Drug Formulary was updated: 01/01/2026

Index of Drugs

1ST TIER UNIFINE PENTIPS..... 625, 689	ACCU-CHEK GUIDE TEST STRIPS.....548, 690	ACTICOAT FLEX 3 DRESSING.....346
1ST TIER UNIFINE PENTIPS PLUS.....625, 689	ACCU-CHEK SAFE-T-PRO 597, 690	ACTICOAT FLEX 7 DRESSING.....346
2-IN-1 LANCET DEVICE 596, 689	ACCU-CHEK SAFE-T-PRO PLUS..... 597, 690	ACTIFLOVIT.....353
2TEK CONTROL (HIGH- NORMAL).....597, 689	ACCU-CHEK SMARTVIEW CONTRL SOL.....597, 690	ACTI-LANCE LANCETS 597, 691
2TEK GLUCOSE/BLOOD PRESSURE.....591, 597, 689	ACCU-CHEK SMARTVIEW TEST STRIP.....548, 690	ACTIMMUNE.....54
A.I.R.S. NEBULIZER REPLACEMENT.....672, 689	ACCU-CHEK SOFT DEV LANCETS.....597, 690	<i>activated charcoal</i> 471
A-25 (VIT A PALMITATE)....409	ACCU-CHEK SOFTCLIX LANCETS.....597, 690	ACTIVELLA.....436
<i>abacavir</i> 60	ACCUPRIL.....117	ACTIVNUTRIENTS.....369
<i>abacavir-lamivudine</i> 62	ACCURETIC.....116	ACTIVNUTRIENTS (NO IRON).....368
ABC COMPLETE SENIOR WOMEN'S.....368	Accutane.....259	ACTIVNUTRIENTS CHEWABLE.....368
ABENOR.....260	ACCUTREND GLUCOSE CONTROL.....597, 690	ACTIVNUTRIENTS MULTIVITAMIN.....369
ABENOR HP.....260	ACCUTREND GLUCOSE TEST STRIPS.....548, 691	ACTIVNUTRIENTS PERFORMANCE.....369
Abigale.....436	ACD SOLUTION A.....519	ACTIVNUTRIENTS(NO COPPER-IRON).....369
Abigale Lo.....436	ACD-A.....519	ACTONEL.....433
ABILIFY.....187, 204	ACE AEROSOL CLOUD ENHANCER.....672, 691	ACTOPLUS MET.....429
<i>abiraterone</i> 83, 85	<i>acebutolol</i> 138	ACTOS.....454
Abirtega.....83, 85	ACESO AG.....346	ACUICYN.....304
ABLYSINOL.....148	<i>acetaminophen-caff-</i> <i>dihydrocod</i> 20	ACULAR.....843
ABRYSVO (PF).....101	<i>acetaminophen-codeine</i> 19	ACULAR LS.....843
ABSORICA LD.....259	<i>acetazolamide</i> 145	ACUVAIL (PF).....843
ACAI BERRY DIET.....5	<i>acetic acid</i> 506, 855	<i>acyclovir</i> 69, 293
<i>acamprosate</i> 233	<i>acetylcysteine</i> 46, 872	ACZONE.....260
ACANYA.....264	ACIDOPHILUS PROBIOTIC BLEND.....482	ADACEL(TDAP ADOLESN/ADULT)(PF).....107
<i>acarbose</i> 423	ACIDOPHILUS-PECTIN.....461	ADAINZOXIA.....270
ACCOLATE.....864	<i>acidophilus-pectin, citrus</i> 482	<i>adalimumab-adaz</i> 28, 29, 481
ACCRUFER.....359	ACIOXIA.....320	ADALINA.....274
ACCUCAINE KIT.....44, 329	ACIOXIAY.....260	<i>adapalene</i> 272
ACCU-CHEK AVIVA CONTROL SOLN.....597, 689	ACIPHEX.....467	<i>adapalene-benzoyl peroxide</i> 270
ACCU-CHEK AVIVA PLUS TEST STRP.....547, 689	ACIPHEX SPRINKLE.....467	ADASUVE.....185
ACCU-CHEK FASTCLIX LANCET DRUM.....597, 689	<i>acitretin</i> 288	ADBRY.....278
ACCU-CHEK FASTCLIX LANCING DEV.....597, 689	ACTEMRA.....34	ADCIRCA.....152
ACCU-CHEK GUIDE GLUCOSE METER.....597, 689	ACTEMRA ACTPEN.....34	Adderall.....189, 206, 224
ACCU-CHEK GUIDE L1-L2 CTRL SOL.....597, 690	ACTHAR.....420	ADDERALL XR.....189, 206
ACCU-CHEK GUIDE ME GLUCOSE MTR.....597, 690	ACTHAR SELFJECT.....420	<i>adefovir</i> 67
	ACTICOAT 7 DRESSING...346	ADEINZDE.....267
	ACTICOAT DRESSING.....346	ADEK GUMMIES PLUS ZINC.....382
		ADEMPAS.....151
		ADENO-HYDROXO B12....411
		ADERMICA.....267

ADERMICA HP	267	ADVOCATE PEN NEEDLE	625, 692	AFLURIA 2025-2026 (3YR UP)(PF)	111
ADJUSTABLE LANCING DEVICE	597, 691	ADVOCATE REDI-CODE PLUS	549, 598, 692	AFLURIA 2025-2026 (6MO UP)	111
ADLARITY	239	ADVOCATE REDI-CODE PLUS CTRL L	598, 692	AFREZZA	447
ADMELOG SOLOSTAR U-100 INSULIN	450	ADVOCATE REDI-CODE+ CTRL HIGH	598, 692	AFSTYLA	523
ADMELOG U-100 INSULIN LISPRO	450	ADVOCATE SYRINGES	625, 692	AFTER PILL	257
ADMIRAZOL	263	ADYNOVATE	523	AFTERA	257
ADMIRAZOL HP	263	ADZENYS XR-ODT	189, 206	AGAMATRIX AMP TEST STRIPS	549, 694
ADTHYZA	457	AEROBIKA OSCILLATING PEP SYSTM	672, 693	AGAMATRIX CONTROL SOLN-HIGH	598, 694
ADULT 50 PLUS EYE HEALTH	2, 369	AEROCHAMBER MECHANICAL VENT ..	673, 693	AGAMATRIX CONTROL SOLN-NORMAL	598, 694
ADULT 50 PLUS PROBIOTIC	482	AEROCHAMBER MINI	673, 693	AGAMATRIX CONTROL SOLN-NORM-HI	598, 694
ADULT ASPIRIN REGIMEN	42, 534	AEROCHAMBER MV ..	673, 693	AGAMATRIX JAZZ TEST STRIPS	550, 694
ADULT LOW DOSE ASPIRIN	42, 534	AEROCHAMBER PLUS FLOW-VU	673, 693	AGAMATRIX JAZZ WIRELESS 2 MNTR	598, 694
ADULT MULTIVITAMIN GUMMIES	369	AEROCHAMBER PLUS FLOW-VU,L MSK	673, 693	AGAMATRIX PRESTO SYSTEM	598, 694
ADULTS 50 PLUS	369	AEROCHAMBER PLUS FLOW-VU,M MSK	673, 693	AGAMATRIX PRESTO TEST STRIPS	550, 695
ADULTS MULTIVITAMIN	369	AEROCHAMBER PLUS FLOW-VU,S MSK	673, 693	AGAMATRIX ULTRA-THIN LANCET	598, 695
ADVAIR DISKUS	868	AEROCHAMBER PLUS Z STAT	673, 693	AGAMREE	441
ADVAIR HFA	869	AEROCHAMBER PLUS Z STAT LG MSK	673, 693	AGRYLIN	534
ADVANCE PLUS INTERMITTENT	684, 691	AEROCHAMBER PLUS Z STAT MD MSK	673, 693	AIMOVIG AUTOINJECTOR	216
ADVANCED ALLERGY COLLECT KIT	304	AEROCHAMBER PLUS Z STAT SM MSK	673, 693	AIMSCO LATEX CONDOM	648, 695
ADVANCED ALL-IN-ONE METER	597, 691	AEROCHAMBER Z-STAT PLUS-FLW SG	673, 693	AIRDUO RESPICLICK	869
ADVANCED GLUC METER TEST STRIP	549, 691	AEROCHAMBER2GO	673, 693	AIRS ADULT AEROSOL MASK	673, 695
ADVANCED GLUCOSE METER	597, 691	AEROECLIPSE II NEBULIZER	652, 693	AIRS DISPOSABLE NEBULIZER	652, 695
ADVANCED HERBALS GINGER	6	AEROECLIPSE XL NEBULIZER	652, 693	AIRS PEDIATRIC DISPOSABLE MASK	650, 673, 695
ADVANCED LANCING DEVICE	598, 691	AERONEB GO	673, 693	AIRSUPRA	869
ADVANCED PROBIOTIC	483	AERONEB GO NEBULIZER	652, 693	AIRZONE PEAK FLOW METER	671, 695
ADVANCED SKIN CARE	299	AFINITOR	93	AJOVY AUTOINJECTOR	215
ADVANCED TRAVEL LANCETS	598, 692	AFINITOR DISPERZ	92	AJOVY SYRINGE	215
ADVATE	523	Afirmelle	244	AKEEGA	82
ADVIN COVID-19 AG HOME TEST	592, 692			AKLIEF	272
ADVOCATE LANCET ..	598, 692			AKTEN (PF)	849
ADVOCATE LANCING DEVICE	598, 692			AKYNZEO (NETUPITANT) .	465
				Ala-Cort	304
				ALAMAX CR	2

ALAMAX PROTECT.....	3	ALIVE PREMIUM		<i>alogliptin-pioglitazone</i>	430
Ala-Scalp.....	305	PRENATAL.....	371	ALOMIRA.....	267
<i>albendazole</i>	51	ALIVE WOMEN'S 50 PLUS		ALOMIRA HP.....	267
<i>albuterol sulfate</i>	867, 868	COMPLETE.....	371	ALOMIRA LP.....	267
Alcaine.....	848	ALIVE WOMEN'S 50 PLUS		<i>alosetron</i>	477, 498
<i>alclometasone</i>	305	GUMMY.....	371	ALPHA BETIC.....	371
ALCORTIN A.....	280	ALIVE WOMEN'S ENERGY	371	<i>alpha lipoic acid</i>	3
ALDACTONE.....	118, 145	ALIVE WOMEN'S GUMMY		<i>alpha lipoic acid-biotin</i>	3
ALECENSA.....	85	VITAMIN.....	371	ALPHAGAN P.....	853
<i>alendronate</i>	433	ALIVE WOMEN'S		ALPHANATE.....	524
ALFA-MAX ALFALFA.....	6	MULTIVITAMIN.....	371	ALPHANINE SD.....	522
ALFAMINO JUNIOR.....	387	ALIVE WOMEN'S ULTRA		<i>alprazolam</i>	154, 199
ALFERON N.....	324	POTENCY.....	371	ALPRAZOLAM INTENSOL	
<i>alfuzosin</i>	511	ALIXI.....	263	.....	154, 199
ALHEMO PEN.....	528	ALIXI HP.....	263	ALPROLIX.....	522
ALIGN DUALBIOTIC.....	483	ALKALINE BATTERIES		ALREX.....	839
ALINIA.....	56	.....	598, 695	ALTABAX.....	280
<i>aliskiren</i>	152	ALKALOL NASAL WASH....	875	ALTACAINE.....	848
ALIVE ADULT ULTRA		ALKERAN.....	84	ALTACE.....	117
POTENCY.....	369	ALKINDI SPRINKLE.....	441	ALTAFLUOR BENOX..	847, 848
ALIVE CALCIUM-VITAMIN		ALL FLOW 1000 KIT ...	673, 695	Altavera (28).....	244
D3.....	358	ALL FLOW 1000 PFT		ALTERA NEBULIZER	
ALIVE COMPLETE		FILTER.....	674, 695	HANDSET.....	652, 696
PREMIUM PRENATL.....	369	ALL FLOW 3000 KIT ...	674, 695	ALTERA NEBULIZER	
ALIVE DAILY ENERGY.....	369	ALL FLOW 3000 PFT		SYSTEM.....	652, 696
ALIVE DIABETIC		FILTER.....	674, 695	ALTERNATE SITE LANCET	
MULTIVITAMIN.....	370	ALL FLOW 4000 KIT ...	674, 695	.....	598, 696
ALIVE ENERGY 50 PLUS...	370	ALL FLOW 4000 PFT		ALTERNATE SITE	
ALIVE KIDS CHEWABLE....	392	FILTER.....	674, 695	LANCING DEVICE.....	598, 696
ALIVE KIDS MULTIVITAMIN		ALL FLOW 5000 KIT ...	674, 695	ALTOPREV.....	127
.....	392	ALL FLOW 5000 PFT		ALTRENO.....	272
ALIVE MAX POTENCY.....	370	FILTER.....	674, 695	ALTRIXA.....	382
ALIVE MAX6 POTENCY		ALL FLOW 6000 PFT		ALTRIXA OB.....	405
COMPLETE.....	370	FILTER.....	674, 695	ALTUVIIIO.....	524
ALIVE MEN 50 PLUS		ALLERGIST TRAY 1/2 ML		<i>alum, ammonium (bulk)</i>	236
ULTRA-LUTEIN.....	370	27GX3/8".....	653, 695	ALUNBRIG.....	85
ALIVE MEN'S 50 PLUS		ALLERGIST TRAY		ALURIS.....	270
MULTIVIT.....	370	INTRADERMAL BEV ...	653, 696	ALURIS HP.....	270
ALIVE MEN'S 50 PLUS MV		ALLERGIST TRAY		ALURIS HP PLUS.....	270
(VIT K).....	370	REGULAR BEVEL.....	653, 696	ALURIS LP.....	270
ALIVE MEN'S 50 PLUS		ALLERGY SYRINGE...653, 696		ALURIS LP PLUS.....	270
ULTRA.....	370	ALLEVYN ADHESIVE		ALURIS PLUS.....	270
ALIVE MEN'S ENERGY.....	370	DRESSING.....	346, 696	ALUXOF.....	267
ALIVE MEN'S GUMMY.....	370	ALLEVYN AG ADHESIVE...	346	ALUXOF HP.....	267
ALIVE MEN'S MAX3		ALLEVYN LIFE DRESSING		ALVAIZ.....	537
POTENCY.....	370	.....	346, 696	ALVESCO.....	862
ALIVE MEN'S ULTRA		<i>allopurinol</i>	518	<i>alvimopan</i>	48
POTENCY.....	371	<i>almotriptan malate</i>	217	ALVOX.....	272
ALIVE PREMIUM ADULT ...	371	<i>alogliptin</i>	424	ALVOX HP.....	272
		<i>alogliptin-metformin</i>	430	Alyacen 1/35 (28).....	244

Alyacen 7/7/7 (28).....	254	<i>anagrelide</i>	534	AQINJECT PEN NEEDLE	
ALYFTREK.....	871	Analpram-Hc.....	45	.....	626, 696
Alyq.....	152	ANALPRAM-HC.....	45, 322	AQNEURSA.....	821
<i>amantadine hcl</i>	181	ANAPROX DS.....	40	AQUA LANCE LANCING	
AMBIEN.....	230	ANASCORP.....	102	DEVICE.....	598, 696
AMBIEN CR.....	230	ANASPAZ.....	472, 515	AQUASTAT 0.9% SODIUM	
<i>ambrisentan</i>	151	ANASTIA.....	338	CHLORIDE.....	406
<i>amcinonide</i>	305	<i>anastrozole</i>	87	AQUASTAT SFR 0.9%	
AMELUZ.....	333	ANCOBON.....	52	SODIUM CHLOR.....	406
Amethia.....	242	ANDEMBRY		AQUORAL.....	827
Amethyst (28).....	244	AUTOINJECTOR.....	115	ARAKODA.....	55
AMICAR.....	528	ANDROGEL.....	421	ARALAST NP.....	872
AMIELLE VAGINAL		ANGELIQ.....	435	Aranelle (28).....	254
TRAINER.....	650, 696	ANNOVERA.....	256	ARANESP (IN	
<i>amiloride</i>	146	ANODYNE LPT.....	328	POLYSORBATE).....	521
<i>amiloride-</i>		ANORO ELLIPTA.....	868	ARAVA.....	35
<i>hydrochlorothiazide</i>	146	<i>anticoag citrate phos</i>		ARAZLO.....	273
<i>aminocaproic acid</i>	528	<i>dextrose</i>	519	ARBLI.....	121
<i>amiodarone</i>	124	ANTIOXIDANT FORMULA		ARCALYST.....	27
AMITIZA.....	476, 498	(SELENIUM).....	3, 371	ARESTIN.....	829
<i>amitriptyline</i>	177	ANUCORT-HC.....	44	AREXVY (PF).....	101
<i>amitriptyline-</i>		ANUSOL-HC.....	44	<i>arformoterol</i>	866
<i>chlordiazepoxide</i>	176, 199	Anusol-Hc.....	44, 305	<i>arginine (l-arginine)</i>	350
AMLACTIN.....	303	ANZUPGO.....	278	<i>arginine hcl (l-arginine)</i>	350
<i>amlodipine</i>	141	APADAZ.....	20	ARGYLE TRACHEOSTOMY	
<i>amlodipine-atorvastatin</i>	136	Apexicon E.....	305	CARE TRAY.....	650, 696
<i>amlodipine-benazepril</i>	116	APEXOL.....	264	ARICEPT.....	239
<i>amlodipine-olmesartan</i>	119	APEXOL HP.....	264	ARIKAYCE.....	49
<i>amlodipine-valsartan</i>	119	APHORIA.....	270	ARIMIDEX.....	87
<i>amlodipine-valsartan-</i>		APIDRA SOLOSTAR U-100		<i>aripiprazole</i>	187, 188, 204
<i>hcthiazid</i>	119	INSULIN.....	450	ARIXTRA.....	532
<i>ammonium lactate</i>	303	APIDRA U-100 INSULIN....	450	<i>armodafinil</i>	224
Amnesteem.....	259	APLENZIN.....	176	ARMOUR THYROID.....	457
<i>amoxapine</i>	177	APLIGRAF.....	344	ARNUITY ELLIPTA.....	862
<i>amoxicil-clarithromy-</i>		APOGEE IC INTERMIT		AROMASIN.....	87
<i>lansopraz</i>	476	CATHETER.....	684, 696	ARTHROTEC 50.....	36
<i>amoxicillin</i>	49, 50	APOGEE PLUS INTERMITT		ARTHROTEC 75.....	36
<i>amoxicillin-pot clavulanate</i>	50	CATHETER.....	684, 696	ARTICHOKE PREMIUM	
<i>amphetamine</i>	189, 207	APOKYN.....	181	EXTRACT.....	6
<i>amphetamine sulfate</i>		<i>apomorphine</i>	181	ARTILIS.....	264
.....	189, 207, 224	APORIX.....	261, 263	ARTILIS HP.....	264
<i>ampicillin</i>	50	<i>apraclonidine</i>	853	ARTISS.....	338
AM-PM MENOPAUSE		<i>aprepitant</i>	464	Ascomp With Codeine.....	19
FORMULA.....	6	APRETUDE.....	58	ASCOR.....	414
AMPYRA.....	832	Apri.....	244	<i>ascorbate sodium (vitamin c)</i>	
AMVISC.....	850	APRISO.....	478	.....	414
AMVISC PLUS.....	850	APTENSIO XR.....	189	<i>ascorbic acid (vitamin c)</i>	414
AMZEEQ.....	261	APTIOM.....	160	<i>ascorbic acid(vitamin</i>	
ANACAINE.....	341	APTIVUS.....	74	<i>c)(bulk)</i>	236, 414
ANAFRANIL.....	177				

<i>ascorbic acid-ascorbate sodium</i>	414	ATACAND HCT.....	119	AUTOLET LITE.....	599, 698
<i>ascorbic acid-zinc oxide</i>	414	<i>atazanavir</i>	74	AUTOPEN 1 TO 21 UNITS.....	626, 698
<i>asenapine maleate</i>	182, 204	ATELVIA.....	433	AUTOPEN 2 TO 42 UNITS.....	626, 698
Ashlyna.....	242	<i>atenolol</i>	137	AUTOSHIELD DUO PEN NEEDLE.....	626, 698
<i>ashwagandha extract</i>	6	<i>atenolol-chlorthalidone</i>	142	AUTOSOFT 30.....	686, 698
<i>ashwagandha root extract</i>	6	ATIVAN.....	154, 199	AUTOSOFT 90.....	686, 699
ASHWAGANDHA ROOT LEAF EXTRACT.....	6	<i>atomoxetine</i>	198	AUTOSOFT XC INFUSION SET 23".....	686, 699
ASMANEX HFA.....	862	ATORVALIQ.....	127	AUTOSOFT XC INFUSION SET 32".....	686, 699
ASMANEX TWISTHALER...	862	<i>atorvastatin</i>	127	AUTOSOFT XC INFUSION SET 43".....	686, 699
<i>aspirin</i>	42, 535	<i>atovaquone</i>	56	AUVELITY.....	171
ASPIRIN CHILDRENS..	42, 534	<i>atovaquone-proguanil</i>	54	AUVI-Q.....	143
<i>aspirin-dipyridamole</i>	534	ATRALIN.....	273	AVALIDE.....	120
ASPRUZYO SPRINKLE.....	123	ATRAPRO.....	6	AVAPRO.....	121
ASSURE 4 CONTROL SOLUTION.....	598, 696	ATRAPRO CP.....	300	AVAR.....	264
ASSURE 4 STRIPS.....	550, 697	ATRAPRO DERMAL SPRAY.....	100, 345	AVAR LS.....	264
ASSURE DOSE NORMAL CONTROL.....	598, 697	ATRAPRO HYDROGEL.....	300	AVEIDA.....	335
ASSURE DOSE NORM-HI CONTROL.....	599, 697	ATROPEN.....	148	AVEIDAOXIA.....	335
ASSURE ID DUO PRO SFTY PEN NDL.....	626, 697	<i>atropine</i>	838	AVENOVA.....	304
ASSURE ID PEN NEEDLE.....	626, 697	<i>atropine sulfate (pf)</i>	838	AVERI.....	245
ASSURE ID PRO PEN NEEDLE.....	626, 697	ATROVENT HFA.....	866	Aviane.....	245
ASSURE LANCE.....	599, 697	ATTRUBY.....	421	AVIDORA.....	268
ASSURE LANCE PLUS.....	599, 697	AUBAGIO.....	832	AVIDORA HP.....	267
ASSURE PLATINUM GLUCOSE METER.....	599, 697	Aubra.....	244	Avidoxy.....	76
ASSURE PLATINUM TEST STRIP.....	551, 697	Aubra Eq.....	244	AVIDOXY DK.....	76
ASSURE PRISM CONTROL 1-2 SOLN.....	599, 698	AUGMENTIN.....	50	AVITA.....	273
ASSURE PRISM MULTI METER.....	599, 698	AUGMENTIN ES-600.....	50	AVITENE.....	529
ASSURE PRISM MULTI STRIP.....	551, 698	AUGMENTIN XR.....	50	AVITENE FLOUR.....	529
ASTAGRAF XL.....	539	AUGTYRO.....	95	AVMAPKI-FAKZYNJA.....	82
ASTERO.....	338	AUGUSTIL.....	267	AVO CREAM.....	300
ASTHMA CHECK METER.....	671, 698	AURA PORTANEB.....	652, 698	AVODART.....	511
ASTHMAPACK CHILDREN'S.....	672, 698	<i>auranofin</i>	32	AVONEX.....	830
<i>astragalus root</i>	6	Aurovela 1.5/30 (21).....	244	AWANIS.....	268
ASTRINGYN.....	528	Aurovela 1/20 (21).....	244	Ayuna.....	245
ATACAND.....	121	Aurovela 24 Fe.....	244	AYVAKIT.....	95
		Aurovela Fe 1.5/30 (28).....	244	AZALTA.....	271
		Aurovela Fe 1-20 (28).....	245	AZALTA HP.....	270
		AURUMHEEL.....	459	Azasan.....	32, 541
		AURYXIA.....	359, 508, 510	AZASITE.....	852
		AUSTEDO.....	221, 222	<i>azathioprine</i>	32, 541
		AUSTEDO XR.....	221, 223	<i>azelaic acid</i>	261, 335
		AUSTEDO XR TITRATION KT(WK1-4).....	221, 222, 223	<i>azelastine</i>	838, 873
		AUTOJECT 2 INJECTION DEVICE.....	626, 698	<i>azelastine-fluticasone</i>	873
		AUTO-LANCET MINI...	599, 698	AZELEX.....	261, 335
		AUTOLET IMPRESSION LANC DEV.....	599, 698	AZESCO.....	405
		AUTOLET LANCING DEVICE.....	599, 698		

AZILECT.....	180	BAQSIMI.....	420	BD POSIFLUSH NORMAL	
<i>azithromycin</i>	71	BARACLUDE.....	67	SALINE 0.9.....	406
AZO BORIC ACID.....	880	BARIATRIC		BD PRECISIONGLIDE 655, 701	
AZO COMPLETE		MULTIVITAMINS.....	372	BD SAFETYGLIDE	
FEMININE BALANCE.....	483	BARRIGEL.....	684	ALLERGIST TRAY.....	655, 701
AZO CRANBERRY PLUS		BASADROX.....	279	BD SAFETYGLIDE INSULIN	
PROBIOTIC.....	6	BASAGLAR KWIKPEN U-		SYRINGE.....	626, 701
AZO CRANBERRY PLUS		100 INSULIN.....	449	BD SAFETYGLIDE NEEDLE	
VIT C.....	6	BASAGLAR TEMPO		.....	655, 701
AZO DUAL PROTECTION..	483	PEN(U-100)INSLN.....	449	BD SAFETYGLIDE	
AZO MENOPAUSE NIGHT-		BATIZIA.....	279	SHIELDING REG 655, 701, 702	
MELATONIN.....	213	BAXDELA.....	66	BD SAFETYGLIDE	
AZO VAGINAL HEALTH		BAXONIL.....	335	SYRINGE.....	626, 655, 702
PROBIOTIC.....	483	BAYER ASPIRIN.....	42, 535	BD SAFETYGLIDE TB REG	
AZOPT.....	846	BAYER LOW DOSE		BEVEL.....	655, 702
AZOR.....	119	ASPIRIN.....	42, 535	BD SAFETYGLIDE	
AZSTARYS.....	190	B-COMPLEX INJECTION...	353	TUBERCULIN.....	656, 702
AZULFIDINE.....	34, 478	B-COMPLEX PLUS B-12....	409	BD SAF-T-INTIMA.....	648, 702
AZULFIDINE EN-TABS.	34, 478	<i>b-complex with vitamin c</i>	352	BD SLIP TIP SYRINGE	
Azurette (28).....	243	BD ALLERGIST TRAY REG		.....	656, 702
B ACTIV.....	351	BEVEL.....	653, 699	B-D SLIP TIP SYRINGE	
B COMPLEX 100.....	353	BD ALLERGY SYRINGE		.....	656, 702
<i>b complex-vitamin c-folic</i>		.....	653, 699	BD SPECIALTY USE	
<i>acid</i>	351	BD BLUNT PLASTIC		NEEDLES.....	656, 702
B-100 COMPLEX.....	351	CANNULA.....	653, 699	BD SYRINGE.....	657, 703
B12.....	411	BD BULK SYRINGE SLIP		BD SYRINGE CATH TIP	
B12 ACTIVE.....	411	TIP.....	653, 699	NONSTERILE.....	656, 702
B-50 COMPLEX WITH		BD ECCENTRIC TIP		BD SYRINGE CATHETER	
INOSITOL.....	352	SYRINGE.....	653, 699	TIP.....	656, 702
BABY COUGH.....	4	BD ECLIPSE LUER-LOK		BD SYRINGE LUER-LOK	
BABY COUGH-MUCUS.....	5	.....	626, 654, 699	NONSTERILE.....	656, 702, 703
BACICAP.....	483	BD FILTER NEEDLE-5		BD SYRINGE LUER-LOK	
BACID WITH		MICRON.....	654, 700	STERILE.....	656, 703
LACTOSPORE.....	483	BD INSYTE AUTOGUARD		BD SYRINGE SLIP TIP	
<i>bacitracin</i>	851	.....	648, 700	NONSTERILE.....	656, 657, 703
<i>bacitracin-polymyxin b</i>	850	BD INTEGRA SYRINGE		BD SYRINGE-DUAL	
<i>baclofen</i>	544	.....	654, 700	CANNULA.....	657, 703
BACTRIM.....	51	BD INTERLINK BLUNT		BD TUBERCULIN SLIP-TIP	
BACTRIM DS.....	51	PLASTIC CAN.....	654, 700	.....	657, 703
BAFIERTAM.....	831	BD INTERLINK SYRINGE		BD TUBERCULIN SYRINGE	
BAL-CARE DHA.....	395	.....	654, 700	.....	657, 703
BAL-CARE DHA		BD LUER-LOK BULK		BD VERITOR SARS-COV-2,	
ESSENTIAL.....	395	SYRINGE.....	654, 700	FLU A-B.....	592, 703
BALCOLTRA.....	245	BD LUER-LOK SYRINGE		BD VERITOR SYSTEM	
<i>balsalazide</i>	478	.....	654, 655, 700, 701	SARS-COV-2.....	592, 704
<i>balsam peru-castor oil</i>	348	BD LUER-LOK TIP		BEANAID.....	471
BALVERSA.....	90	CONTROL SYRING....	655, 701	BEANO.....	471
Balziva (28).....	245	BD MICROTAINER		BELBUCA.....	25
BANATROL PLUS.....	462	LANCET.....	599, 701	<i>belladonna alkaloids-opium</i> .	474
BANZEL.....	168, 169			BELSOMRA.....	231

<i>benazepril</i>	117	BETADINE OPHTHALMIC PREP	852	BIGFOOT UNITY PEN CAP- TRESIBA.....	651, 704
<i>benazepril- hydrochlorothiazide</i>	116	<i>betaine</i>	822	BIJUVA.....	436
BENEFIBER (INULIN-CORN FIBER).....	498	BETALOAN SUIK.....	440	BIKTARVY	62
BENEFIBER (WHEAT DEXTRIN).....	498	<i>betamethasone dipropionate</i>	305	BILAC	483
BENEFIBER ADVANCED...	483	<i>betamethasone valerate</i>	305, 306	BILTRICIDE.....	51
BENEFIBER CLEAR SF (DEXTRIN).....	498	<i>betamethasone, augmented</i>	306	<i>bimatoprost</i>	853
BENEFIBER DUAL ACTION	483	BETAPACE.....	124, 138	BIMZELX.....	277
BENEFIBER DUAL ACTION-THEANINE.....	483	BETAPACE AF.....	124, 138	BIMZELX AUTOINJECTOR	277
BENEFIBER SUGAR FREE (DEXTRIN).....	498	BETASERON.....	830	BINAXNOW COVD AG	
BENEFIBER SUGAR FREE (INULIN).....	498	<i>betaxolol</i>	137, 847	CARD HOME TST	592, 704
BENEFIX.....	522	<i>bethanechol chloride</i>	517	BINAXNOW COVID-19 AG	
<i>benfotiamine</i>	410	BETHKIS.....	870	CARD.....	592, 705
BENICAR.....	121	BETIMOL.....	847	BINAXNOW COVID-19 AG	
BENICAR HCT.....	120	BETOPTIC S.....	848	SELF TEST.....	592, 705
BENLYSTA.....	36	BEVESPI AEROSPHERE...	868	BINOSTO.....	433
BENTIVITE BX.....	361	BEVITROL.....	465	BIO C 1:1.....	353
BENZAMYCIN.....	264	<i>bexarotene</i>	98, 287	BIOLON.....	850
BENZEPRO.....	269	BEXSERO.....	109	BIOLYTE.....	364
BENZEPRO (MICROSPHERES).....	269	BEYAZ.....	245	BIOMEPRO.....	483, 484
<i>benzhydrocodone- acetaminophen</i>	21	BEYFORTUS.....	102	BIONIME RIGHTEST	
<i>benznidazole</i>	56	<i>bicalutamide</i>	85	GM300 SYSTEM.....	599, 705
BENZODOX 30.....	76	BIDIL.....	152	BIONIME RIGHTEST TEST	
BENZODOX 60.....	76	BIGFOOT UNITY.....	599, 704	STRIPS.....	551, 705
<i>benzoin (bulk)</i>	236, 334	BIGFOOT UNITY PEN CAP- ADMELOG.....	650, 704	BIOPETIT	352
<i>benzonatate</i>	861	BIGFOOT UNITY PEN CAP- APIDRA.....	650, 704	BIOSTEP.....	346, 705
<i>benzoyl peroxide</i>	269	BIGFOOT UNITY PEN CAP- ASPART.....	650, 704	BIOSTEP AG.....	346
<i>benztropine</i>	180	BIGFOOT UNITY PEN CAP- BASAGLAR.....	650, 704	BIOTEL CARE BGM-4 METER.....	599, 705
<i>bepotastine besilate</i>	839	BIGFOOT UNITY PEN CAP- FIASP.....	650, 704	<i>biotin</i>	413, 414
BEPREVE.....	839	BIGFOOT UNITY PEN CAP- HUMALOG.....	650, 704	BIOTINEX.....	484
<i>berberine chloride</i>	75	BIGFOOT UNITY PEN CAP- LANTUS.....	650, 704	BIOZEN.....	484
BERBERINE ES-5.....	75	BIGFOOT UNITY PEN CAP- LYSPRO.....	650, 704	<i>bismuth subcit k-metronidz- tcn</i>	475
BERGACOR.....	6	BIGFOOT UNITY PEN CAP- LYUMJEV.....	651, 704	<i>bisoprolol fumarate</i>	137
BERGACOR PLUS.....	6	BIGFOOT UNITY PEN CAP- NOVOLOG.....	651, 704	<i>bisoprolol- hydrochlorothiazide</i>	143
BERINERT.....	520	BIGFOOT UNITY PEN CAP- TOUJEO.....	651, 704	<i>bitter melon extract</i>	6
Beser.....	305	BIGFOOT UNITY PEN CAP- TOUJEOMX.....	651, 704	<i>black cohosh</i>	6
BESER KIT.....	321			<i>black walnut hull</i>	6
BESIVANCE.....	851			BLANCHE.....	295
BESREMI.....	91			BLEPHAMIDE S.O.P.....	836
BEST FIBER.....	498			Blisovi 24 Fe.....	245
<i>beta carotene</i>	409			Blisovi Fe 1.5/30 (28).....	245
				Blisovi Fe 1/20 (28).....	245
				<i>blood glucose contrl hi,normal</i>	599, 705
				<i>blood glucose control, normal</i>	599, 705

BLOOD GLUCOSE MONITORING.....	599, 705	BREATHERITE VALVED MDI CHAMBER.....	674, 707	<i>bupropion hcl (smoking deter)</i>	233
BLOOD GLUCOSE TEST.....	552, 705	BREATHERITE VALVED MDI SPACER.....	674, 707	<i>buspirone</i>	155
<i>blood-glucose meter</i>	599, 705	BREEZE 2 CONTROL SOLUTION, LOW.....	600, 707	<i>butalbital-acetaminop-caf-cod</i>	19
BLULINK BG SYSTEM REFILL.....	600, 706	BREEZE 2 CONTROL SOLUTION, NML.....	600, 707	<i>butalbital-acetaminophen</i> 26, 27	
BLULINK DIABETIC TEST BUNDLE.....	600, 706	BREEZE 2 CONTROL SOLUTION,HIGH.....	600, 707	<i>butalbital-acetaminophen-caff</i>	27
BLULINK GLUCOSE MONITOR SYSTEM....	600, 706	BRENZAVVY.....	428	<i>butalbital-aspirin-caffeine</i>	41
BLULINK GLUCOSE TEST STRIP.....	552, 706	BREO ELLIPTA.....	869	<i>butorphanol</i>	26
<i>blunt needle, disposable</i>	657, 706	BREXAFEMME.....	52, 53	BUTRANS.....	26
BONEUP.....	356	Breyna.....	869	BUTTERFLY TOUCH LANCET.....	600, 707
BONEUP (CALCIUM ASCORBATE).....	356	BREZTRI AEROSPHERE...	870	<i>butylated hydroxytoluene</i>	237
BONJESTA.....	462	Briellyn.....	245	BYDUREON BCISE.....	425
BONSITY.....	432	BRILINTA.....	534	BYLVAY.....	538
BOOST GLUCOSE CONTROL.....	387	<i>brimonidine</i>	336, 853	BYSTOLIC.....	137
BOOSTNOW IMMUNE SUPPORT.....	372	<i>brimonidine-dorzolamide</i>	835	<i>cabergoline</i>	456
BOOSTRIX TDAP.....	107	<i>brimonidine-dorzolamide (pf)</i>	835	CABLIV.....	519
BORON COMPLEX.....	367	<i>brimonidine-dorzol-</i>		CABOMETYX.....	93
<i>bosentan</i>	151	<i>brimonidine-dorzol-</i>		CABTREO.....	268
BOSULIF.....	95	<i>bimatoprost</i>	833	<i>ca-d3-mag ox-zinc-cop-mang-bor</i>	356
<i>boswellia serrata extract</i>	6	<i>brimonidine-timolol</i>	845	<i>ca-d3-mag-zinc-cop-mang-bor</i>	356
BOWEL SUPPORT-IRRITABLE BOWEL.....	7	BRINSUPRI.....	856	CADEAU DHA.....	395
BOYS TRAINING PANTS 4T-5T.....	624, 706	<i>brinzolamide</i>	846	CADIRA COMPLIANT	
BP 10-1.....	264	BRIVIACT.....	167	BLOOD STAT.....	685
BP MANAGER.....	7	Bromfed Dm.....	875	CADUET.....	136
BPCO.....	348	<i>bromfenac</i>	844	<i>caffeine</i>	210
BPO.....	269	<i>bromocriptine</i>	180	<i>caffeine citrate</i>	209
BRAFTOVI.....	88	<i>brompheniramine-pseudoeph-dm</i>	875	<i>calc carb-mag ox-d3-zinc gluc</i>	356
BREATHERITE MDI SPACER.....	674, 706	BROMSITE.....	844	<i>calc-d3-magnes-b6-zn-cu-mangan</i>	356
BREATHERITE SPACER-MASK, NEO.....	674, 706	BRONCHIAL SOOTHE.....	7	<i>calcipotriene</i>	288, 289
BREATHERITE SPACER-MASK,ADULT.....	674, 706	BRONCHITOL.....	871	<i>calcipotriene-betamethasone</i>	275
BREATHERITE SPACER-MASK,CHILD.....	674, 706	BROVANA.....	866	<i>calcitonin (salmon)</i>	435
BREATHERITE SPACER-MASK,INFANT.....	674, 707	BRUKINSA.....	88, 95	<i>calcitriol</i>	289, 415, 821
BREATHERITE SPACER-MASK,S.CHLD.....	674, 707	BRYHALI.....	288, 306	<i>calcium acetate</i>	355
		BUCAPSOL.....	155	<i>calcium acetate(phosphat bind)</i>	508
		<i>budesonide</i>	479, 480, 862	<i>calcium carb, citrate, malate</i> 355	
		<i>budesonide-formoterol</i>	869	<i>calcium carb-d3-mag ox-zinc ox</i>	356
		BUFFERED C POWDER....	414	<i>calcium carb-mag ox-zinc sulf</i>	356
		BULLSEYE MINI SAFETY LANCETS.....	600, 707	<i>calcium carbonate</i>	355
		<i>bumetanide</i>	145		
		BUPHENYL.....	823		
		<i>buprenorphine</i>	26		
		<i>buprenorphine hcl</i>	25, 232		
		<i>buprenorphine-naloxone</i>	233		
		<i>bupropion hcl</i>	176		

<i>calcium carbonate-vitamin d3</i>	358	<i>carbamazepine</i>	160, 202	CARESTART COVID-19 AG	
<i>calcium citrate</i>	355	CARBATROL.....	160, 202	HOME TST.....	592, 708
<i>calcium citrate-vitamin d3</i>	358	<i>carbidopa</i>	180	CARETOUCH CONTROL	
<i>calcium no.38-d3-mag-boron</i>		<i>carbidopa-levodopa</i>	178	SOLN L2-L3.....	601, 709
.....	356	<i>carbidopa-levodopa-</i>		CARETOUCH GLUCOSE	
<i>calcium pantothenate</i>	413	<i>entacapone</i>	178	MONITORING.....	601, 709
<i>calcium phos-d3-</i>		<i>carbinoxamine maleate</i>		CARETOUCH INSULIN	
<i>magnesium-zinc</i>	356	.....	857, 858, 859	SYRINGE.....	627, 709
<i>calcium phosphate-vitamin</i>		Carbzah.....	857, 859	CARETOUCH LANCING	
<i>d3</i>	358	CARDIZEM.....	140	DEVICE.....	601, 709
<i>calcium-d3-zinc-copper-</i>		CARDIZEM CD.....	140	CARETOUCH LUER LOCK	
<i>mangan</i>	356	CARDIZEM LA.....	140	SYRINGE.....	658, 709
<i>calcium-vitamin d3-vitamin k</i>	356	CARDURA.....	149	CARETOUCH LUER LOCK	
CALMAID.....	7	CARDURA XL.....	149	SYR-NEEDLE.....	658, 709
CALQUENCE		CAREFINE PEN NEEDLE		CARETOUCH LUER SLIP	
(ACALABRUTINIB MAL). 88, 95		.....	627, 707	SYRINGE.....	658, 709
CALTRATE 600 PLUS D.....	358	CAREONE LANCING		CARETOUCH PEN	
CALTRATE GUMMY BITES	358	DEVICE.....	600, 707	NEEDLE.....	627, 710
CALTRATE-D3 PLUS		CAREONE ULTRA THIN		CARETOUCH SAFETY	
MINERALS.....	356, 357	LANCET.....	600, 707	LANCETS.....	601, 710
Camila.....	253	CAREPOINT LUER LOCK		CARETOUCH TEST STRIP	
CAMRESE.....	243	SYRINGE.....	657, 707	.....	553, 710
CAMRESE LO.....	243	CAREPOINT LUER LOCK		CARETOUCH TWIST	
CAMZYOS.....	142	SYR-NEEDLE.....	657, 707	LANCET.....	601, 710
CANASA.....	479	CAREPOINT LUER SLIP		<i>carglumic acid</i>	824
<i>candesartan</i>	121	SYRINGE.....	657, 707	<i>carisoprodol</i>	545
<i>candesartan-</i>		CAREPOINT LUER SLIP		<i>carisoprodol-aspirin</i>	544
<i>hydrochlorothiazid</i>	120	SYRING-NDL.....	657, 708	<i>carisoprodol-aspirin-codeine</i>	546
CANDICIDAL.....	7	CAREPOINT PRECISION		CARNITEX.....	350
<i>cantharidin in acetone</i>	326	LUER LOCK.....	657, 708	CARNITOR.....	822
CANTHARIS		CAREPOINT PRECISION		CARNITOR (SUGAR-FREE)	
COMPOSITUM.....	459	NEEDLE.....	658, 708	.....	822
<i>capecitabine</i>	87	CAREPOINT PRECISION		CAROSPIR.....	118, 145
CAPEX.....	306	SAFETY.....	658, 708	CARRASYN HYDROGEL	
CAPHOSOL.....	827	CAREPOINT SAFETY LL		WOUND DRESS.....	346, 710
CAPLYTA.....	184	SYR-NEEDLE.....	658, 708	<i>carteolol</i>	848
CAPRELSA.....	95	CARESENS CONTROL A		Cartia Xt.....	140
CAPSFENAC PAK.....	330	AND B.....	600, 708	<i>carvedilol</i>	118
CAPSINAC.....	330	CARESENS LANCETS		<i>carvedilol phosphate</i>	118
CAPSUBLEND-H.....	237	.....	600, 708	<i>cascara sagrada</i>	504
CAPSULE #3		CARESENS N.....	600, 708	CASODEX.....	85
(HYPROMELLOSE).....	237	CARESENS N FELIZ BT		CATAPRES-TTS-1.....	144
<i>captopril</i>	117	GLUC METER.....	600, 708	CATAPRES-TTS-2.....	144
<i>captopril-hydrochlorothiazide</i>		CARESENS N FELIZ		CATAPRES-TTS-3.....	144
.....	116	GLUCOSE METER.....	600, 708	CAYA CONTOURED...594, 710	
CAPVAXIVE.....	108	CARESENS N PLUS BT		CAYSTON.....	871
CARAC.....	286	.....	601, 708	Caziant (28).....	254
CARAFATE.....	504	CARESENS N TEST		<i>cefaclor</i>	64, 65
CARBAGLU.....	824	STRIPS.....	552, 708	<i>cefadroxil</i>	64
		CARESENS N VOICE.....	601, 708	CEFALY.....	651, 710

<i>cefdinir</i>	65	CENTURY MATURE	373	CHILDRENS CHEWABLE	
<i>cefixime</i>	65	<i>cephalexin</i>	64	PROBIOTIC.....	484
<i>cefpodoxime</i>	65	CEQUA.....	842	CHILDREN'S DAILY	
<i>cefprozil</i>	65	CEQUR SIMPLICITY ...	682, 710	PROBIOTIC.....	484
<i>cefuroxime axetil</i>	65	CEQUR SIMPLICITY		CHILDRENS FIBER	
CELACYN.....	300, 680	INSERTER.....	601, 710	GUMMY BEAR.....	498
CELEBREX.....	37	CERACADE.....	300	CHILDREN'S MELATONIN..	212
<i>celecoxib</i>	37	CERAMAX.....	300	CHILDREN'S	
CELEXA.....	171	<i>ceramides 1,3,6-ii</i>	299	MULTIVITAMIN.....	391, 392
CELLCEPT.....	33, 540	CERASPORT ENDURANCE		CHILDREN'S	
CELLPAD.....	680, 710	.....	364	MULTIVITAMIN GUMMY....	392
<i>cellulose (bulk)</i>	238	CERASPORT EX1.....	364	CHILDREN'S PROBIOTIC..	484
CELONTIN.....	168	CERASPORT PLUS.....	364	CHILDREN'S SLEEP	
CEM-UREA.....	326	CERAVE.....	299	(MELATONIN).....	212
CENTANY.....	279	CERAVE AM.....	338	CHLOHUX.....	320
CENTANY AT.....	279	CERAVE DAILY		CHLOOXIA.....	320
CENTRUM.....	373, 382	MOISTURIZING.....	299	<i>chlordiazepoxide hcl</i>	154, 199
CENTRUM ADULT 50 PLUS		CERAVE FOAMING FACIAL		<i>chlordiazepoxide-clidinium</i>	
.....	372	.....	299	.....	199, 474
CENTRUM ADULTS.....	372	CERAVE PM.....	299	<i>chlorhexidine gluconate</i>	827
CENTRUM CHEWABLES...	372	CERAVE SA.....	299	<i>chloroquine phosphate</i>	55
CENTRUM KIDS		CERAVE SA (WITH		<i>chlorpromazine</i>	185
MULTIGUMMY.....	392	NIACINAMIDE).....	299	<i>chlorthalidone</i>	147
CENTRUM MENOPAUSE		CERDELGA.....	822	<i>chlorzoxazone</i>	545
MULTIVITAMIN.....	372	CERTAVITE SENIOR.....	374	CHOICE DM CLARUS	
CENTRUM MINIS ADULTS		CERTAVITE-ANTIOXIDANT		NORM CONTROL.....	601, 710
50 PLUS.....	372	.....	383	CHOICEDM CLARUS	
CENTRUM MINIS MEN 50		CERVIDIL.....	419	.....	553, 601, 710, 711
PLUS.....	372	CETACaine.....	328	CHOLBAM.....	465
CENTRUM MINIS WOMEN		CETAPHIL GENTLE SKIN		CHOLECAL DF.....	408
50 PLUS.....	372	CLEANSER.....	338	<i>cholecalciferol (vitamin d3)</i>	
CENTRUM MULTI MENTAL		<i>cetirizine</i>	860	.....	415, 416
FOCUS.....	372	CETRAXAL.....	855	<i>cholestyramine (with sugar)</i> ..	125
CENTRUM MULTI PLUS		<i>cetrorelix</i>	455	Cholestyramine Light.....	125
BEAUTY.....	373	CETROTIDE.....	455	<i>choline bitartrate</i>	133
CENTRUM MULTI PLUS		<i>cevimeline</i>	829	<i>choline,magnesium</i>	
OMEGA-3.....	373	<i>chamomile flower</i>	7	<i>salicylate</i>	41
CENTRUM		Charlotte 24 Fe.....	245	<i>chorionic gonadotropin,</i>	
MULTIGUMMIES MEN.....	373	<i>chaste tree fruit</i>	7	<i>human</i>	446
CENTRUM		Chateal Eq (28).....	245	CHOSEN LANCET.....	601, 711
MULTIGUMMIES WOMEN.	373	CHEMET.....	48	CHOSEN LANCING	
CENTRUM POSTNATAL....	373	CHEMSTRIP BG LOG		DEVICE.....	601, 711
CENTRUM PRENATAL.....	373	BOOK.....	601, 710	CHOSEN SAFETY LANCET	
CENTRUM SILVER.....	373	CHENODAL.....	466, 538	.....	601, 711
CENTRUM WOMEN.....	383	CHEST RUB (WITH PINE		<i>chromium nicotinate</i>	367
CENTRUM WOMEN		OIL).....	342	<i>chromium picolinate</i>	367
IMMUNE MINIS.....	373	CHILD PROBIOTIC		CIALIS.....	349, 511
CENTURY.....	383	DIGEST-IMMUNE.....	484	CIBINQO.....	278
CENTURY ADULT		CHILDREN'S ASPIRIN..	42, 535	CICASIL.....	680, 711
FORMULA.....	373			CICATRACE PAD.....	680, 711

Ciclodan.....	283	CLEAR FIBER.....	498	CLEVER CHOICE TALK	
CICLODAN KIT.....	282, 283	<i>clemastine</i>	857, 859	TEST.....	554, 713
<i>ciclopirox</i>	283	Clemasz.....	857, 859	CLEVER CHOICE TEST	
<i>ciclopirox-ure-camph-menth-</i>		Clemsza.....	858, 859	STRIPS.....	554, 713
<i>euc</i>	283	CLENPIQ.....	504	CLEVER CHOICE VOICE	
<i>cilostazol</i>	534	CLEOCIN.....	878	PLUS TEST.....	555, 713
CILOXAN.....	851	CLEOCIN HCL.....	70	CLEVER CHOICE	
CIMDUO.....	59	Cleocin Pediatric.....	70	WHISPER AIRE PED..	675, 713
<i>cimetidine</i>	467	CLEOCIN T.....	261	CLICKFINE PEN NEEDLE	
<i>cimetidine hcl</i>	467	CLEVER CHEK BLOOD		.....	627, 713
CIMZIA.....	28, 29, 481	GLUCOSE.....	601, 711	CLIMARA.....	437
CIMZIA POWDER FOR		CLEVER CHEK BLOOD		CLIMARA PRO.....	436
RECONST.....	28, 29, 481	GLUCOSE SYST.....	601, 711	Clindacin.....	261
CIMZIA STARTER KIT		CLEVER CHEK LANCETS		Clindacin Etz.....	261
.....	28, 29, 481	.....	601, 711	CLINDACIN ETZ.....	263
<i>cinacalcet</i>	434	CLEVER CHOICE BLOOD		Clindacin P.....	261
<i>cinnamon bark</i>	7	GLUC SYS.....	601, 711	CLINDACIN PAC.....	263
<i>cinnamon bark extract</i>	7	CLEVER CHOICE		CLINDAGEL.....	262
CINRYZE.....	520	CHAMBER-LRG MASK		<i>clindamycin hcl</i>	70
CIPRO.....	66	.....	674, 711	<i>clindamycin palmitate hcl</i>	70
CIPRO HC.....	855	CLEVER CHOICE		Clindamycin Pediatric.....	70
<i>ciprofloxacin</i>	66	CHAMBER-MED MASK		<i>clindamycin phosphate</i>	262, 878
<i>ciprofloxacin hcl</i>	66, 851, 855	.....	674, 711	<i>clindamycin-benzoyl</i>	
<i>ciprofloxacin-</i>		CLEVER CHOICE		<i>peroxide</i>	264, 265
<i>dexamethasone</i>	855	CHAMBER-SM MASK.	674, 711	<i>clindamycin-tretinoin</i>	268
<i>ciprofloxacin-fluocinolone</i>	855	CLEVER CHOICE		CLINDESSE.....	878
<i>citalopram</i>	171	GLUCOSE MONITOR.	601, 711	CLINITEST COVID-19	
CITRANATAL (DUAL-IRON)		CLEVER CHOICE LEVEL 1		HOME TEST.....	592, 713
.....	395	CONTROL.....	601, 711	CLINPRO 5000.....	825
CITRANATAL 90 DHA		CLEVER CHOICE LEVEL 2		<i>clobazam</i>	156, 199
(ALGAL OIL).....	395	CONTROL.....	602, 712	<i>clobetasol</i>	289, 306, 307, 840
CITRANATAL ASSURE.....	395	CLEVER CHOICE LEVEL 3		<i>clobetasol-emollient</i>	307
CITRANATAL BLOOM.....	361	CONTROL.....	602, 712	CLOBEX.....	307
CITRANATAL DHA (ALGAL		CLEVER CHOICE MICRO		CLOBEZIN.....	285
OIL).....	396	.....	602, 712	<i>clocortolone pivalate</i>	307
CITRANATAL HARMONY		CLEVER CHOICE MICRO		Clodan.....	307
(IRON FUM).....	396	TEST STRIP.....	553, 712	CLODAN KIT.....	323
CITRANATAL MEDLEY.....	374	CLEVER CHOICE NEB KIT-		Clomid.....	440
CITRATABS.....	512	ADULT.....	675, 712	<i>clomiphene citrate</i>	440
CITRULLINE 1000.....	351	CLEVER CHOICE NEB KIT-		<i>clomipramine</i>	177
CLAIRVEE.....	484	CHILD.....	675, 712	<i>clonazepam</i>	154, 156, 199
Claravis.....	259	CLEVER CHOICE		<i>clonidine</i>	144
CLARINEX.....	860, 861	NEBULIZER.....	675, 712	<i>clonidine hcl</i>	144, 188
CLARINEX-D 12 HOUR.....	857	CLEVER CHOICE PEAK		<i>clopidogrel</i>	535
<i>clarithromycin</i>	71	FLOW METER.....	672, 712	<i>clorazepate dipotassium</i>	
CLEANSING EYELID		CLEVER CHOICE PRO		.....	154, 200
MOIST PADS.....	304	.....	554, 602, 712	<i>clotrimazole</i>	283, 284, 827
CLEANSING EYELID		CLEVER CHOICE TALK		<i>clotrimazole-betamethasone</i>	285
WIPES EXT STR.....	304	GLUCOSE SYS.....	602, 712	<i>clozapine</i>	184
CLEANSING WASH....	264, 336			CLOZARIL.....	184

C-NATE DHA.....	396	COMFORTSEAL SMALL		CONTOUR NEXT LEV 2	
COAGADEX.....	526	MASK.....	675, 715	CONTROL SOL.....	603, 716
COAGUCHEK LANCETS		COMIRNATY 2025-2026(5-		CONTOUR NEXT LINK	
.....	602, 713	11Y)(PF).....	110	.....	603, 716
COAGUCHEK XS.....	547, 714	COMIRNATY 2025-26 (12Y		CONTOUR NEXT LINK 2.4	
<i>coal tar</i>	328	UP)(PF).....	110	.....	603, 716
COARTEM.....	55	COMPACT SPACE		CONTOUR NEXT METER	
COBALEFOL.....	417	CHAMBER.....	675, 715	.....	603, 716
COBENFY.....	153	COMPACT SPACE		CONTOUR NEXT ONE	
COBENFY STARTER PACK		CHAMBER-LRG MASK		METER.....	603, 716
.....	153	.....	675, 715	CONTOUR NEXT TEST	
<i>cocaine</i>	872	COMPACT SPACE		STRIPS.....	555, 716
COCOA BUTTER		CHAMBER-MED MASK		CONTOUR PLUS BLUE	
FORMULA - VIT E.....	301	.....	675, 715	METER.....	603, 716
<i>codeine sulfate</i>	12	COMPACT SPACE		CONTOUR PLUS TEST	
<i>codeine-butalbital-asa-caff</i>	19	CHAMBER-SM MASK.....	675, 715	STRIP.....	555, 716
<i>codeine-guaifenesin</i>	877	COMP-AIR NEBULIZER		CONTOUR TEST STRIPS	
CODITUSSIN AC.....	877	COMPRESSOR.....	675, 715	.....	555, 716
CODITUSSIN DAC.....	877	Compazine.....	186, 463	COPAXONE.....	831
COLAZAL.....	479	COMPLERA.....	63	COPIKTRA.....	94
<i>colchicine</i>	517	COMPLETE BALANCE		<i>copper gluconate</i>	367
COLCRYS.....	517	MENOPAUSE RLF.....	213	COQMAX OMEGA.....	133
<i>colesevelam</i>	125	COMPLETE LIVER		CORDRAN.....	308, 309
COLESTID.....	125	CLEANSE.....	352	CORDRAN TAPE LARGE	
<i>colestipol</i>	125	COMPLETE MV ADULT 50		ROLL.....	308
COLLATYL.....	347	PLUS.....	374	CORDX COVID-19 AG	
COLOR LANCETS.....	602, 714	COMPLETE NATAL DHA....	396	HOME TEST.....	592, 716
COMBIGAN.....	845	COMPLETENATE.....	396	CORDX TYFAST FLU-	
COMBIPATCH.....	436	Compro.....	463	COVID-19 TEST.....	592, 716
COMBIVENT RESPIMAT....	868	CONCEPTION.....	592, 715	COREG.....	118
COMBOGESIC.....	36	CONCERTA.....	190	COREG CR.....	118
COMETRIQ.....	93	CONDYLOX.....	326	CORIFACT.....	526
COMFORT EZ INSULIN		CONJUPRI.....	141	CORLANOR.....	147
SYRINGE.....	627, 714	CONSENSI.....	140	CORTANE-B.....	856
COMFORT EZ LANCETS		Constulose.....	500	CORTEF.....	441
.....	602, 714	CONTOUR CONTROL		CORTENEMA.....	480
COMFORT EZ PEN		SOLUTION, HIGH.....	602, 715	CORTIFOAM.....	480
NEEDLES.....	628, 714	CONTOUR CONTROL		CORTISOLV.....	7
COMFORT EZ PRO		SOLUTION, LOW.....	602, 715	<i>cortisone</i>	441
SAFETY PEN NDL.....	628, 714	CONTOUR CONTROL		CORTISPORIN-TC.....	855
COMFORT TOUCH PEN		SOLUTION, NML.....	602, 715	CORTROPHIN GEL.....	420
NEEDLE.....	628, 714	CONTOUR METER.....	602, 715	COSENTYX.....	277
COMFORT TOUCH PLUS		CONTOUR NEXT EZ		COSENTYX (2 SYRINGES)	277
SAFETY LANC.....	602, 714	METER.....	602, 715	COSENTYX PEN.....	277
COMFORT TOUCH ULT		CONTOUR NEXT GEN		COSENTYX PEN (2 PENS)	277
THIN LANCETS.....	602, 715	METER.....	602, 715	COSENTYX UNOREADY	
COMFORTSEAL LARGE		CONTOUR NEXT		PEN.....	277
MASK.....	675, 715	GLUCOSE METER.....	602, 716	COSOPT.....	846
COMFORTSEAL MEDIUM		CONTOUR NEXT LEV 1		COSOPT (PF).....	846
MASK.....	675, 715	CONTROL SOL.....	602, 716	COTELIC.....	92

COTEMPLA XR-ODT.....	190	CULTURELLE KIDS 4 IN 1		CUVITRU.....	104
COVARYX.....	435	IMMUNE.....	485	CUVPOSA.....	830
COVARYX H.S.....	435	CULTURELLE KIDS		CUVRIOR.....	47
COVID-19 AT-HOME TEST		GROW-THRIVE.....	485	<i>cyanocobalamin (vitamin b-</i>	
.....	592, 716	CULTURELLE KIDS		<i>12).....</i>	411, 412
<i>covid19 test adm.by</i>		GUMMY.....	485	<i>cyanocobalamin-</i>	
<i>pharmacist.....</i>	592, 716	CULTURELLE KIDS		<i>cobamamide.....</i>	412
COXANTO.....	40	IMMUNE DEFENSE.....	485	<i>cyanocobalamin-</i>	
COZAAR.....	121	CULTURELLE KIDS		<i>methylcobalamin.....</i>	409, 412
CRALONIN.....	459	PROBIO-FIBER.....	485	CYCLINEX-2.....	391
<i>cranberry conc-ascorbic acid...7</i>		CULTURELLE KIDS		<i>cyclobenzaprine.....</i>	545
<i>cranberry extract.....7</i>		PROBIOT-FIBER.....	486	Cyclogyl.....	838
<i>cranberry fruit.....7</i>		CULTURELLE KIDS		CYCLOMYDRIL.....	834
<i>cranberry fruit concentrate.....7</i>		PROBIOTIC-MV.....	392	CYCLOPAK.....	546
CRANBERRY URINARY		CULTURELLE KIDS		<i>cyclopentolate.....</i>	838
TRACT HEALTH.....	7	PROBIOTICS.....	486	<i>cyclopen-tropic-phenyleph-</i>	
CRANBERRY-		CULTURELLE KIDS PRO-		<i>watr.....</i>	834
PROBIOTC(BLEND)-VITC..	484	MV-LUTEIN.....	392	<i>cyclopent-tropic-phen-ke-tr-</i>	
CRENESSITY.....	419	CULTURELLE MEN'S		<i>wat.....</i>	834
CREON.....	465	DAILY HEALTH.....	486	<i>cyclophosphamide.....</i>	33, 84
CRESEMBA.....	53	CULTURELLE		<i>cyclop-trop-propa-phen-ke-</i>	
CRESTOR.....	127	METABOLISM-WT MGMT..	486	<i>wat.....</i>	834
CREXONT.....	178, 179	CULTURELLE PROBIOTIC-		<i>cycloserine.....</i>	63
CRINONE.....	440, 880	MULTIVIT.....	374	CYCLOSET.....	425
<i>cromolyn.....</i>	92, 849, 864	CULTURELLE PROBIOTIC-		<i>cyclosporine.....</i>	33, 539, 843
Crotan.....	344	PREBIOTIC.....	486	CYCLOSPORINE IN	
CRYODOSE TA MEDIUM		CULTURELLE		KLARITY.....	843
STREAM SPR.....	329	SLIMBIOTICS.....	486	<i>cyclosporine modified....</i>	33, 539
CRYODOSE TA MIST		CULTURELLE WOMEN'S 4-		CYCLOTENS REFILL.....	545
SPRAY.....	329	IN-1.....	486	CYCLOTENS STARTER.....	545
CRYOSERV.....	236	CULTURELLE WOMEN'S		CYMBALTA.....	173, 211
Cryselle (28).....	245	WELLNESS.....	486	<i>cyproheptadine.....</i>	858, 859
CTEXLI.....	466, 538	CUPRIMINE.....	34, 47	Cyred.....	246
CULTURELLE.....	486	CURAFIL GEL WOUND		Cyred Eq.....	246
CULTURELLE ABDOMINAL		.....	347, 716	CYSTADANE.....	823
SUPP-CMFT.....	484	CURCUPLEX-95.....	7	CYSTADROPS.....	846
CULTURELLE ADVANCED		CURITY AMD.....	596, 717	CYSTAGON.....	506
REGULARITY.....	484	CURITY AMD (WITH		CYSTARAN.....	847
CULTURELLE BABY		POLYHEXAMETH).....	347, 717	CYTOMEL.....	457
COLIC-SOOTHING.....	485	CURITY DRAINAGE BAG		CYTOTEC.....	471
CULTURELLE BABY		.....	624, 717	D3-2000.....	416
DIGESTIVE CALM.....	485	CURITY IODOFORM		<i>dabigatran etexilate.....</i>	537
CULTURELLE BABY		PACKING STRIP.....	596, 717	DAFILOR.....	283
HEALTH DEVELOP.....	485	CUROSURF.....	872	DAILY FIBER.....	499
CULTURELLE BLOATING		CUTAQUIG.....	104	DAILY FIBER (PSYLLIUM-	
GAS.....	485	CUTEMOL EMOLLIENT.....	301	<i>ASPART).....</i>	499
CULTURELLE DIGESTIVE		CUTTER ALL FAMILY.....	324, 325	DAILY FIBER (PSYLLIUM-	
HEALTH.....	485	CUTTER BACKWOODS		<i>SUCROSE).....</i>	499
CULTURELLE IMMUNE		DRY.....	325	DAILY GUMMIES.....	374
DEFENSE.....	485	CUTTER SKINSATIONS.....	325		

DAILY MULTIVITAMIN-MINERALS.....	383	<i>deferiprone</i>	47	DERMACINRX MULTITAM.	374
DAILY PROBIOTIC (4 STRAINS).....	486	<i>deferroxamine</i>	47	DERMACINRX MULTIVITAMIN.....	383
DAILY PROBIOTIC (B.INFANTIS).....	487	<i>deflazacort</i>	441	DERMACINRX PHN PAK....	341
DAILY PROBIOTIC (S. BOULARDII).....	487	DELESTROGEN.....	437	DERMACINRX PRENATRIX.....	396
DAILY-VITE (WITH FOLIC ACID).....	383	DELIBON.....	285	DERMACINRX PRENATRYL.....	396
DAIRY RELIEF.....	466	DELSTRIGO.....	63	DERMACINRX PRETRATE	396
<i>dalfampridine</i>	832	DELUO.....	100, 345	DERMACINRX PROBINATE.....	487
DALIRESP.....	865	<i>demeclocycline</i>	76	DERMACINRX PROBISOL.	487
<i>danazol</i>	444	DEMEROL.....	12	DERMACINRX PROBITRAN.....	487
<i>dandelion root</i>	7	DEMEROL (PF).....	12	DERMACINRX PROBITROL.....	487
DANTRIUM.....	546	DEMSEER.....	149	DERMACINRX PROMEROL.....	487
<i>dantrolene</i>	546	DENTA 5000 PLUS.....	825	DERMACINRX RIBOTIN-E.	374
DANZITEN.....	95	DENTA 5000 PLUS SENSITIVE.....	825	DERMACINRX SURGICAL PHARMAPAK.....	349
<i>dapsone</i>	54, 262	DENTAGEL.....	825	DERMACINRX THERAZOLE PAK.....	286
DARAPRIM.....	55	DENVITA.....	282	DERMACINRX VENEXA....	375
<i>darifenacin</i>	515	DEOXIA.....	262, 263	DERMACINRX VENEXA FE.....	375
DARTISLA.....	473	DEOXIADEMTAR.....	268	DERMACINRX VENTRIXYL	375
<i>darunavir</i>	74	DEOXIATAR.....	268	DERMACINRX VENTRIXYL FE.....	375
<i>dasatinib</i>	95	DEOXIATAR.....	268	DERMACINRX VITRAMYN.	375
Dasetta 1/35 (28).....	246	DEPAKOTE.....	157, 202	DERMACINRX VITRANOL.	375
Dasetta 7/7/7 (28).....	254	DEPAKOTE ER... ..	157, 202, 215	DERMACINRX VITRANOL FE.....	375
DAURISMO.....	90	DEPAKOTE SPRINKLES.....	157, 202	DERMACINRX VITREXATE	375
DAVIMET WITH FLUORIDE.....	393	DEPEN TITRATABS.....	35, 47	DERMACINRX VITREXATE FE.....	375
DAVIMET WITH IRON.....	374	DEPLIN FC.....	417	DERMACINRX ZINTREXYL-C.....	375
DAVIMET-M.....	383	DEPO-ESTRADIOL.....	437	DERMACINRX ZRM PAK... ..	341
DAVOL IRRIGATION SYRINGE.....	658, 717	DEPO-PROVERA.....	241	DERMALID.....	339
DAVOL PISTON IRRIGATION.....	658, 717	DEPO-SUBQ PROVERA 104.....	242	DERMA-SMOOTH/FS BODY OIL.....	309
DAWNZERA.....	115	Depo-Testosterone.....	421	DERMA-SMOOTH/FS SCALP OIL.....	309
DAYAVITE.....	374	DERMACINRX.....		DERMASO PLUS.....	301
DAYBUE.....	239	CLORHEXACIN.....	348	DERMAWERX SURGICAL PLUS PAK.....	349
DAYPRO.....	40	DERMACINRX DAVIMET... ..	383	DERMAZENE.....	286
Daysee.....	243	DERMACINRX DEXATRAN	374	DERMELLE.....	334
DAYTRANA.....	190	DERMACINRX DOTREMIN	408	DERMOTIC OIL.....	855
DAYVIGO.....	231	DERMACINRX FOLDITAM.	408		
DAZAVEIDAOXIA.....	336	DERMACINRX FOLIFLEX..	374		
DAZINIA.....	280	DERMACINRX FOLITIN-Z..	374		
DAZOMON.....	336	DERMACINRX FOLTREXYL.....	408		
DDAVP.....	423	DERMACINRX LACTEROL	487		
DEBACTEROL.....	827	DERMACINRX LEXITRAL..	331		
Deblitane.....	253	Dermacinrx Lidocan.....	339		
DECARA K.....	415	DERMACINRX LIDOGEL....	339		
<i>deferasirox</i>	47	DERMACINRX LIDOREX....	339		

DERM-SILK.....	680, 717	<i>dextroamphetamine sulfate</i>	332
DERMULCERA.....	349	.....	191, 208, 225
DERPIXA.....	334	<i>dextroamphetamine-</i>	
DESCOVY.....	59	<i>amphetamine</i>	192, 207, 225
DESFERAL.....	47	DHEA.....	1
<i>desflurane</i>	43	DHIVY.....	179
<i>desipramine</i>	177	DIABETIC MULTIVITAMIN..	375
<i>desloratadine</i>	860, 861	DIACOMIT.....	169, 170
<i>desmopressin</i>	423	DIADIMAXIA.....	263
<i>desog-e.estradiol/e.estradiol</i>	243	DIAOXIA.....	263
<i>desonide</i>	309	DIAPERS, UNISEX SIZE 1	
DESOWEN.....	309	.....	624, 718
<i>desoximetasone</i>	309, 310	DIAPERS, UNISEX SIZE 2	
DESOXYN.....	190, 207	.....	624, 718
<i>desvenlafaxine</i>	173	DIAPERS, UNISEX SIZE 3	
<i>desvenlafaxine succinate</i>	173	.....	625, 718
DEVILBISS DISPOSABLE		DIAPERS, UNISEX SIZE 4	
NEBULIZER.....	652, 717	.....	625, 718
DEVILBISS PULMO-AIDE		DIAPERS, UNISEX SIZE 5	
COMPRESSR.....	675, 717	.....	625, 718
DEVILBISS PULMOMATE		DIAPERS, UNISEX SIZE 6	
COMPRESSOR.....	675, 717	.....	625, 718
DEVILBISS TRAVELER		DIASAXIATAR.....	268
COMPRESSOR.....	675, 717	DIASDIMAXIA.....	263, 264
Dexabliss.....	441	DIASOXIA.....	264
<i>dexamethasone</i>	441	DIATROL.....	375
DEXAMETHASONE		DIATRUE CONTROL SOLN	
INTENSOL.....	441	NORMAL.....	603, 718
<i>dexamethasone sodium</i>		DIATRUE CONTROL	
<i>phosphate</i>	840	SOLUTION HIGH.....	603, 718
<i>dexchlorpheniramine</i>		DIATRUE CONTROL	
<i>maleate</i>	857, 859	SOLUTION LOW.....	603, 718
DEXCOM G6 RECEIVER		DIATRUE PLUS BLOOD	
.....	603, 717	GLUCOSE MET.....	603, 718
DEXCOM G6 SENSOR		DIATRUE PLUS TEST	
.....	603, 717	STRIP.....	555, 719
DEXCOM G6		<i>diazepam</i>	154, 156, 200
TRANSMITTER.....	603, 718	Diazepam Intensol.....	154, 200
DEXCOM G7 RECEIVER		<i>diazoxide</i>	420
.....	603, 718	DIBENZYLINE.....	149
DEXCOM G7 SENSOR		<i>dichlorphenamide</i>	145, 541
.....	603, 718	DICLEGIS.....	462
DEXEDRINE SPANSULE		<i>diclofenac epolamine</i>	332
.....	190, 191, 207, 208, 224, 225	<i>diclofenac potassium</i>	
DEXERYL.....	301	.....	39, 41, 217
DEXILANT.....	468	<i>diclofenac sodium</i>	
<i>dexlansoprazole</i>	468	.....	39, 287, 332, 844
<i>dexmethylphenidate</i>	191	<i>diclofenac submicronized</i>	39
DEXONTO.....	441	<i>diclofenac-misoprostol</i>	36
DEXTENZA.....	840	DICLOFEX DC.....	331
		DICLOFONO.....	332
		DICLOGEN.....	331
		DICLOPR.....	331
		DICLOSAICIN.....	331
		DICLOTAL.....	331
		DICLOTREX.....	331
		DICLOVIX.....	330
		<i>dicloxacillin</i>	74
		<i>dicyclomine</i>	473, 474
		DIFFERIN.....	273
		DIFICID.....	71
		<i>diflorasone</i>	310, 311
		DIFLUCAN.....	53
		<i>diflunisal</i>	42
		<i>difluprednate</i>	840
		DIFMETIOXRIME.....	282
		DIGEST ADV PROBIO	
		PLUS GAS.....	487
		DIGEST PROBIOTIC	
		(S.BOULARDII).....	487
		DIGESTIVE ADVANTAGE	
		IMMUNE.....	487
		DIGESTIVE ADVANTAGE	
		INTENS BOW.....	487
		DIGESTIVE ADVANTAGE	
		KID PROBIO.....	487
		DIGESTIVE ADVANTAGE	
		LACTOS SUP.....	488
		DIGESTIVE ADVANTAGE	
		PROBIOTIC.....	488
		DIGESTIVE PROBIOTIC.....	488
		DIGESTIVE SUPPORT.....	8
		Digitek.....	144
		<i>digoxin</i>	144
		<i>dihydroergotamine</i>	216
		Dilantin.....	159
		Dilantin Extended.....	159
		Dilantin Infatabs.....	159
		DILANTIN-125.....	159
		DILAUDID.....	12
		DILAUDID (PF).....	12
		<i>diltiazem hcl</i>	140
		DILT-XR.....	141
		DILUTING MEDIUM FOR	
		NOVOLOG.....	354
		DIMENTHO.....	331
		<i>dimethyl fumarate</i>	831
		DIMOXIA.....	274
		DIOCHLOY.....	320
		DIONARIS.....	286

DIOOXIA.....	289	DOVER RED RUBBER		DRY SKIN THERAPY(W-	
DIOVAN.....	121	ROBINSON CATH.....	684, 719	PETROLATUM).....	301
DIOVAN HCT.....	120	DOVER UNIVERSAL..	684, 719	DRYSOL.....	287
DIOVASC.....	353	<i>doxazosin</i>	149	DRYSOL DAB-O-MATIC.....	287
DIPENTUM.....	479	<i>doxepin</i>	177, 232, 341	DSUVIA.....	13
Diphen.....	858, 859	<i>doxercalciferol</i>	821	DUAKLIR PRESSAIR.....	868
<i>diphenoxylate-atropine</i>	461	<i>doxycycline hyclate</i> ..	77, 78, 830	DUAVEE.....	435
DIPROLENE		<i>doxycycline monohydrate</i>		DUETACT.....	429
(AUGMENTED).....	311	.....	78, 79, 335	DULERA.....	869
<i>dipyridamole</i>	536	<i>doxylamine-pyridoxine (vit</i>		<i>duloxetine</i>	173, 211
DISALCID.....	42	<i>b6)</i>	462	DULOXICAINE....	174, 211, 227
DISKETTS.....	12	D-PENAMINE.....	35, 47	DUOBRII.....	275
<i>disopyramide phosphate</i>	123	DRAMAMINE GINGER.....	8	DUODOTE.....	46
<i>disulfiram</i>	233	DRAMAMINE NON-		DUOPA.....	179
DITHOL.....	331	DROWSY.....	8	DUPIXENT PEN.....	278, 863
DIURIL.....	147	DRAXACE.....	265	DUPIXENT SYRINGE.	278, 863
<i>divalproex</i>	157, 202, 215	DRAXACEY.....	265	DUREX AVANTI BARE	
DIVENDO.....	286	DRITHOCREME HP.....	289	REAL FEEL.....	648, 721
DIVIGEL.....	437	DRIXECE.....	265	DUREX EXTRA SENSITIVE	
DIVINIX.....	321	DRIZALMA SPRINKLE	173, 211	CONDOM.....	648, 721
DM2.....	453	<i>dronabinol</i>	206, 463, 881	DUREX TROPICAL	
DMT SUIK.....	441	DROPLET GENTEEL		CONDOM.....	648, 721
Dodex.....	412	LANCING DEVICE.....	603, 719	DUREZOL.....	840
<i>dofetilide</i>	124	DROPLET INSULIN		DURLAZA.....	42, 535
DOJOLVI.....	386	SYR(HALF UNIT).....	628, 719	DUROLANE.....	543
Dolishale.....	246	DROPLET INSULIN		<i>dutasteride</i>	511
DOLOBID.....	42	SYRINGE....	628, 629, 719, 720	<i>dutasteride-tamsulosin</i>	505
DOLOTRANZ.....	328	DROPLET LANCETS..	604, 720	DUVYZAT.....	541
DOMELA.....	321	DROPLET LANCING		DYANAVEL XR.....	192, 207
<i>donepezil</i>	239	DEVICE.....	604, 720	DYCLOPRO.....	341
DONNATAL.....	474	DROPLET MICRON PEN		DYMISTA.....	873
DOPTelet (10 TAB PACK)	537	NEEDLE.....	629, 720	DYNAFOAM AG.....	347
DOPTelet (15 TAB PACK)	537	DROPLET PEN NEEDLE		DYNAGINATE AG.....	347
DOPTelet (30 TAB PACK)	537	.....	629, 720	DYNOMA.....	321
DORAL.....	200, 230	DROPSAFE ACTI-LANCE		DYRENIUM.....	146
DORYX.....	77	.....	604, 720	E.E.S. 400.....	71
DORYX MPC.....	77	DROPSAFE INSULIN		EAA UCD.....	391
<i>dorzolamide</i>	846	SYRINGE.....	629, 720	EAR POPPER INFLATION	
<i>dorzolamide (pf)</i>	846	DROPSAFE PEN NEEDLE		DEVICE.....	686, 721
<i>dorzolamide-timolol</i>	846	.....	629, 720	EASIVENT HOLDING	
<i>dorzolamide-timolol (pf)</i>	846	DROPSAFE SICURA		CHAMBER.....	675, 721
DOSOKAP.....	415	SAFETY NEEDLE.....	658, 720	EASIVENT MASK LARGE	
Dotti.....	437	<i>drospirenone-e.estradiol-</i>		.....	676, 721
DOVATO.....	58	<i>lm.fa</i>	246	EASIVENT MASK MEDIUM	
DOVER BULB SYRINGE		<i>drospirenone-ethinyl</i>		.....	676, 721
.....	658, 719	<i>estradiol</i>	246	EASIVENT MASK SMALL	
DOVER COATED LATEX		DROXIA.....	536	.....	676, 721
FOLEY.....	684, 719	<i>droxidopa</i>	143	EASY COMFORT INSULIN	
DOVER LATEX FOLEY		DRY SKIN THERAPY(WITH		SYRINGE.....	629, 630, 721
CATHETER.....	684, 719	LANOLIN).....	301		

EASY COMFORT	EASY TALK PLUS II LOW	EASY TOUCH
LANCETS.....604, 721	CONTROL.....604, 724	SHEATHLOCK INSULIN
EASY COMFORT PEN	EASY TALK PLUS II TEST	631, 728
NEEDLES.....630, 721	STRIP.....557, 724	EASY TOUCH
EASY COMFORT SAFETY	EASY TOUCH	SHEATHLOCK SYRG-NDL
PEN NEEDLE.....630, 722	631, 661, 727, 728	660, 661, 728
EASY FIBER.....499	EASY TOUCH BLU CTRL	EASY TOUCH
EASY FIBER (WHEAT	SOLN-L1,L3.....604, 724	SHEATHLOCK SYRINGE
DEXTRIN).....499	EASY TOUCH BLULINK	661, 728
EASY GLIDE CATHETER	GLUC SYST.....605, 724	EASY TOUCH TEST STRIP
TIP SYRINGE.....659, 722	EASY TOUCH BLULINK	557, 729
EASY GLIDE INSULIN	TEST STRIP.....557, 725	EASY TOUCH
SYRINGE.....630, 722	EASY TOUCH FLIPLOCK	TUBERCULIN FLIPLOCK
EASY GLIDE LUER LOCK	INSULIN.....630, 725	661, 729
SYRINGE.....659, 722	EASY TOUCH FLIPLOCK	EASY TOUCH
EASY GLIDE LUER SLIP	NEEDLE.....659, 725	TUBERCULIN SHEATHLK
TB SYRINGE.....659, 722	EASY TOUCH FLIPLOCK	661, 729
EASY GLIDE PEN NEEDLE	SYRINGE....659, 660, 725, 726	EASY TOUCH TWIST
.....630, 722	EASY TOUCH FLURINGE	LANCETS.....605, 729
EASY MINI EJECT	660, 726	EASY TOUCH UNI-SLIP
LANCING DEVICE.....604, 722	EASY TOUCH FLURINGE	631, 661, 729
EASY NEB COMPRESSOR	FLIPLOCK.....660, 726	EASY TRAK BLOOD
NEBULIZER.....676, 722	EASY TOUCH FLURINGE	GLUCOSE METER.....605, 729
EASY PLUS II BLOOD	SHEATHLOCK.....660, 726	EASY TRAK GLUCOSE
GLUCOSE MET.....604, 722	EASY TOUCH GLUCOSE	TEST.....558, 729
EASY PLUS II HIGH	MONITOR.....605, 726	EASY TRAK HIGH
CONTROL.....604, 722	EASY TOUCH HIGH-LOW	CONTROL.....605, 730
EASY PLUS II LOW	CONTROL.....605, 726	EASY TRAK II BLOOD
CONTROL.....604, 723	EASY TOUCH	GLUCOSE MTR.....605, 730
EASY PLUS II TEST...556, 723	HYPODERMIC NEEDLE	EASY TRAK II CTRL SOLN-
EASY STEP.....556, 723	660, 726	NORMAL.....605, 730
EASY STEP BLOOD	EASY TOUCH INSULIN	EASY TRAK II TEST STRIP
GLUCOSE METER.....604, 723	SAFETY SYR.....630, 726	558, 730
EASY STEP HIGH	EASY TOUCH INSULIN	EASY TRAK LOW
CONTROL SOLN.....604, 723	SYRINGE.....631, 726, 727	CONTROL.....605, 730
EASY STEP LOW	EASY TOUCH LANCETS	EASY TWIST AND CAP
CONTROL SOLUTION604, 723	605, 727	LANCETS.....605, 730
EASY STEP NORMAL	EASY TOUCH LANCING	EASY-C IMMUNE HEALTH 414
CONTROL SOLN.....604, 723	DEVICE.....605, 727	EASYGLUCO METER.605, 730
EASY TALK BLOOD	EASY TOUCH LUER LOCK	EASYGLUCO
GLUCOSE METER.....604, 723	INSULIN.....631, 727	MONITORING SYSTEM
EASY TALK GLUCOSE	EASY TOUCH LUER LOCK	605, 730
TEST.....556, 724	SYRINGE.....660, 727	EASYGLUCO TEST...558, 730
EASY TALK HIGH	EASY TOUCH PEN	EASYMAX.....559, 731
CONTROL.....604, 724	NEEDLE.....631, 727	EASYMAX 15 LEVEL 2
EASY TALK LOW	EASY TOUCH SAFETY	605, 730
CONTROL.....604, 724	LANCETS.....605, 728	EASYMAX 15 TEST
EASY TALK PLUS II HIGH	EASY TOUCH SAFETY	STRIPS.....559, 731
CONTROL.....604, 724	PEN NEEDLE.....631, 728	EASYMAX NG....605, 606, 731

EASYMAX NORMAL		
CONTROL.....	606, 731	
EASYMAX T1.....	606, 731	
EASYMAX V SPEAKING		
GLUCOSE SYS.....	606, 731	
EASYPPOINT NEEDLE.....	661, 731	
EASY-TOUCH BLOOD		
GLUCOSE METER.....	606, 731	
EBASE CONTROLLER		
.....	676, 731	
EBGLYSS PEN.....	278	
EBGLYSS SYRINGE.....	278	
ECEOXIA.....	262	
<i>echinacea</i>	8	
<i>echinacea purp aerial part</i>		
<i>ext</i>	8	
ECLIPSE NEEDLE.....	661, 731	
ECLIPSE SYRINGE		
.....	661, 662, 732	
EC-NAPROSYN.....	40	
EC-NAPROXEN.....	40	
<i>econazole nitrate</i>	284	
ECONTRA EZ.....	257	
ECONTRA ONE-STEP.....	257	
ECOTRIN.....	42, 535	
ECOZA.....	284	
EDARBI.....	121	
EDARBYCLOR.....	120	
EDECRIIN.....	145	
EDLUAR.....	231	
ED-SPAZ.....	472, 515	
EDURANT.....	59	
EDURANT PED.....	59	
EEMT.....	435	
EEMT HS.....	435	
<i>efavirenz</i>	59	
<i>efavirenz-emtricitabin-</i>		
<i>tenofov</i>	63	
<i>efavirenz-lamivu-tenofov</i>		
<i>disop</i>	63	
EFFER-K.....	366	
EFFEXOR XR.....	174	
EFFIENT.....	535	
EFUDEX.....	286	
EGRIFTA SV.....	444	
EGRIFTA WR.....	445	
EKTERLY.....	150	
ELDERTONIC.....	355	
ELECARE JR.....	387	
<i>electrolytes-dextrose</i>	364	
ELEMAR.....	328	
ELEMENT COMPACT		
GLUCOSE METER.....	606, 732	
ELEMENT COMPACT HIGH		
CONTROL.....	606, 732	
ELEMENT COMPACT		
NORMAL CONTROL.....	606, 732	
ELEMENT COMPACT TEST		
STRIPS.....	559, 732	
ELEMENT COMPACT V		
GLUCOSE MTR.....	606, 732	
ELEMENT HIGH CONTROL		
.....	606, 732	
ELEMENT LOW CONTROL		
.....	606, 732	
ELEMENT NORMAL		
CONTROL.....	606, 732	
ELEMENT PLUS BLOOD		
GLUCOSE KIT.....	606, 732	
ELEMENT TEST STRIPS		
.....	560, 733	
ELEPSIA XR.....	167	
ELESTRIN.....	438	
<i>eletriptan</i>	217	
ELIDEL.....	294	
ELIGARD.....	91	
ELIGARD (4 MONTH).....	91	
ELIMITE.....	344	
Elinest.....	246	
ELIQUIS.....	521	
ELIQUIS DVT-PE TREAT		
30D START.....	521	
ELITE-OB.....	375	
Elixophyllin.....	864	
ELLA.....	257	
ELLUME COVID-19 HOME		
TEST.....	593, 733	
ELLZIA PAK.....	321	
ELMIRON.....	507	
ELOCTATE.....	524	
<i>eltrombopag olamine</i>	537	
Eluryng.....	256	
ELYXYB.....	217	
ELYZIA.....	294	
ELYZIA (WITH		
HYALURONATE).....	294	
EMBRACE BLOOD		
GLUCOSE SYSTEM		
.....	560, 606, 733	
EMBRACE EVO BLOOD		
GLUCOSE KIT.....	606, 733	
EMBRACE EVO GLUCOSE		
MONITOR.....	606, 733	
EMBRACE EVO LEVEL 1		
.....	607, 733	
EMBRACE EVO TEST		
STRIPS.....	560, 734	
EMBRACE GLUCOSE		
CONTROL HIGH.....	607, 734	
EMBRACE GLUCOSE		
CONTROL LOW.....	607, 734	
EMBRACE LANCETS.....	607, 734	
EMBRACE LANCING		
DEVICE.....	607, 734	
EMBRACE PEN NEEDLE		
.....	632, 734	
EMBRACE PRO.....	607, 734	
EMBRACE PRO GLUCOSE		
METER.....	607, 734	
EMBRACE PRO TEST		
STRIPS.....	561, 734	
EMBRACE SAFETY		
LANCET.....	607, 734	
EMBRACE TALK BLOOD		
GLUCOSE SYS.....	607, 735	
EMBRACE TALK		
CONTROL-HIGH (L2).....	607, 735	
EMBRACE TALK		
CONTROL-LOW (L1).....	607, 735	
EMBRACE TALK		
GLUCOSE MONITOR.....	607, 735	
EMBRACE TALK TEST		
STRIPS.....	561, 735	
EMBRACE WAVE		
GLUCOSE TEST STRP		
.....	561, 735	
EMBRACE WAVE PLUS		
GLUCOSE MTR.....	607, 735	
EMEND.....	464	
EMERGEN-C.....	408	
EMERGEN-C APPLE		
CIDER VINEGAR.....	8, 407	
EMERGEN-C		
ASHWAGANDHA.....	407	
EMERGEN-C		
ELDERBERRY.....	407	

EMERGEN-C ENERGY PLUS.....	407	ENSURE CLEAR THERAPEUTIC.....	387	ERIVEDGE.....	90
EMERGEN-C IMMUNE PLUS.....	407	ENSURE RAPID HYDRATION.....	365	ERLEADA.....	85
EMERGEN-C KIDZ DAILY IMMUNE.....	392	ENSURE SURGERY.....	387	<i>erlotinib</i>	83
EMERGEN-C KIDZ IMMUNE PLUS.....	392	ENSURE SURGERY PERIOP BUNDLE.....	388	ERMEZA.....	458
EMERGEN-C TURMERIC GINGER.....	408	<i>entacapone</i>	180	Errin.....	253
EMFLAZA.....	442	ENTADFI.....	506	ERTACZO.....	284
EMGALITY PEN.....	216	<i>entecavir</i>	67	Ery Pads.....	262
EMGALITY SYRINGE.....	153, 216	<i>enteral connector, enfit</i>	595, 736	ERYGEL.....	262
EMPAVELI.....	519, 536	ENTERAL GRAVITY BAG SET-ENFIT.....	595, 736	ERYPED 400.....	71
EMROSI.....	79, 335	ENTRESTO.....	121	Ery-Tab.....	71
EMSAM.....	170	ENTRESTO SPRINKLE.....	121	ERYTHROCIN (AS STEARATE).....	71
<i>emtricitabine</i>	60	ENTTY.....	301	<i>erythromycin</i>	71, 852
<i>emtricitabine-tenofovir (tdf)</i>	59, 60	ENTYVIO PEN.....	480	<i>erythromycin ethylsuccinate</i> ..	71
<i>emtricitabine-tenofovir (tdf)</i>	59, 60	Enulose.....	465	<i>erythromycin with ethanol</i>	262
<i>emtricitabine-tenofovir (tdf)</i>	59, 60	ENVARSUS XR.....	539	<i>erythromycin-benzoyl peroxide</i>	265
<i>emtricitabine-tenofovir (tdf)</i>	59, 60	ENVIVE.....	488	ESBRIET.....	877
EMTRIVA.....	60	ENZNONUTY.....	328	<i>escitalopram oxalate</i>	171
EMULSION SB.....	301	EOHILIA.....	442	Esgic.....	27
EMVERM.....	51	EPANED.....	117	<i>eslicarbazepine</i>	160
Emzahn.....	253	EPCLUSA.....	68	<i>esomeprazole magnesium</i> ..	468
<i>enalapril maleate</i>	117	EPICERAM.....	301	ESPEROCT.....	524
<i>enalapril-hydrochlorothiazide</i>	116	EPICYN.....	345	Estasylla.....	246
ENBRACE HR.....	383	EPIDIOLEX.....	157	<i>estazolam</i>	200, 230
ENBREL.....	27, 28, 30	EPIDUO.....	271	Estrace.....	879
ENBREL MINI.....	27, 29	EPIDUO FORTE.....	271	<i>estradiol</i>	438, 439, 879
ENBREL SURECLICK.....	28, 30	EPIFIX AMNIOTIC MEMBRANE.....	342	<i>estradiol valerate</i>	439
ENDARI.....	351, 386, 536	EPIFOAM.....	322	<i>estradiol-norethindrone acet</i>	436
ENDO AVITENE.....	529	<i>epinastine</i>	839	ESTRATEST F.S.....	435
Endocet.....	22, 23	<i>epinephrine</i>	143, 862	ESTRING.....	880
ENDOMETRIN.....	440	EPIPEN.....	143	ESTROGEL.....	439
ENFIT IRRIGAT SYRINGE-CONTAINR.....	595, 735	EPIPEN 2-PAK.....	143	<i>estrogens-methyltestosterone</i>	435
ENFIT MEDICAL STRAW.....	651, 735	EPIPEN JR.....	143	ESTROVEN CMPLT MENOPAUSE RLF.....	8
ENFIT MEDICINE BOTTLE ADAPTER.....	651, 735	EPIPEN JR 2-PAK.....	143	ESTROVEN SLIMBIOTICS.....	488
ENGERIX-B (PF).....	103	Epitol.....	160, 202	<i>eszopiclone</i>	231
Enilloring.....	256	EPIVIR.....	60	<i>ethacrynic acid</i>	145
<i>enoxaparin</i>	533	<i>eplerenone</i>	118, 145	<i>ethambutol</i>	64
ENOXILUV.....	533	EPOGEN.....	522	<i>ethosuximide</i>	168
Enpresse.....	254	EPRONTIA.....	162	ETHOXIA.....	273
ENSACOVE.....	85	<i>eprosartan</i>	122	<i>ethyl acetate</i>	237
Enskyce.....	246	EPSOLAY.....	336	<i>ethyl alcohol</i>	148
ENSPRYNG.....	540	EQUETRO.....	160, 202	<i>ethyl chloride</i>	330
ENSTILAR.....	275	<i>ergocalciferol (vitamin d2)</i> ...	416	<i>ethynodiol diac-eth estradiol</i>	246
		<i>ergoloid</i>	241	<i>etodolac</i>	41
		ERGOMAR.....	216	<i>etonogestrel-ethinyl estradiol</i>	256
		<i>ergotamine-caffeine</i>	217	<i>etoposide</i>	89

<i>etravirine</i>	59	EXEL INSULIN.....	632, 738	FASTEP COVID-19 AG	
<i>eua patient assessment</i>		EXEL SYRINGE..	662, 738, 739	HOME TEST.....	593, 739
.....	651, 736	EXELDERM.....	284	FC2 FEMALE CONDOM	
EUCERIN ADVANCED		EXELON PATCH.....	239	.....	596, 740
REPAIR.....	301	<i>exemestane</i>	87	<i>febuxostat</i>	518
EUCERIN INTENSIVE		<i>exenatide</i>	425	FEIBA NF.....	520
REPAIR.....	301	EXFORGE.....	119	Feirza.....	246
EUCRISA.....	279	EXFORGE HCT.....	119	<i>felbamate</i>	157
EUFLEXXA.....	543	EXJADE.....	47	FELBATOL.....	157
EURAX.....	344	EXODERM.....	282	FELDENE.....	38
EUTHYROX.....	458	EXTENDED RESERVOIR		<i>felodipine</i>	141
EVAMIST.....	439	.....	632, 739	FEM DOPHILUS.....	488
Evekeo.....	192, 208, 225	EYE.....	459	FEM PH.....	879
EVENCARE.....	607, 608, 736, 737	EYE HEALTH AREDS-2.....	3	FEMALE CATHETER..	684, 740
EVENCARE G2...	562, 607, 736	EYE HEALTH PLUS		FEMARA.....	87
EVENCARE G3 CONTROL		LUTEIN.....	3, 376	FEMCAP.....	591, 740
.....	607, 736	EYE MULTIVITAMIN.....	3, 376	FEMLYV.....	246
EVENCARE G3 GLUCOSE		EYELID WIPES (WITH		FEMRING.....	880
METER.....	607, 736	CHAMOMILE).....	304	<i>fenofibrate</i>	126
EVENCARE G3 TEST.....	562, 736	EYSUVIS.....	840	<i>fenofibrate micronized</i>	126
EVENCARE MINI		E-Z JECT LANCETS...	608, 739	<i>fenofibrate nanocrystallized</i>	126
GLUCOSE TEST STR.....	562, 737	E-Z JECT THIN LANCETS		<i>fenofibric acid</i>	126
EVENCARE MINI		.....	608, 739	<i>fenofibric acid (choline)</i>	126
MONITOR SYSTEM....	608, 737	EZ SMART CONTROL.....	608, 739	FENOGLIDE.....	126
EVENCARE PROVIEW		EZ SMART LANCETS.....	608, 739	<i>fenoprofen</i>	40
TEST STRIP.....	563, 737	EZ SMART PLUS SYSTEM		FENOPRON.....	40
EVENCARE TEST.....	563, 737	.....	608, 739	FENOVAR.....	331
<i>evening primrose oil</i>	8	EZ SMART PLUS TEST		FENOVIA.....	282
<i>everolimus (antineoplastic)</i>	93	.....	564, 739	<i>fentanyl</i>	13
<i>everolimus</i>		EZ SMART SYSTEM...	608, 739	<i>fentanyl citrate</i>	13
(<i>immunosuppressive</i>).....	540	EZ SMART TEST.....	564, 739	<i>fentanyl citrate (pf)</i>	13, 43
EVERSENSE 365 SENSOR		EZALLOR SPRINKLE.....	127	<i>fentanyl citrate (pf)-0.9%nacl</i>	13
.....	608, 737	<i>ezetimibe</i>	132	<i>fenugreek seed</i>	8
EVERSENSE 365		<i>ezetimibe-rosuvastatin</i>	136	FERGON.....	359
TRANSMITTER.....	608, 738	<i>ezetimibe-simvastatin</i>	136	FERIVA 21-7.....	361
EVICEL.....	531	FABHALTA.....	519	FERIVA FA (WITH	
EVISTA.....	456	Falmina (28).....	246	SUMALATE).....	361
EVOCLIN.....	262	<i>famciclovir</i>	69	FERRETTS IPS.....	359
EVOLUTION BLOOD		<i>famotidine</i>	467	<i>ferric citrate</i>	360, 509, 510
GLUCOSE METER.....	608, 738	FANAPT.....	183	<i>ferric glycinate</i>	360
EVOLUTION NORMAL		FANAPT TITRATION PACK		FERRIPROX.....	47, 48
CONTROL.....	608, 738	A.....	183	FERRIPROX (2 TIMES A	
EVOLUTION TEST STRIPS		FANAPT TITRATION PACK		DAY).....	47
.....	563, 738	B.....	183	<i>ferrous fumarate</i>	360
EVOTAZ.....	61, 74	FANAPT TITRATION PACK		<i>ferrous gluconate</i>	360
EVOXAC.....	829	C.....	183	<i>ferrous sulfate</i>	360
EVRYSDI.....	546	FANTASY CONDOM...	648, 739	FERVINA.....	282
EXCEL SYRINGE.....	662, 738	FARESTON.....	97	<i>fesoterodine</i>	516
EXEL HYPODERMIC		FARXIGA.....	428	FETZIMA.....	174
NEEDLES.....	662, 738	FASENRA PEN.....	864	FE-VITE.....	360

Fexmid.....	545	FLEQSUVY.....	545	fluconazole.....	53
FIASP FLEXTOUCH U-100		FLEXICHAMBER.....	676, 740	flucytosine.....	52
INSULIN.....	451	FLEXICHAMBER-LG CHILD		fludrocortisone.....	455
FIASP PENFILL U-100		MASK.....	676, 740	FLULAVAL 2025-2026 (PF)	112
INSULIN.....	451	FLEXICHAMBER-SM		FLUMIST 2025-2026...	105, 112
FIASP PUMPCART.....	451	ADULT MASK.....	676, 740	FLUMIST HOME 2025-2026	
FIASP U-100 INSULIN.....	451	FLEXICHAMBER-SM		.....	105, 112
FIBER (DEXTRIN).....	499	CHILD MASK.....	676, 740	flunisolide.....	873
FIBER (PSYLLIUM HUSK-		FLEXI-SEAL SIGNAL FMS		fluocinolone.....	311
SUGAR).....	499	.....	624, 740	fluocinolone acetonide oil....	856
FIBER (WITH		FLINTSTONES COMPLETE		fluocinolone and shower cap	
ASPARTAME).....	499	(FE SULF).....	392	.....	311
FIBER GUMMIES.....	499	FLINTSTONES IMMUNITY		fluocinonide.....	311
FIBER GUMMIES (WITH B-		SUPPORT.....	392	Fluocinonide-E.....	311
COMPLEX).....	499	FLINTSTONES WITH		fluocinonide-emollient.....	311
FIBER		EXTRA IRON.....	393	FLUOPAR.....	321
SUPPLEMENT(WHEATDEX		FLOLIPID.....	127	fluorescein-benoxinate	847, 848
TRIN).....	499	FLOMAX.....	511	fluorescein-proparacaine.....	847
FIBER THERAPY		FLORAFOL FE PEDIATRIC	394	fluoride (sodium).....	825
(PSYLLIUM-SUCRO).....	499	FLORAFOL PEDIATRIC.....	394	FLUORIDEX DAILY	
FIBERWELL.....	499	FLORAFOL PEDIATRIC		DEFENSE.....	826
FIBRICOR.....	126	MULTIVITAMI.....	394	FLUORIDEX SENSITIVITY	
fidaxomicin.....	72	FLORAJEN WOMEN.....	488	RELIEF.....	826
FIDILA.....	282	FLORAMAX.....	488	FLUORIMAX 5000.....	826
FILOMA.....	283	FLORASAVE.....	488	FLUORIMAX 5000	
FILSPARI.....	115	FLORASTART.....	488	SENSITIVE.....	826
FILSUVEZ.....	349	FLORASTOR ADVANCED..	488	fluorometholone.....	840
FINACEA.....	262, 336	FLORASTOR DIGEST-		fluorouracil.....	287
finasteride.....	511	METABOLIC.....	488	FLUOVIX.....	311
FINAZOL.....	376	FLORASTOR WOMAN'S		FLUOVIX PLUS.....	311
FINGERSTIX LANCETS		PROBIOTIC.....	489	fluoxetine.....	171, 172
.....	608, 740	FLORASTORBABY.....	489	FLUOXIA.....	321
fingolimod.....	833	FLORASTORKIDS.....	489	fluphenazine hcl.....	186
FINTEPLA.....	170	FLORASTORSELECT GUT		flurandrenolide.....	312
Finzala.....	246	BOOST.....	489	flurazepam.....	200, 230
Fioricet.....	27	FLORASTORSELECT		flurbiprofen.....	40
FIORICET WITH CODEINE..	19	IMMUNITY BOOST.....	489	flurbiprofen sodium.....	844
FIRAZYR.....	139	FLORATUMMYS QUICK		fluticasone propionate	
FIRDAPSE.....	543	DISSOLVE.....	489	.....	312, 862, 863, 873
FIRMAGON KIT W		FLOWFLEX COVID-19 AG		fluticasone propion-	
DILUENT SYRINGE.....	92	HOME TEST.....	593, 740	salmeterol.....	869
FIRVANQ.....	66	FLOWFLEX PLUS COVID-		fluvastatin.....	128, 129
FISH OIL.....	133	19 AND FLU.....	593, 740	fluvoxamine.....	172
Flac Otic Oil.....	856	FLUAD 2025-2026 (65 YR		FLUZONE 2025-2026.....	113
FLAREX.....	840	UP)(PF).....	111	FLUZONE 2025-2026 (PF)..	112
FLASHARREST.....	8	FLUARIX 2025-2026 (PF)...	112	FLUZONE HIGH-DOSE	
flavoxate.....	516	FLUBLOK 2025-2026 (PF)..	112	2025-26 (PF).....	113
flaxseed oil.....	8	FLUCELVAX 2025-2026.....	112	FML FORTE.....	840
flecainide.....	124	FLUCELVAX 2025-2026		FML LIQUIFILM.....	841
FLECTOR.....	332	(PF).....	112	FOCALIN.....	192

FOCALIN XR.....	192	FORA TN'G ADV MOBILE		<i>fosamprenavir</i>	74
FOLAGENT DHA.....	376	MULTI MTR.....	590, 743	<i>fosfomycin tromethamine</i>	
FOLAMAX.....	376	FORA TN'G ADVAN PRO		.....	52, 513
FOLAMED DHA.....	376	TEST STRIP	567, 743	<i>fosinopril</i>	117
FOLAPRIME.....	376	FORA TN'G ADVANCE		<i>fosinopril-</i>	
FOLCYTEINE.....	418	PRO MONITOR.....	590, 743	<i>hydrochlorothiazide</i>	116
FOLET ONE.....	383, 396	FORA TN'G VOICE METER		FOSRENOL.....	509
FOLETRA.....	417	.....	609, 743	FOTIVDA.....	95
<i>folic acid</i>	417	FORA TN'G VOICE TEST		FRAGMIN.....	533
<i>folic acid-vitamin b6-vit b12</i>	409	STRIPS.....	567, 743	FRAICHE 5000.....	826
FOLIC D3.....	408	FORA V10.....	567, 744	FRAICHE 5000 PREVI.....	826
FOLICORE B COMPLEX....	409	FORA V10-V12-D10-D20		FRAICHE 5000 SENSITIVE	826
FOLIKA-BC.....	352	STRIPS.....	568, 744	FREESTYLE CONTROL	
FOLIVANE-OB.....	376	FORA V12 BLOOD		.....	609, 745
FOLLISTIM AQ.....	440	GLUCOSE SYSTEM... ..	609, 744	FREESTYLE FLASH	
FOLVITA COMPLEX.....	409	FORACARE GD20.....	568, 744	SYSTEM.....	609, 745
<i>fondaparinux</i>	532, 533	FORACARE GD20		FREESTYLE FREEDOM	
FORA 6 CONNECT		GLUCOSE METER.....	609, 744	.....	609, 745
GLUCOSE STRIP.....	564, 740	FORACARE GD40 TEST		FREESTYLE FREEDOM	
FORA 6CONN-GTEL-TN'G		STRIPS.....	568, 745	LITE.....	609, 745
ADV STRIP.....	565, 741	FORACARE GD40B		FREESTYLE INSULINX	
FORA D40D GLUCOSE-BP		GLUCOSE METER.....	609, 745	.....	569, 609, 745
MONITOR.....	591, 608, 741	FORACARE GDH HIGH		FREESTYLE INSULINX	
FORA D40G GLUCOSE-BP		CONTROL.....	609, 745	TEST STRIPS.....	569, 746
MONITOR.....	591, 608, 741	FORACARE GDH LOW		FREESTYLE LANCETS	
FORA D40-G31 TEST		CONTROL.....	609, 745	.....	610, 746
STRIPS.....	565, 741	FORACARE GDH NORMAL		FREESTYLE LIBRE 14 DAY	
FORA G20.....	565, 608, 741	CONTROL.....	609, 745	READER.....	610, 746
FORA G30A.....	608, 741	FORACARE LANCETS		FREESTYLE LIBRE 14 DAY	
FORA GD50 BLOOD		.....	609, 745	SENSOR.....	610, 746
GLUCOSE SYSTEM... ..	608, 742	FORANE.....	43	FREESTYLE LIBRE 2 PLUS	
FORA GD50 TEST STRIPS		<i>formoterol fumarate</i>	866	SENSOR.....	610, 746
.....	566, 742	FORTEO.....	432	FREESTYLE LIBRE 2	
FORA GTEL GLUCOSE		FORTIFY OPT ADV (L.		READER.....	610, 746
TEST STRIP	566, 742	SALIVARUS).....	489	FREESTYLE LIBRE 2	
FORA GTEL MULTI-		FORTIFY OPTIMA		SENSOR.....	610, 746
FUNCTN MONITOR....	590, 742	PROBIOTIC.....	489	FREESTYLE LIBRE 3 PLUS	
FORA HIGH CONTROL		FORTIFY OPTIMA WOMEN		SENSOR.....	610, 746
.....	609, 742	ADVANCED.....	489	FREESTYLE LIBRE 3	
FORA LANCING DEVICE		FORTIFY OPTIMA WOMEN		READER.....	610, 746
.....	609, 742	PROBIOTIC.....	490	FREESTYLE LIBRE 3	
FORA LOW CONTROL		FORTIFY PROBIOTIC.....	490	SENSOR.....	610, 746
.....	609, 742	FORTIFY PROBIOTIC 50		FREESTYLE LITE METER	
FORA NORMAL CONTROL		PLUS.....	490	.....	610, 746
.....	609, 742	FORTIFY WOMEN		FREESTYLE LITE STRIPS	
FORA PREMIUM V10		PROBIO(L.SALIV.).....	490	.....	569, 747
GLUCOSE METER.....	609, 742	FORTIFY WOMEN		FREESTYLE PRECISION	
FORA TEST N'GO VOICE		PROBIOTIC.....	490	.....	632, 747
METER.....	609, 742	FOSAMAX.....	433	FREESTYLE PRECISION	
FORA TEST STRIP.....	566, 743	FOSAMAX PLUS D.....	432	NEO METER.....	610, 747

FREESTYLE PRECISION		GAVILYTE-C.....	501	GENNAMD.....	8
NEO STRIPS.....	569, 747	Gavilyte-G.....	501	GENOTROPIN.....	445
FREESTYLE SIDEKICK II		Gavilyte-N.....	502	GENOTROPIN MINIQUEL	445
.....	610, 747	GAVRETO.....	98	<i>gentamicin</i>	279, 851
FREESTYLE SYSTEM KIT		GDRIVE.....	610, 748	GENTLE IRON.....	361
.....	610, 747	GE100 BLOOD GLUCOSE		GENTLE SKIN CLEANSER	338
FREESTYLE TEST.....	570, 748	SYSTEM.....	611, 748	GENTLE SKIN	
FREESTYLE UNISTIK 2		GE100 BLOOD GLUCOSE		CLEANSER(WITH SLS).....	338
.....	610, 748	TEST STRIP.....	570, 748	GENVISC 850.....	543
FRIVO.....	282	GE100 CONTROL		GENVOYA.....	62
FROTEK.....	332	SOLUTION NORMAL..	611, 748	GEODON.....	183, 204
FROVA.....	218	GE333 BLOOD GLUCOSE		GERI-MUCIL	
<i>frovatriptan</i>	218	SYSTEM.....	611, 748	(ASPARTAME).....	499
FRUITIVITS.....	388	GE333 BLOOD GLUCOSE		GERI-MUCIL (SUGAR).....	499
FRUZAQLA.....	95	TEST STRIP.....	570, 749	GI PROTECT.....	390
FULPHILA.....	526	<i>gefitinib</i>	83	GILENYA.....	833
Fulvicin P/G.....	54	<i>gelatin</i>	8	GILOTRIF.....	83
FURADANTIN.....	52, 513	GELCLAIR.....	828	GIMOTI.....	471
FUROSCIX.....	146	GELFILM.....	529, 849	<i>ginger (zingiber officinalis)</i>	8
<i>furosemide</i>	146	GEL-FLOW.....	529	<i>ginger root-ginger root ext</i>	9
FUZEON.....	57	GEL-FLOW NT.....	529	<i>ginkgo biloba leaf extract</i>	9
Fyavolv.....	436	GELFOAM.....	529	GINKGO BILOBA PLUS	
FYCOMPA.....	155	GELFOAM COMPRESSED		(BACOPA).....	9
FYLNETRA.....	526	SIZE 100.....	529	GIRLS TRAINING PANTS	
Fyremadel.....	455	GELFOAM JMI POWDER...	529	4T-5T.....	625, 749
G TUSSIN AC.....	877	GELFOAM JMI SPONGE...	529	GLASSIA.....	872
<i>gabapentin</i>	158, 227, 228	GELFOAM SPONGE SIZE		<i>glatiramer</i>	831
GABARONE.....	158	100.....	529	Glatopa.....	831
GALAFOLD.....	824	GELFOAM SPONGE SIZE		GLEEEVEC.....	95
<i>galantamine</i>	239	12-7MM.....	529	GLEOSTINE.....	84
Galbriela.....	246	GELFOAM SPONGE SIZE		<i>glimepiride</i>	428
Gallifrey.....	455	200.....	529	<i>glipizide</i>	428
GALZIN.....	46	GELFOAM SPONGE SIZE		<i>glipizide-metformin</i>	428
<i>gamma-aminobutyric acid</i>	8	50.....	529	GLOPERBA.....	517
GAMMAGARD LIQUID.....	104	GELMIX.....	238	GLUCAGON (HCL)	
GAMMAKED.....	104	GEL-ONE.....	543	EMERGENCY KIT.....	420
GAMUNEX-C.....	104	GELSYN-3.....	543	Glucagon Emergency Kit	
<i>ganirelix</i>	455	<i>gemfibrozil</i>	126	(Human).....	420
GARDASIL 9 (PF).....	111	Gemmily.....	247	<i>gluc-chon-msm-col-hy-bos-</i>	
<i>garlic</i>	8	GEMTESA.....	507	<i>c-min</i>	1
<i>garlic extract</i>	8	GENABIO COVID-19 RAPID		GLUCERNA 1.5 CAL.....	388
GARLICIN CARDIO.....	8	AT-HOME.....	593, 749	GLUCERNA HUNGER	
GARLIX.....	8	GENADEK.....	393	SMART.....	388
GAS RELIEF-PREVENTION		GENADEK STEP 1.....	376	GLUCERNA SNACK BAR...	388
.....	471	GENADEK STEP 2.....	376	GLUCO NAVII GLUCOSE	
GASTRACID.....	465	GENADUR.....	343	MONITOR.....	611, 749
GASTROCROM.....	92	GENADUR (WITH		GLUCO NAVII TEST STRIP	
<i>gatifloxacin</i>	851	LEXINAL).....	343	.....	571, 749
GATTEX 30-VIAL.....	505	Generlac.....	465	GLUCOCARD 01 HI-	
GATTEX ONE-VIAL.....	505	Gengraf.....	33, 539	NORMAL CONTROL...	611, 749

GLUCOCARD 01 METER 611, 749	GLUCOSAMINE-CHONDR- D3 (C-MANG)..... 1	GOMEKLI..... 92
GLUCOCARD 01 NORMAL CONTROL.....611, 749	<i>glucosamine-chondroitin</i> 1	GONAL-F.....440
GLUCOCARD 01 SENSOR PLUS.....571, 750	<i>glucosamine-d3-boswellia serr</i> 2	GONAL-F RFF.....440
GLUCOCARD EXPRESSION..... 571, 611, 750	<i>glucosamine-d3-hyaluronic acid</i> 2	GONAL-F RFF REDI-JECT.440
GLUCOCARD SHINE..611, 750	<i>glucosamine-msm-chondr- d3-bosw</i> 2	GONITRO..... 122
GLUCOCARD SHINE CONNEX METER.....611, 750	<i>glucosam-msm-chond- hrb149-hyal</i> 2	GOPRELTO.....873
GLUCOCARD SHINE EXPRESS METER.....611, 750	<i>glucose</i> 420	GOTOKNOW COVID-19 AG HOME TEST.....593, 753
GLUCOCARD SHINE METER.....611, 750	GLUCOSE CONTROL 612, 752	GRAFIX CORE.....342
GLUCOCARD SHINE METER KIT..... 611, 750	GLUCOSE KETONE CONTROL SOLN..... 612, 752	GRAFIX PRIME.....342
GLUCOCARD SHINE TEST STRIPS.....572, 751	GLUCOTROL XL.....428	GRAFIX XC..... 342
GLUCOCARD SHINE XL METER.....611, 751	<i>glutamine</i> 351, 505	GRALISE.....228
GLUCOCARD VITAL..611, 751	<i>glutamine (sickle cell)</i> 351, 386, 536	<i>granisetron hcl</i> 464
GLUCOCARD VITAL SENSOR..... 572, 751	<i>glutaraldehyde</i> 101	GRANIX.....526
GLUCOCARD VITAL TEST STRIPS.....572, 751	GLUTAREX-2.....385, 388	<i>grape seed extract</i> 9
GLUCOCOM AUTOLINK 611, 751	<i>glutathione (bulk)</i> 3, 236	GRASTEK..... 102
GLUCOCOM BLOOD GLUCOSE.....612, 751	<i>glyburide</i> 429	GREEN TEA-600.....9
GLUCOCOM CONTROL HIGH.....612, 751	<i>glyburide micronized</i> 429	<i>griseofulvin microsize</i> 54
GLUCOCOM CONTROL NORMAL.....612, 752	<i>glyburide-metformin</i> 428	<i>griseofulvin ultramicrosize</i> 54
GLUCOCOM GLUCOSE 573, 752	<i>glycerin</i> 303	<i>guaiacol</i> 236
GLUCOCOM LANCETS 612, 752	GLYCINE UROLOGIC.....506	GUAIFENESIN AC.....877
GLUCOSA IMMUNE BOOSTER.....9	<i>glycine urologic solution</i> 506	GUAIFENESIN DAC.....877
<i>glucosam su dip-chondroit-c- mn</i> 1	<i>glycopyrrolate</i> 473, 830	<i>guanfacine</i> 144, 188
<i>glucosam-chondr-msm-c- manganes</i> 1	<i>glycopyrrolate (pf)</i> 473	GUARDIAN 4 GLUCOSE SENSOR..... 612, 753
<i>glucosam-chondr-vit c-mn- boron</i> 1	Glydo..... 339	GUARDIAN 4 TRANSMITTER.....612, 753
<i>glucosamine 2kcl-msm- chondroit</i> 1	GLYRX-PF.....473	GUARDIAN CONNECT TRANSMITTER.....612, 753
<i>glucosamine sulfate</i> 1	GLYTACTIN BETTERMILK 5-5..... 389	GUARDIAN LINK 3 TRANSMITTER.....612, 753
	GLYXAMBI.....427	GUARDIAN SENSOR 3 612, 753
	GM100.....573, 612, 752	GUMMY DINOS..... 393
	GOCOVRI.....181	GVOKE.....421
	GOJJI BLOOD GLUCOSE TEST STRIP.....573, 753	GVOKE HYPOPEN 1-PACK 420
	GOJJI GLUCOSE CNTRL SOL-NORMAL.....612, 753	GVOKE HYPOPEN 2-PACK 420
	GOJJI LANCETS.....612, 753	GVOKE PFS 1-PACK 420
	GOJJI LANCING DEVICE 612, 753	GVOKE PFS 2-PACK 421
	GOJJI MULTI-FUNCTIONAL METER..... 590, 753	SYRINGE..... 421
	GOLD BOND THERAPEUTIC FOOT..... 301	GYNAZOLE-1.....878
	<i>goldenseal root</i> 9	HAEGARDA..... 520
	GOLYTELY.....502	Hailey.....247
		Hailey 24 Fe..... 247
		Hailey Fe 1.5/30 (28)..... 247
		Hailey Fe 1/20 (28)..... 247

HAIR, SKIN AND NAILS		HEMICLOR.....	147	HPR.....	302
(BIOTIN).....	414	HEMLIBRA.....	528	HPR PLUS.....	301
HAIR, SKIN AND NAILS		HEMMOREX-HC.....	44	HPR PLUS HYDROGEL.....	300
(HERBS).....	376	HEMOFIL M HIGH.....	524	HPR PLUS-MB HYDROGEL	
HAIR,SKIN AND NAILS(FA-		HEMOFIL M LOW.....	524	.....	300
BIOTIN).....	377	HEMOFIL M MID.....	524	HUMALOG JUNIOR	
<i>halcinonide</i>	312, 313	HEMOFIL M SUPER HIGH.....	524	KWIKPEN U-100.....	451
HALCION.....	200, 230	HEP FLUSH-10 (PF).....	531	HUMALOG KWIKPEN	
<i>halobetasol propionate</i>	290, 313	<i>heparin (porcine)</i>	532	INSULIN.....	451
Haloette.....	256	<i>heparin (porcine) in 0.9%</i>		HUMALOG MIX 50-50	
HALOG.....	313, 314	<i>nacl</i>	531	KWIKPEN.....	448
<i>haloperidol</i>	185	<i>heparin (porcine) in 5 % dex</i>	532	HUMALOG MIX 75-25	
<i>haloperidol lactate</i>	185	<i>heparin lock flush (porcine)</i>		KWIKPEN.....	448
HALUCORT.....	301	.....	531, 532	HUMALOG MIX 75-25(U-	
HAPRODERM.....	301	HEPARIN		100)INSULN.....	448
HARLIKU.....	823	LOCKFLUSH(PORCINE)(PF		HUMALOG TEMPO PEN(U-	
HARMONY GLUCOSE		).....	531, 532	100)INSULN.....	451
TEST STRIP.....	574, 754	<i>heparin, porcine (pf)</i>	531, 532	HUMALOG U-100 INSULIN	451
HARVONI.....	68	HEPLISAV-B (PF).....	103	HUMATE-P.....	524
HAVRIX (PF).....	103	HEPSERA.....	67	HUMATROPE.....	445
HAXCHLO.....	286	HEPZATO (50 MM		HUMIRA.....	28, 30, 481
HAXCHLODREX.....	286	CATHETER).....	84	HUMIRA PEN.....	28, 30, 481
HAXDRAX.....	283	HEPZATO (62 MM		HUMIRA(CF).....	28, 30, 482
HCU GEL POWDER.....	386	CATHETER).....	84	HUMIRA(CF) PEN...28, 30, 482	
HCU MAXAMUM.....	386	HER STYLE.....	257	HUMIRA(CF) PEN	
HEALON GV PRO.....	850	HERBAL COLON		CROHNS-UC-HS....	28, 30, 481
HEALON PRO.....	850	CLEANSER.....	5	HUMIRA(CF) PEN PSOR-	
HEALON5 PRO.....	850	HERNEXEOS.....	89	UV-ADOL HS.....	28, 30, 482
HEALTHPRO GLUCOSE		HETLIOZ.....	215	HUMULIN 70/30 U-100	
MONITOR.....	612, 754	HETLIOZ LQ.....	215	INSULIN.....	446
HEALTHPRO HIGH-LOW		HEXIOUNYL.....	282	HUMULIN 70/30 U-100	
CONTROL.....	612, 754	HI-D ADEK GUMMIES		KWIKPEN.....	446
HEALTHPRO TEST STRIPS		PLUS ZINC.....	383	HUMULIN N NPH INSULIN	
.....	574, 754	HI-D DROP.....	393	KWIKPEN.....	447
HEALTHWISE INSULIN		HIGH POTENCY MULTIVIT		HUMULIN N NPH U-100	
SYRINGE.....	632, 754	(W-IRON).....	383	INSULIN.....	447
HEALTHWISE PEN		HIGH POTENCY		HUMULIN R REGULAR U-	
NEEDLE.....	632, 754	MULTIVITAMIN.....	383	100 INSULN.....	447
HEALTHY EYES LUTEIN-		HISTEX-AC.....	876	HUMULIN R U-500 (CONC)	
ZEAXANTHIN.....	3	HIXDEFRIMA.....	283	INSULIN.....	447
HEALTHY EYES		HIZENTRA.....	104, 105	HUMULIN R U-500 (CONC)	
SUPERVISION2.....	3	HOMATROPAIRE.....	838	KWIKPEN.....	447
Heather.....	253	HOME NEBULIZER PLUS		HURRI-FREEZE.....	329
HEMADY.....	442	SIDESTREAM.....	676, 755	HYALGAN.....	543
HEMANGEOL.....	139	HOMINEX-2.....	386	HYCAMPIN.....	98
HEMATEX.....	360	HORIZANT.....	222	HYCLODEX.....	100, 345
HEMATOGEN.....	362	HORMONE PROTECT.....	9	HYCODAN (WITH	
HEMATOGEN FORTE.....	362	HORNY GOAT WEED		HOMATROPINE).....	876
HEMATRON-AF.....	362	PLUS.....	9	<i>hydralazine</i>	145
HEMAX.....	362	HOVYN.....	294	HYDRALYTE.....	365

HYDRALYTE PLUS.....	365	HYDROXYM.....	316	IHEALTH GLUCO PLUS	
HYDRATING		<i>hydroxypropyl cellulose</i>	238	METER.....	613, 755
ELECTROLYTE.....	365	<i>hydroxyurea</i>	87	IHEALTH GLUCOSE TEST	
HYDRATING		<i>hydroxyzine hcl</i>	153	STRIP.....	574, 755
ELECTROLYTE SF.....	365	<i>hydroxyzine pamoate</i>	153	IHEEZO (PF).....	848
HYDRATION MULTIPLI		HYFTOR.....	330	ILET INFUSION KIT-INSET	
SUGAR FREE.....	365	HYGIENIC CLEANSING		23".....	686, 755
HYDRATION MULTIPLIER		LOTION.....	302	ILET INFUSION KIT-INSET	
IMMUNE.....	365	HYLAZINC.....	417	32".....	686, 755
HYDREA.....	87	HYMOVIS.....	543	ILET INFUSION-CONTACT	
HYDRO 35.....	326	HYMPAVZI PEN.....	528	DTCH 23".....	686, 755
HYDRO 40.....	326	<i>hyoscyamine sulfate</i>	472, 515	ILET INSULIN PUMP ..	683, 755
<i>hydrochlorothiazide</i>	147	HYOSYNE.....	472, 516	ILET STARTER KIT	
<i>hydrocodone bitartrate</i>	13	HYPER-SAL.....	237	CONTACT.....	682, 755
<i>hydrocodone-</i>		HYPOCYN ANTIPRURITIC		ILET STARTER KIT-INSET	
<i>acetaminophen</i>	21	.....	100, 345	.....	682, 755
<i>hydrocodone-</i>		HYPOCYN DERMAL... ..	100, 345	ILEVRO.....	844
<i>chlorpheniramine</i>	875	HYPOLANCE AST		ILEXOR.....	321
<i>hydrocodone-homatropine</i> ...	876	LANCING.....	612, 755	ILIDERM.....	328
<i>hydrocodone-ibuprofen</i>	21, 22	<i>hypromellose</i>	238	<i>imatinib</i>	95
<i>hydrocortisone</i>		HYQVIA.....	105	IMBRUVICA.....	88, 89, 95, 96
.....	45, 315, 442, 480	HYSINGLA ER.....	14	IMIOXIA.....	282
<i>hydrocortisone acetate</i> ..	44, 314	HYZAAR.....	120	<i>imipramine hcl</i>	177
<i>hydrocortisone butyrate</i>		<i>ibandronate</i>	433	<i>imipramine pamoate</i>	177
.....	314, 315	IBRANCE.....	89	<i>imiquimod</i>	324
HYDROCORTISONE		IBSRELA.....	477	IMITREX.....	218
LOTION COMPLETE.....	323	IBTROZI.....	95	IMITREX STATDOSE PEN.	218
<i>hydrocortisone sod</i>		<i>ibu</i>	40	IMITREX STATDOSE	
<i>succinate</i>	442	IBUPAK.....	40	REFILL.....	218
<i>hydrocortisone valerate</i>	315	<i>ibuprofen</i>	40	IMKELDI.....	96
<i>hydrocortisone-acetic acid</i> ...	856	<i>ibuprofen-famotidine</i>	36	IMMUNERX.....	377
<i>hydrocortisone-iodoquinl-</i>		<i>icatibant</i>	140	IMPACT ADVANCED	
<i>aloe2</i>	280	<i>lclevia</i>	247	RECOVERY.....	388
<i>hydrocortisone-iodoquinol</i> ...	286	ICLOFENAC CP.....	331	IMPAVIDO.....	56
<i>hydrocortisone-iodoquinol-</i>		ICLUSIG.....	93	IMPOYZ.....	290, 316
<i>aloe</i>	280	<i>icosapent ethyl</i>	131	IMURAN.....	33, 541
<i>hydrocortisone-pramoxine</i>		ID NOW COVID-19 TEST		INBRIJA.....	180
.....	45, 316, 322	KIT.....	593, 755	Incassia.....	253
<i>hydrogen peroxide (bulk)</i>		IDARAN.....	336	IN-CHECK NASAL WITH	
.....	101, 236	IDEAL BOWEL SUPPORT ..	490	MASK.....	672, 755
Hydromet.....	877	IDELVION.....	522	IN-CHECK ORAL FLOW	
<i>hydromorphone</i>	14	IDHIFA.....	93	METER.....	672, 756
<i>hydromorphone (pf)</i>	13	IDYYXIATAR.....	271	INCONTROL LANCING	
<i>hydromorphone (pf)-0.9 %</i>		IGALMI.....	232	DEVICE.....	613, 756
<i>nacl</i>	13	IGG 2000 CWP.....	390	INCONTROL PEN NEEDLE	
<i>hydroquinone</i>	295	IGG PURE.....	390	.....	632, 756
<i>hydroxocobalamin</i>	412	IHEALTH CONTROL SOLN		INCONTROL SUPER THIN	
<i>hydroxychloroquine</i>	31, 55	LEVEL 2.....	613, 755	LANCETS.....	613, 756
<i>hydroxyethyl</i>		IHEALTH COVID-19 AG		INCONTROL ULTRA THIN	
<i>methacrylate,bulk</i>	236	HOME TEST.....	593, 755	LANCETS.....	613, 756

INCRELEX.....	454	INNOSPIRE		INSYTE IV CATHETER	
INCRUSE ELLIPTA.....	865	REPLACEMENT FILTER		.....	648, 758
<i>indapamide</i>	147	.....	676, 757	INTEGRA SYRINGE...	662, 758
INDERAL LA.....	139	<i>inositol</i>	353	INTELENCE.....	59
INDERAL XL.....	139	<i>inositol-choline bitartrate</i>	133	INTELISWAB COVID-19	
INDICAID COVID-19 AG		INPEFA.....	419	HOME TEST.....	593, 759
HOME TEST.....	593, 756	INPEN (FOR HUMALOG)		INTENSE DRY SKIN	
<i>indomethacin</i>	41	BLUE.....	633, 757	THERAPY.....	302
INFANT-TODDLER		INPEN (FOR HUMALOG)		INTERLINK LEVER LOCK	
MULTIVIT.....	391	GREY.....	633, 757	CANNULA.....	671, 759
INFANT-TODDLER		INPEN (FOR HUMALOG)		INTERLINK SYRINGE AND	
MULTIVITAMIN.....	391	PINK.....	633, 757	CANNULA.....	662, 759
INFANT-TODDLER		INPEN (NOVOLOG OR		Introvale.....	247
MULTIVIT-IRON.....	393	FIASP) BLUE.....	633, 757	INTUNIV ER.....	188
INFASURF.....	872	INPEN (NOVOLOG OR		INVACARE LANCETS.....	613, 759
INFINITY CONTROL		FIASP) GREY.....	633, 757	INVEGA.....	183, 184
SOLUTION HIGH.....	613, 756	INPEN (NOVOLOG OR		INVELTYS.....	841
INFINITY CONTROL		FIASP) PINK.....	633, 757	INVOKAMET.....	426
SOLUTION LOW.....	613, 756	INQOVI.....	99	INVOKAMET XR.....	427
INFINITY CONTROL		INREBIC.....	91	INVOKANA.....	428
SOLUTION NORM.....	613, 756	INSPIRACHAMBER....	676, 757	INZDEAXIATAR.....	268
INFINITY METER KIT.....	613, 756	INSPIRACHAMBER WITH		INZDEAXIAVAR.....	268
INFINITY STARTER KIT		MASK-LARGE.....	676, 757	INZDEOXIA.....	265
.....	613, 756	INSPIRACHAMBER WITH		INZIRQO.....	147
INFINITY TEST STRIPS		MASK-MED.....	677, 757	IODOFLEX.....	100
.....	575, 756	INSPIRACHAMBER WITH		IODOSORB.....	100
INFLAMMACIN.....	37	MASK-SMALL.....	677, 757	IOPIDINE.....	853
INFLAMMA-K.....	331	INSPIRATION ELITE		IPOL.....	113
INFLATHERM(DICLOFENA		FILTER.....	677, 757	I-PORT.....	671, 759
C-MENTHOL).....	37	INSPIRA.....	118, 145	I-PORT ADVANCE 6 MM	
INGREZZA.....	221, 222, 223	INSTA-GLUCOSE (WITH		INJEC PORT.....	671, 759
INGREZZA INITIATION		DEXTRIN).....	421	I-PORT ADVANCE 9 MM	
PK(TARDIV).....	221, 223	INSUFロン.....	682, 758	INJEC PORT.....	671, 759
INGREZZA SPRINKLE		INSUL-CAP.....	613, 758	<i>ipratropium bromide</i>	866, 873
.....	221, 222, 223	INSUL-EZE.....	613, 758	<i>ipratropium-albuterol</i>	868
INJECT EASE LANCETS		<i>insulin asp prt-insulin aspart</i>	448	IQIRVO.....	538
.....	613, 756	<i>insulin aspart u-100</i>	451, 452	<i>irbesartan</i>	122
INLYTA.....	96	<i>insulin glargine-yfgn</i>	449	<i>irbesartan-</i>	
INNOPRAN XL.....	139	<i>insulin lispro</i>	452	<i>hydrochlorothiazide</i>	120
INNOSPIRE DELUXE.....	676, 756	<i>insulin lispro protamin-lispro</i>	448	IRESSA.....	83
INNOSPIRE ELEGANCE		<i>insulin syrlndl u100 half</i>		IRON (FERROUS	
.....	676, 756	<i>mark</i>	633, 758	SULFATE).....	360
INNOSPIRE ESSENCE		INSULIN SYRINGE.....	633, 758	<i>iron bisglycinate chelate</i>	
.....	676, 757	<i>insulin syringe-needle u-100</i>		.....	360, 361
INNOSPIRE GO		.....	634, 758	IRON FOLATE PLUS.....	362
NEBULIZER.....	652, 757	<i>insulin u-500 syringe-needle</i>		<i>iron,carbonyl-vitamin c</i>	362
INNOSPIRE MINI.....	676, 757	.....	634, 758	IRRIGATION SYRINGE	
		INSUPEN PEN NEEDLE		.....	662, 759
		.....	634, 758	ISENTRESS.....	58
				ISENTRESS HD.....	58

Isibloom.....	247	JATENZO.....	422	KATARAXAP.....	296
I-SIGHT.....	3	Javygtor.....	824	KATARVIA.....	296
<i>isoflurane</i>	43	JAYPIRCA.....	89, 96	KATARYA.....	296
ISOLEUCINE 1000.....	351, 387	Jaythari.....	442	KATARYAXN.....	296
ISOLEUCINE AMINO ACID		JELMYTO.....	99	KATERZIA.....	141
SUPPLMNT.....	351, 387	Jencycla.....	253	KAXM.....	295
<i>isoniazid</i>	63, 64	JENTADUETO.....	430	KAZANO.....	431
<i>isopropyl alcohol</i>	236	JENTADUETO XR.....	431	KAZURI.....	324
ISORDIL.....	122	Jinteli.....	436	KEFUNOVA.....	330
ISORDIL TITRADOSE.....	122	JIVI.....	524	KEIDO.....	296
<i>isosorbide dinitrate</i>	122	JOENJA.....	823	Kelnor 1/35 (28).....	248
<i>isosorbide mononitrate</i>	122	JOINT COMFORT AND		Kelnor 1/50 (28).....	248
<i>isosorbide-hydralazine</i>	152	MOVEMENT.....	9	KELOTOP.....	680, 759
<i>isotretinoin</i>	259	JOINT HEALTH-BONE		KENALOG.....	316, 442
<i>isradipine</i>	141	STRENGTH.....	357	KENALOG-80.....	442
ISTALOL.....	848	JOLESSA.....	247	KENDALL DISINFECTANT	
ISTURISA.....	419	JORNAY PM.....	192	CAP.....	671, 759
IS-ZC 50.....	368	JOURNAVX.....	12	KENGUARD FOLEY	
ITHOXIA.....	273	Joyeaux.....	247	CATHETER.....	684, 759
ITOVEBI.....	94	JUBLIA.....	285	KEPPRA.....	167
<i>itraconazole</i>	53	Juleber.....	247	KEPPRA XR.....	167
<i>ivabradine</i>	148	JULUCA.....	58	KERAGEL.....	347, 759
I-VALEX-2.....	386	Junel 1.5/30 (21).....	247	KERAGELT.....	347, 759
IVENIX ADMIN SET 2INLET		Junel 1/20 (21).....	247	KERALYT.....	326
2YSITE.....	648, 759	Junel Fe 1.5/30 (28).....	248	KERAMATRIX.....	343
IVENIX ADMIN SET 2INLET		Junel Fe 1/20 (28).....	248	KERASTAT.....	303
Y-SITE.....	648, 759	Junel Fe 24.....	248	KERAXA.....	331
<i>ivermectin</i>	51, 336	JUST 4 KIDZ MULTIVIT-		KERENDIA.....	118
IWILFIN.....	82	PROBIOTIC.....	393	KERIDA.....	324
IXINITY.....	522	JUST RIGHT 5000.....	826	KERLIX AMD.....	347, 759, 760
IYUZEH (PF).....	853	JUVAZIN.....	333	KESIMPTA PEN.....	830
JADENU.....	48	JUVEN (WITH COLLAGEN)	390	KETARYA.....	296
JADENU SPRINKLE.....	48	JUXTAPID.....	137	<i>ketoconazole</i>	53, 284
Jaimiess.....	243	JYLAMVO.....	31, 86	Ketodan.....	284
JAKAFI.....	91	JYNARQUE.....	510	KETODAN KIT.....	284
JALYN.....	506	K1-1000.....	418	KETONE CARE.....	685, 760
Jantoven.....	520	K2-D3 MAX.....	415	KETONE URINE TEST.....	685, 760
JANUMET.....	430	Kaitlib Fe.....	248	KETONEX-2.....	387
JANUMET XR.....	430	KALETRA.....	61	<i>ketoprofen</i>	40
JANUVIA.....	424	Kalliga.....	248	<i>ketorolac</i>	37, 38, 844
JARDIANCE.....	428	KALYDECO.....	871	KETOSTIX.....	685, 760
JARRO-DOPHILUS		KANGAROO 924 SAFETY		KEVARAXAP.....	296
ALLERGEN FREE.....	490	SCREW.....	595, 759	KEVARTIA.....	296
JARRO-DOPHILUS BABY..	490	KANGAROO EPUMP SET		KEVARYA.....	296
JARRO-DOPHILUS EPS.....	490	.....	595, 759	KEVEYIS.....	541
JARRO-DOPHILUS PLUS		KANGAROO GRAVITY SET		KEVZARA.....	34
FOS.....	491	.....	595, 759	KEXM.....	295
JARRO-DOPHILUS		KAPSPARGO SPRINKLE...	137	KEYA.....	296
WOMEN.....	491	KARBINAL ER.....	858, 859	KEYFOLIC.....	377
Jasmiel (28).....	247	Kariva (28).....	243	KHINDIVI.....	442

KIDS BONES-MUSCLES....	357	KONSYL SUGAR-FREE.....	500	LAMICTAL.....	165
KIDS BRAIN BUILDER.....	409	KONVOMEPI.....	470	LAMICTAL ODT.....	165, 203
KIDS MELATONIN.....	212	KOREAN GINSENG.....	9	LAMICTAL ODT STARTER	
KIDS MULTI ZERO.....	393	KORLYM.....	426	(BLUE).....	165, 203
KIDS SLEEP CALM.....	213	KOSELUGO.....	92	LAMICTAL ODT STARTER	
KIDS SLEEP IMMUNE		KOSHER PRENATAL PLUS		(GREEN).....	165, 203
HEALTH.....	213	IRON.....	396	LAMICTAL ODT STARTER	
KIMONO LUBRICATED		KOTARAXAP.....	297	(ORANGE).....	165, 203
CONDOMS.....	649, 760	KOVALTRY.....	525	LAMICTAL STARTER	
KIMONO MICROTHIN		K-PHOS NO 2.....	512	(BLUE) KIT.....	165, 203
AQUA LUBE CON.....	649, 760	K-PHOS ORIGINAL.....	512	LAMICTAL STARTER	
KIMONO MICROTHIN		KPN.....	396	(GREEN) KIT.....	165, 203
CONDOMS.....	649, 760	KRAZATI.....	91	LAMICTAL STARTER	
KIMONO MICROTHIN		<i>krill-om-3-dha-epa-phospho-</i>		(ORANGE) KIT.....	165, 203
LARGE CONDOMS.....	649, 760	<i>ast</i>	133	LAMICTAL XR.....	166
KIMONO TEXTURED		KRINTAFEL.....	55	LAMICTAL XR STARTER	
CONDOMS.....	649, 760	Kristalose.....	501	(BLUE).....	166
KIMONO THIN		Kurvelo (28).....	248	LAMICTAL XR STARTER	
LUBRICATED CONDOMS		KUTAR.....	297	(GREEN).....	166
.....	649, 760	KUTARVIA.....	297	LAMICTAL XR STARTER	
KINDERLYTE HERBAL		KUTARYAXM.....	297	(ORANGE).....	166
IMMUNITY.....	365	KUTARYAXMPA.....	297	LAMIOFLUR.....	459
KINDERMED INFANTS		KUTEA.....	295	<i>lamivudine</i>	60, 67
COUGH PLUS.....	5	KUVAN.....	824	<i>lamivudine-zidovudine</i>	62
KINDERMED INFANTS		KUVARYA.....	297	<i>lamotrigine</i>	166, 203
NIGHT COUGH.....	5	KUVARYE.....	297	LAMPIT.....	56
KINERET.....	33	KUXM.....	295	<i>lancets</i>	613, 760
Kionex (With Sorbitol).....	354	KYLEENA.....	242	LANCETS, SUPER THIN	
Kiprofen.....	40	KYNARA.....	324	.....	613, 760
KIRSTY.....	452	KYZATREX.....	422	LANCETS, THIN.....	613, 760
KIRSTY PEN.....	452	<i>l norgest/e.estradiol-e.estrad</i>		LANCETS, ULTRA THIN	
KISQALI.....	89	.....	243, 254	.....	613, 760
KITABIS PAK.....	870	<i>l. acidophilus-b. coagulans..</i>	491	<i>lancing device</i>	613, 760
KLARITY (CHONDROITIN)		L.E.T. (LIDO-EPINEPH-		LANCING DEVICE WITH	
(PF).....	834	TETRA).....	339	LANCETS.....	613, 760
KLARON.....	262	L.E.T.(LIDO-EPINEPH BIT-		<i>lancing device with lancets</i>	
Klayesta.....	281	TETRA).....	339	.....	613, 760
KLISYRI (250 MG).....	287	<i>labetalol</i>	118	LANCING SYSTEM.....	613, 760
KLISYRI (350 MG).....	287	<i>lacosamide</i>	157, 158	LANOLIN (HPA).....	303
KLONOPIN.....	154, 156, 200	<i>lactase</i>	466	LANOXIN.....	144
Klor-Con.....	366	<i>lactated ringers</i>	355	<i>lansoprazole</i>	468
Klor-Con 10.....	366	LACTEOL DIARRHEASE....	491	<i>lanthanum</i>	509
Klor-Con 8.....	366	LACTEOL DIARRHEASE		LANZO LANCING DEVICE	
Klor-Con M10.....	366	KIDS.....	491	.....	613, 760
Klor-Con M15.....	366	<i>lactobacillus acidophilus</i>	491	<i>lapatinib</i>	83
Klor-Con M20.....	366	<i>lactobacillus acidoph-l.bulgar</i>		Larin 1.5/30 (21).....	248
KLOR-CON/EF.....	367	.....	491	Larin 1/20 (21).....	248
KLOXXADO.....	48	LACTOVIVE.....	491	Larin 24 Fe.....	248
KOATE.....	525	<i>lactulose</i>	465, 501	Larin Fe 1.5/30 (28).....	248
KOGENATE FS.....	525	LAGEVRIO (EUA).....	76	Larin Fe 1/20 (28).....	248

LASIX.....	146	<i>levonorg-eth estrad triphasic</i>		LIPOCHOL PLUS.....	133
<i>latanoprost</i>	853	.....	254	LIPOFEN.....	126
LATUDA.....	183	Levora-28.....	249	LIPO-FLAVONOID.....	353
LAYOLIS FE.....	248	<i>levorphanol tartrate</i>	14	LIQREV.....	152
LAZCLUZE.....	84	LEVO-T.....	458	LIQUICAL PLUS.....	357
LC PLUS.....	652, 760	<i>levothyroxine</i>	458	LIQUID C.....	414
LC PLUS NEBULIZER-PED		LEVOXYL.....	458	LIQUID MULTIVITAMIN.....	377
MASK.....	652, 760	LEVSIN.....	472, 516	<i>liraglutide</i>	425
LC-655.....	363	LEVSIN/SL.....	472, 516	<i>lisdexamfetamine</i>	193
L-CARNITINE.....	350	LEVULAN.....	333	<i>lisinopril</i>	117
L-CARNITINE (TARTRATE)	350	LEXAPRO.....	172	<i>lisinopril-hydrochlorothiazide</i>	
<i>l-cystine</i>	351	Lexette.....	290, 316	.....	116
LDO PLUS.....	339	LIALDA.....	479	LITE TOUCH-MEDIUM	
<i>lecithin, soy</i>	133	LIBERVANT.....	156, 200	MASK.....	677, 761
LEENA 28.....	254	LIBRAX (WITH CLIDINIUM)		LITEAIRE MDI CHAMBER	
LEFLUNICLO.....	35, 332	.....	200, 474	.....	677, 761
<i>leflunomide</i>	35	LICART.....	333	LITETOUCH-LARGE MASK	
<i>lenalidomide</i>	98	LICE-BEDBUG-MITE		.....	677, 761
LENVIMA.....	96	BEDDING.....	344	LITETOUCH-SMALL MASK	
LEQEMBI IQLIK.....	239	<i>licorice root (g.glabra)</i>	9	.....	677, 761
LEQSELVI.....	258	LIDO BDK.....	685	LITFULO.....	258
Lessina.....	249	<i>lidocaine</i>	339	<i>lithium carbonate</i>	205, 206
LETAIRIS.....	151	<i>lidocaine hcl</i>	44, 339, 828	<i>lithium citrate</i>	206
<i>letrozole</i>	87	<i>lidocaine hcl-hydrocortison</i>		LITHOBID.....	206
<i>leucovorin calcium</i>	99	<i>ac</i>	45, 322	LITHOLYTE.....	512
LEUKERAN.....	84	Lidocaine Viscous.....	828	LITHOSTAT.....	512
LEUKINE.....	527	<i>lidocaine-hydrocortisone-</i>		LITTLE ANIMALS.....	391
<i>leuprolide</i>	91	<i>aloe</i>	45	LIVALO.....	129
<i>levalbuterol hcl</i>	867	<i>lidocaine-prilocaine</i>	328	LIVDELZI.....	538
<i>levalbuterol tartrate</i>	867	<i>lidocaine-racepinep-</i>		LIVER PROTECT.....	3
<i>levamlodipine</i>	141	<i>tetracaine</i>	339	LIVITA FOR ADULT.....	377
LEVBID.....	472, 516	<i>lidocaine-tetracaine</i>	339	LIVITA FOR CHILDREN.....	393
<i>levetiracetam</i>	167	Lidocan lii.....	339	LIVMARLI.....	538
LEVICYN ANTIPRURITIC		Lidocan Iv.....	339	LIVTENCITY.....	66
.....	341, 349	Lidocan V.....	340	L-MESITRAN SOFT.....	347
LEVICYN ANTIPRURITIC		LIDODERM.....	340	LMR PLUS.....	328
SG.....	302	LIDOMARK 1-5.....	44	LO LOESTRIN FE.....	243
LEVICYN DERMAL.....	345	LIDOMARK 2-5.....	44	LOCOID.....	317
<i>levobunolol</i>	848	LIDOPIN.....	340	LOCOID LIPOCREAM.....	316
<i>levocarnitine</i>	350, 822	LIDOPURE PATCH.....	340	Lodine.....	41
<i>levocarnitine (with sugar)</i>	822	LIDORX.....	340	LODOCO.....	12
<i>levocarnitine tartrate</i>	350	LIDTOPIC.....	340	LODOSYN.....	180
<i>levocetirizine</i>	860, 861	LIDTOPIC MAX.....	340	Loestrin 1.5/30 (21).....	249
<i>levofloxacin</i>	66, 851	LIKMEZ.....	56	Loestrin 1/20 (21).....	249
Levonest (28).....	254	LILETTA.....	242	Loestrin Fe 1.5/30 (28-Day).....	249
<i>levonorgest-eth.estradiol-</i>		<i>linezolid</i>	73	Loestrin Fe 1/20 (28-Day).....	249
<i>iron</i>	249	LINZESS.....	465, 476	Lofena.....	39
<i>levonorgestrel</i>	257	Liomny.....	458	<i>lofexidine</i>	232
<i>levonorgestrel-ethinyl estrad</i>	249	<i>liothyronine</i>	458	LOFRIC.....	684, 761
		LIPITOR.....	129	LOFRIC ORIGO.....	684, 761

LOFRIC PRIMO NELATON	<i>luliconazole</i>	284	MAGIC3 INTERMITTENT	
CATHETER..... 684, 761	LUMAKRAS.....	91	CATHETER..... 685, 762	
LOFRIC SENSE NELATON	LUMIGAN.....	853	<i>magnesium chloride</i>	363
CATHETER..... 685, 761	LUMRYZ.....	223	<i>magnesium citrate</i>	363
Lojaimiess.....	LUMRYZ STARTER PACK.....	223	<i>magnesium citrate,mag</i>	
LOKELMA.....	LUNESTA.....	231	<i>oxide</i>	363
LOMOTIL.....	LUPKYNIS.....	539	<i>magnesium citrate-lemon</i>	
LONSURF.....	<i>lurasidone</i>	183	<i>balm</i>	364
<i>loperamide</i>	Lurbipr.....	40	MAGNESIUM COMPLEX....	363
LOPID.....	Lurbiro.....	40	<i>magnesium gluconate</i>	363
<i>lopinavir-ritonavir</i>	<i>lutein</i>	3	<i>magnesium glycinate</i>	363
LOPRESSOR.....	LUTEIN PLUS WITH		MAGNESIUM OPTIMIZER..	364
LOPROX (AS OLAMINE)....	ZEAXANTHIN.....	4, 377	<i>magnesium oxide</i>	363, 460
LOPROX KIT.....	<i>lutein-zeaxanthin</i>	4	MALARONE.....	55
<i>lorazepam</i>	<i>lutein-zeaxanthin-bilberry ext</i> ...	4	MALARONE PEDIATRIC.....	55
Lorazepam Intensol....	Lutera (28).....	249	<i>malathion</i>	344
LORBRENA.....	LUXAMEND.....	302	<i>maraviroc</i>	57
LOREEV XR.....	LUXIQ.....	317	MAR-COF BP.....	876
LORMATE.....	LUZU.....	284	MAR-COF CG.....	877
Loryna (28).....	LYBALVI.....	187, 188, 204	MARINOL.....	206, 463, 881
<i>losartan</i>	Lyleq.....	253	Marlissa (28).....	249
<i>losartan-hydrochlorothiazide</i>	Lyllana.....	439	MARNATAL-F.....	396
LOTEMAX.....	LYNPARZA.....	94	MARPLAN.....	170
LOTEMAX SM.....	LYRICA.....	158, 211	MARVONA SUIK (PF).....	44
LOTENSIN.....	LYRICA CR. 210, 226, 227, 228		MATERVIA.....	405
LOTENSIN HCT.....	<i>lysine hcl</i>	351	MATULANE.....	84
<i>loteprednol etabonate</i>	LYSODREN.....	85	Matzim La.....	141
Lotrel.....	LYTGOBI.....	90	MAVENCLAD (10 TABLET	
LOTREL.....	LYUMJEV KWIKPEN U-100		PACK).....	832
LOTREXONE.....	INSULIN.....	452	MAVENCLAD (4 TABLET	
LOTRONEX.....	LYUMJEV KWIKPEN U-200		PACK).....	832
LOUNZDOMDIOXIATAR....	INSULIN.....	452	MAVENCLAD (5 TABLET	
LOUTREX.....	LYUMJEV TEMPO PEN(U-		PACK).....	832
<i>lovastatin</i>	100)INSULN.....	452	MAVENCLAD (6 TABLET	
Lovaza.....	LYUMJEV U-100 INSULIN..	452	PACK).....	832
LOVENOX.....	LYVISPAH.....	545	MAVENCLAD (7 TABLET	
Low-Ogestrel (28).....	Lyza.....	253	PACK).....	832
<i>loxapine succinate</i>	<i>maca</i>	9	MAVENCLAD (8 TABLET	
LOYON.....	MACROBID.....	52, 513	PACK).....	832
Lo-Zumandimine (28).....	<i>mafenide acetate</i>	293	MAVENCLAD (9 TABLET	
<i>lubiprostone</i>	<i>mag citrate-potassium citrate</i>		PACK).....	832
LUCEMYRA.....	.....	366	MAVILO.....	297
LUCIRA CHECK-IT COVID	MAGE.....	491	MAVILO HP.....	297
HOME TST.....	MAGELLAN INSULIN		MAVILO LP.....	297
LUER LOCK SYRINGE	SAFETY SYRNG.....	634, 761	MAVYRET.....	68
.....	MAGELLAN SAFETY		MAX SLEEP JUNIOR.....	212
LUER SLIP TIP SYRINGE	SYRINGE.....	662, 762	MAXALT.....	218
TRAY.....	MAGELLAN SYRINGE		MAXALT-MLT.....	218
LUER-LOK TIP.....	.....	634, 662, 762	MAXFE (FOLATE).....	362
LUGOLS.....				

MAXICOMFORT II PEN	MEDORFA.....296	MENQUADFI (PF)..... 108
NEEDLE..... 634, 762	MEDORFA HP.....295	MEN'S 50 PLUS
MAXICOMFORT INSULIN	MEDORFA HP PLUS..... 295	MULTIVITAMIN..... 377
SYRINGE..... 635, 762	MEDORFA LP..... 296	MEN'S DAILY GUMMIES....377
MAXI-COMFORT INSULIN	MEDORFA PLUS..... 297	MEN'S DAILY
SYRINGE..... 635, 762	MEDROL..... 442	MULTIVITAMIN..... 377
MAXICOMFORT SAFETY	MEDROL (PAK).....442	MEN'S MULTIVITAMIN..... 378
PEN NEEDLE.....635, 762	MEDROLOAN II SUIK..... 442	MEN'S MULTIVITAMIN
MAXIDEX..... 842	MEDROLOAN SUIK..... 442	GUMMIES..... 377
MAXITROL..... 836	<i>medroxyprogesterone</i> ..242, 455	MENTHO-CAINE..... 329
MAXI-TUSS AC.....877	MEDTRONIC EXT	MENVEO A-C-Y-W-135-DIP
MAXI-TUSS CD.....876	INFUSION SET 23"..... 686, 763	(PF).....108
MAYZENT..... 833	MEDTRONIC EXT	<i>meperidine</i> 14
MAYZENT STARTER(FOR	INFUSION SET 32"..... 686, 763	<i>meperidine (pf)</i> 14
1MG MAINT)..... 833	<i>mefenamic acid</i> 37	<i>meprobamate</i> 155
MAYZENT STARTER(FOR	<i>mefloquine</i> 55	MEPRON.....56
2MG MAINT)..... 833	MEGARED ADV TOTAL	<i>mercaptopurine</i> 86
MB HYDROGEL..... 300	BODY REFRESH..... 133	MERILOG..... 453
MB HYDROGEL	MEGARED ADVANCED 4-	MERILOG SOLOSTAR..... 453
(CYCLOMETHICONE)..... 300	IN-1..... 134	Merzee.....249
MC 300 NEBULIZER W-	MEGARED ADVANCED	<i>mesalamine</i> 479
MOUTHPIECE.....652, 762	TOTAL BODY..... 134	<i>mesalamine with cleansing</i>
MC 300 NEBULIZER-	MEGARED OMEGA-3	<i>wipe</i> 479
UNVRSL TUBING..... 652, 762	KRILL OIL..... 134	<i>mesna</i> 99
MCT OIL..... 386	<i>megestrol</i> 94, 882	MESNEX..... 99
MCT PRO-CAL.....388	MEKAM..... 297	MESTINON.....542
<i>meclizine</i> 462	MEKAM HP..... 297	MESTINON TIMESPAN..... 542
<i>meclofenamate</i> 37	MEKINIST.....92	METADATE CD..... 193
<i>mecobalamin (vitamin b12)</i> . 412	MEKTOVI..... 92	Metadate Er..... 193
MECORIX.....297	<i>melatonin</i> 5, 212, 213	METAMUCIL (INULIN-
MECORIX HP.....297	MELATONINMAX.....213	CORN FIBER)..... 500
MECORIX PLUS..... 297	<i>melatonin-pyridoxine (vit b6)</i>	METANX FC.....410
MEDCAPS MENOPAUSE.....9	9, 213	<i>metaxalone</i> 545
MEDIHONEY (CAL	<i>melatonin-pyridoxine hcl (b6)</i>	METDRAY..... 325
ALGINATE-HONEY)....347, 762	9, 213, 214	METER-CHECK..... 614, 763
MEDIHONEY (HONEY).....347	<i>melatonin-theanine</i> 214	<i>metformin</i> 453, 454
MEDISENSE..... 613, 762	Meleya..... 253	<i>methadone</i> 14, 15
MEDISENSE CONTROLS	MELIDU..... 298	Methadone Intensol..... 14
1-HI 1-LO.....614, 763	MELONDIS.....298	METHADOSE..... 15
MEDISENSE GLUCOSE	MELONDIS PLUS..... 298	Methadose..... 15
KETONE.....614, 763	<i>meloxicam</i> 38	<i>methamphetamine</i> 193, 208
MEDISENSE MID	<i>meloxicam submicronized</i> 39	<i>methazolamide</i> 145
CONTROL..... 614, 763	<i>memantine</i> 240	<i>methenamine hippurate</i> .72, 513
MEDISENSE THIN	<i>memantine-donepezil</i> 241	<i>methenamine mandelate</i>
LANCETS..... 614, 763	MEN 50 PLUS	72, 513
<i>medium chain triglycerides</i> ..386	MULTIVITAMIN..... 377	<i>methen-sod phos-meth blue-</i>
MEDLANCE PLUS	MENEST.....439	<i>hyos</i> 72, 514
LANCETS..... 614, 763	MENOFEM..... 9	<i>me-thfolate glucos-</i>
MEDLANCE PLUS	MENOPUR..... 440	<i>mecobalamin</i> 411
SPECIAL BLADE.....614, 763	MENOSTAR..... 439	<i>methimazole</i> 431

METHIONINE.....	351, 387	MICROCHAMBER.....	677, 763	MINI PLUS NEBULIZER	652, 764
METHITEST.....	422	MICROCYN.....	100, 345	MINI PRENATAL.....	396
<i>methocarbamol</i>	545	MICRODOT BLOOD		MINI ULTRA-THIN II....	635, 765
METHOCEL E 4 M.....	238	GLUCOSE SYSTEM	575, 614, 763, 764	MINI WRIGHT PEAK FLOW	
<i>methotrexate sodium</i>	31, 86	MICRODOT HIGH-LOW		METER.....	672, 765
<i>methotrexate sodium (pf)</i>	31, 86	CONTROL.....	614, 764	MINIMED 630G INSULIN	
<i>methoxsalen</i>	288	MICRODOT NORMAL		PUMP.....	683, 765
<i>methscopolamine</i>	472	CONTROL.....	614, 764	MINIMED 770G INSULIN	
<i>methsuximide</i>	168	MICRODOT XTRA BLOOD		PUMP.....	683, 765
METHYL PROTECT.....	410	GLUCOSE.....	576, 764	MINIMED 780G INSULIN	
<i>methyl salicylate</i>	342	Microgestin 1.5/30 (21).....	250	PUMP.....	683, 765
<i>methyldopa</i>	144	Microgestin 1/20 (21).....	250	MINIMED MIO ADVANCE	
<i>methyldopa-</i>		Microgestin Fe 1.5/30 (28)....	250	INF SET23".....	686, 765
<i>hydrochlorothiazide</i>	144	Microgestin Fe 1/20 (28).....	250	MINIMED MIO ADVANCE	
<i>methylene blue (bulk-solid)</i> ..	237	MICROLET 2 LANCING		INF SET43".....	687, 765
<i>methylergonovine</i>	455	DEVICE.....	614, 764	MINIMED QUICK SET 18"	
METHYLIN.....	193, 224	MICROLET LANCET...614, 764		.....	687, 765
<i>methylphenidate</i>	194	MICROLET NEXT LANCING		MINIMED QUICK SET 23"	
<i>methylphenidate hcl</i>		DEVICE.....	614, 764	.....	687, 765
.....	193, 194, 224	MICROLIFE PEAK FLOW		MINIMED QUICK SET 32"	
<i>methylprednisolone</i>	442	METER.....	672, 764	.....	687, 765
<i>methyltestosterone</i>	422	MICRONEX.....	383	MINIMED QUICK SET 43"	
<i>methyltetrahydrofolate</i>		MICROSPACER.....	677, 764	.....	687, 765
<i>glucos</i>	417	MICURADERM.....	292, 302	MINIMED QUICK-SERTER	
<i>metoclopramide hcl</i>	471	<i>midazolam</i>	43, 201, 230	(MMT-395).....	614, 765
<i>metolazone</i>	147	<i>midazolam (pf)</i>	43, 201	MINIMED SILHOUETTE 18"	
<i>metoprolol succinate</i>	138	<i>midodrine</i>	143	.....	687, 765
<i>metoprolol ta-</i>		MIEBO (PF).....	834	MINIMED SILHOUETTE 23"	
<i>hydrochlorothiaz</i>	143	MIFEPREX.....	419	.....	687, 765
<i>metoprolol tartrate</i>	138	<i>mifepristone</i>	419, 426	MINIMED SILHOUETTE 32"	
METROCREAM.....	336	MIGERGOT.....	217	.....	687, 765
METROGEL.....	336	<i>miglitol</i>	424	MINIMED SILHOUETTE 43"	
METROLOTION.....	336	<i>miglustat</i>	822	.....	687, 765
<i>metronidazole</i>	56, 336, 879	MIGRANAL.....	216	MINIMED SURE T 18".....	687, 766
<i>mettyrosine</i>	149	MIGRANOW.....	218	MINIMED SURE T 23".....	687, 766
<i>mexiletine</i>	124	Mili.....	250	MINIMED SURE T 32".....	687, 766
MIACALCIN.....	435	<i>milk thistle</i>	9	MINIVELLE.....	439
Mibelas 24 Fe.....	250	<i>milk thistle sd ext-blessed th</i>	9	<i>minocycline</i>	35, 79, 259, 260
MICARDIS.....	122	<i>milk thistle seed extract</i>	10	<i>minoxidil</i>	145
MICARDIS HCT.....	120	MIMORA.....	298	MINREX.....	364
<i>miconazole nitrate-zinc ox-</i>		Mimvey.....	436	Minzoya.....	250
<i>pet</i>	285	MINCORA.....	410	MIPLYFFA.....	821
MICONAZOLE-3.....	878	MIND AND MEMORY.....	10	MIRAPEX ER.....	181
MICORT-HC.....	45, 317	MINERIN CREME.....	302	MIRCERA.....	522
MICRO BLOOD GLUCOSE		MINI LANCING DEVICE		MIRENA.....	242
.....	575, 763	.....	614, 764	MIRO3D.....	343
MICRO THIN LANCETS		MINI MULTIVITAMINS-		MIRO3D FIBERS.....	343
.....	614, 763	IRON.....	384	MIRODERM	
MICROAIR MESH				FENESTRATED.....	343
NEBULIZER.....	652, 763				

MIRODERM		MONOJECT 35CC		MONOJECT SYRINGE	
FENESTRATED PLUS.....	343	SYRINGE CATH TIP ...	663, 766	TOOMEY TYPE.....	666, 770
MIRODRY WOUND		MONOJECT 3CC SYR		MONOJECT TB.....	666, 771
MATRIX.....	343	25GX1".....	663, 766	MONOJECT TB LUER LOK	
MIROTRACT.....	343	MONOJECT ALLERGY		.....	666, 770
<i>mirtazapine</i>	170	TRAY.....	663, 766	MONOJECT TB REGULAR	
MIRVASO.....	336	MONOJECT ALLERGY		LUER TIP.....	666, 770
<i>misoprostol</i>	471	TRAY DETACH.....	663, 766	MONOJECT TB SAFETY	
MITIGARE.....	517	MONOJECT BLOOD		SYRINGE.....	666, 770, 771
<i>mitomycin (pf) in water</i>	838	COLLECTION.....	547, 766	MONOJECT TUBERCULIN	
MITOPRIME.....	4	MONOJECT CONTROL		SYRINGE.....	666, 771
MITOSOL.....	838	SYRINGE LUER.....	663, 766	MONOJECT ULTRA	
MIUDELLA.....	242	MONOJECT DISPOSABLE		COMFORT INSULIN...	636, 771
MI-VITE RX.....	417	SYRINGE.....	663, 766	MONOLET LANCETS.	614, 771
MKO (MIDAZOLAM-		MONOJECT ECCENTRIC		MONOLET THIN LANCETS	
KETAMINE-ONDAN).....	43	NON-STERILE.....	663, 767	.....	614, 771
MMA-PA GEL.....	390	MONOJECT HYPODERMIC		Mono-Linyah.....	250
M-M-R II (PF).....	105, 113, 114	NEEDLES.....	663, 767	MONOVISC.....	543
M-NATAL PLUS.....	397	MONOJECT INSULIN		MONSEL'S.....	530
MNEXSPIKE 2025-2026		SAFETY SYRING.....	635, 767	<i>montelukast</i>	864
(PF).....	110	MONOJECT INSULIN		MONUROL.....	52, 513
MOBILE LANCETS.....	614, 766	SYRINGE.....	635, 636, 767	Morgidox.....	80
<i>modafinil</i>	224	MONOJECT LUER		MORGIDOX 1X 50.....	80
MODD1 PATIENT		ADAPTER.....	671, 767	MORGIDOX 1X100.....	80
WELCOME KIT.....	682, 766	MONOJECT LUER-LOCK		MORGIDOX 2X100.....	80
MODD1 SUPPLY KIT..	687, 766	TIP.....	663, 768	<i>moringa oleifera</i>	10
MODERNA COVID 24-		MONOJECT MAGELLAN		<i>morphine</i>	15, 16
25(6M-11Y)PF.....	110	SYRINGE.....	663, 664, 768	<i>morphine (pf)</i>	15
MODEYSO.....	81	MONOJECT PHARMACY		<i>morphine concentrate</i>	15
<i>moexipril</i>	117	TRAY LUER.....	664, 768	<i>morphine in 0.9 % sodium</i>	
MOISTURIZING CREAM....	302	MONOJECT PHARMACY		<i>chlor</i>	15
MOISTURIZING NORMAL-		TRAY REG TIP.....	664, 768	MOTEGRITY.....	471
DRY SKIN.....	299	MONOJECT PREFILL		MOTOFEN.....	461
MOITURIZING LOTION.....	302	ADVANCED NS.....	407	MOTPOLY XR.....	158
MOKURA.....	298	MONOJECT REG TIP NON-		MOUNJARO.....	425
MOKURA LP.....	298	STERILE.....	664, 768	MOVANTIK.....	48
MOKURA MOD.....	298	MONOJECT REGULAR		MOVE FREE PLUS MSM-	
MOKURA PLUS.....	298	LUER.....	664, 769	VIT D3.....	2
MOLEXI.....	298	MONOJECT SAFETY LUER		MOVIPREP.....	502
<i>molindone</i>	185	LOCK TIP.....	665, 769	MOXATAG.....	50
<i>mometasone</i>	317, 873	MONOJECT SAFETY		MOXICAINE.....	340
Mondoxylene NI.....	79, 80	SYRINGES.....	665, 769	<i>moxifloxacin</i>	66, 851
MONISTAT MAINTAIN.....	880	MONOJECT SMARTIP		<i>moxifloxacin-bromfenac</i>	838
MONO-FLO DRAINAGE		CANNULA.....	665, 769	MRESVIA (PF).....	101
BAG.....	624, 766	MONOJECT SYRINGE		MS CONTIN.....	16
MONOJECT 0.9% SODIUM		.....	636, 665, 666, 770	MSUD GEL POWDER.....	387
CHLORIDE.....	407	MONOJECT SYRINGE		MUCOSITISRX.....	828
MONOJECT 140CC		LUER LOK.....	665, 769, 770	MUGARD.....	828, 829
PISTON SYRINGE.....	663, 766	MONOJECT SYRINGE		MULPLETA.....	537
		REGULAR LUER.....	665, 770	MULTAQ.....	124

MULTI PRO.....	378	MYGLUCOHEALTH	576, 615, 771	NATAZIA.....	254
MULTIA DAILY		.....		<i>nateglinide</i>	426
MULTIVITAMIN.....	378	MYGLUCOHEALTH		NATESTO.....	422
MULTI-LANCET DEVICE 2		CONTROL SOLUTION	615, 771	NATROBA.....	344
.....	615, 771	MYGLUCOHEALTH		NAYZILAM.....	156, 201
MULTITOL-M.....	378	LANCETS.....	615, 771	<i>nebivolol</i>	138
<i>multivit with min-folic acid</i>	378	MYHIBBIN.....	540	<i>nebulizer and compressor</i>	
<i>multivit,calc,min-fa-k1-lycop</i>	378	MYLERAN.....	84	.....	677, 772
<i>multivitamin</i>	384	MYLK.....	357	NEBUPENT.....	72
MULTIVITAMIN GUMMIES.....	378	MYNATAL.....	397	NEBUSAL.....	237
MULTI-VITAMIN WITH		MYNATAL ADVANCE.....	397	Necon 0.5/35 (28).....	250
FLUORIDE.....	394	MYNATAL PLUS.....	397	<i>nefazodone</i>	173
MULTIVITAMIN WOMEN 50		MYNATAL-Z.....	397	NEFFY.....	143
PLUS.....	378	MYNATE 90 PLUS.....	397	NEMLUVIO.....	258
MULTIVITAMIN-ZINC-		MYRBETRIQ.....	507	NENDRUX.....	325
STRESS.....	352	MYROSINASE.....	10	NEOCATE JUNIOR WITH	
MULTI-VIT-FLOR.....	394	MYSOLINE.....	155	PREBIOTICS.....	388
MULTIVIT-FLUORIDE		MYTESI.....	461	<i>neomycin</i>	49
(METAFOLIN).....	394	MYTHIUS.....	298	<i>neomycin-bacitracin-poly-hc</i>	836
<i>multivit-min-ferrous fumarate</i>		MYVORI.....	298	<i>neomycin-bacitracin-</i>	
.....	378	MYXREDLIN.....	448	<i>polymyxin</i>	850
<i>multivit-min-ferrous</i>		N.O.MAX ER.....	351	<i>neomycin-polymyxin b gu</i>	506
<i>gluconate</i>	378	<i>nabumetone</i>	38	<i>neomycin-polymyxin b-</i>	
<i>mupirocin</i>	279	<i>nadolol</i>	139	<i>dexameth</i>	836
<i>mupirocin calcium</i>	279	<i>naftifine</i>	281	<i>neomycin-polymyxin-</i>	
MURI-LUBE.....	236	NAFTIN.....	281	<i>gramicidin</i>	850
MUSCUSOLICE.....	330	<i>nalbuphine</i>	26	<i>neomycin-polymyxin-hc</i>	
MVW COMPLETE FORM		Nalocet.....	22, 24	.....	836, 855
PROBIOT MINI.....	491	<i>naloxone</i>	48	NEONATAL COMPLETE....	397
MVW COMPLETE FORMUL		NALTREX.....	12	NEONATAL FE.....	361
PROBIOTIC.....	491	<i>naltrexone</i>	233	NEONATAL PLUS VITAMIN	
MVW MODULATOR		NAMENDA TITRATION PAK		.....	397
FORMUL MULTIVIT.....	378	.....	240	NEONATAL-DHA.....	397
MVW MODULATR FORM		NAMENDA XR.....	240	NEOPHE.....	389
MINI MULTIVT.....	378	NAMZARIC.....	241	Neo-Polycin.....	850
MVW MODULATR		NANO 2ND GEN PEN		Neo-Polycin Hc.....	836
FORMLTN PEDIATRIC.....	393	NEEDLE.....	636, 771	NEORAL.....	33, 539
MY CHOICE.....	257, 258	NANO PEN NEEDLE..	636, 772	NEOSALUS.....	302
MY WAY.....	257, 258	NANOVM ADULT.....	378	NEO-SYNALAR.....	281
MYALEPT.....	454	NANRAN.....	279	NEO-SYNALAR KIT.....	281
MYCAPSSA.....	456	NAPROSYN.....	40	NEO-VITAL RX.....	397
<i>mycophenolate mofetil</i>	33, 540	NAPROTIN.....	37	NEOVITE.....	378
<i>mycophenolate sodium</i>	540	<i>naproxen</i>	40	NEPHRO VITAMINS.....	352
MYDAYIS.....	194, 207	<i>naproxen sodium</i>	41	NEPHRON FA.....	352
MYDCOMBI.....	835	<i>naproxen-esomeprazole</i>	37	NEPHRO-VITE.....	352
Mydriacyl.....	838	<i>naratriptan</i>	218	NEPRO CARB STEADY.....	388
MYDRIATIC4(TROP-PROP-		NARCAN.....	48	NERLYNX.....	83
PE-KTRLC).....	849	NARDIL.....	170	NESINA.....	424
MYFEMBREE.....	454	NATACYN.....	852	NESTABS ABC.....	397
MYFORTIC.....	540	NATAL PNV.....	405	NESTABS DHA.....	397

NESTABS ONE.....	384	<i>nilotinib hcl</i>	96	NORM-JECT TUBERKULIN	667, 772
Neuac.....	265	<i>nilutamide</i>	86	NORMLGEL AG.....	279
NEUAC KIT.....	265	<i>nimodipine</i>	141	NORPACE.....	123
NEULASTA.....	526	NINJACOF-XG.....	877	NORPACE CR.....	123
NEULASTA ONPRO.....	526	NINLARO.....	95	NORPRAMIN.....	177
NEUPOGEN.....	526, 527	<i>nisoldipine</i>	142	NORTHERA.....	143
NEUPRO.....	182	<i>nitazoxanide</i>	56	Nortrel 0.5/35 (28).....	251
NEURAPTINE.....	330	<i>nitisinone</i>	823	NORTREL 1/35 (21).....	251
NEURIVA ORIGINAL.....	10	Nitro-Bid.....	122	Nortrel 1/35 (28).....	251
NEURONTIN.....	158	NITRO-DUR.....	122	Nortrel 7/7/7 (28).....	255
NEUTEK 2TEK TEST		<i>nitrofurantoin</i>	52, 513	<i>nortriptyline</i>	177
STRIPS.....	576, 772	<i>nitrofurantoin macrocrystal</i>	52, 513	NORVASC.....	142
NEVANAC.....	845	<i>nitrofurantoin monohydlm-</i>		NORVIR.....	74
<i>nevirapine</i>	59	<i>cryst</i>	52, 513	NOSE CLIP.....	677, 772
NEW DAY.....	257, 258	<i>nitroglycerin</i>	44, 123	NOURIANZ.....	179
NEW SKIN BOTANICALS...	333	NITROLINGUAL.....	123	NOVA MAX GLUCOSE	
NEW SKIN KIDS.....	333	NITROMIST.....	123	TEST.....	577, 772
NEW SKIN SENSITIVE.....	333	NITROSTAT.....	123	NOVA MAX PLUS GLUC-	
NEW ZEALAND WHEY		NITRO-TIME.....	123	KETON METER	
PROTEIN.....	390	NITYR.....	823	.....	590, 591, 772, 773
NEWFLORA.....	492	NIVA THYROID.....	457	NOVA SAFETY LANCETS	
NEWGEN.....	397	NIVESTYM.....	527	.....	615, 773
NEXA PLUS.....	398	NIX LICE PREVENTION....	344	NOVA SUREFLEX	
NEXAVAR.....	93	<i>nizatidine</i>	467	LANCETS.....	615, 773
NEXIUM.....	468, 469	NOBELA.....	329	NOVACORT.....	322
NEXIUM PACKET.....	469	NOC DURNA (MEN).....	423	NOVAFERRUM YAY IRON.	362
NEXIVA.....	648, 772	NOC DURNA (WOMEN).....	423	NOVAMAX PLUS GLU-KET	
NEXLETOL.....	125	NOLIRA.....	340	.....	615, 773
NEXLIZET.....	136	NORA-BE.....	253	NOVAREL.....	446
NEXOBRID.....	293	NORDITROPIN FLEXPPO..	445	NOVAVAX COVID 2024-	
NEXPLANON.....	241	<i>norelgestromin-</i>		25(PF)(EUA).....	110
NEXTSTELLIS.....	250	<i>ethin.estradiol</i>	256	NOVOEIGHT.....	525
NGENLA.....	445	<i>noreth-ethinyl estradiol-iron</i> .	250	NOVOFINE 32.....	636, 773
<i>niacin</i>	131, 413	<i>norethindrone</i>		NOVOFINE PLUS.....	636, 773
<i>niacin (inositol niacinate)</i>	412	(<i>contraceptive</i>).....	253	NOVOLIN 70/30 U-100	
<i>niacinamide</i>	413	<i>norethindrone acetate</i>	455	INSULIN.....	447
Niacor.....	131	<i>norethindrone ac-eth</i>		NOVOLIN 70-30 FLEXPEN	
<i>nicardipine</i>	141	<i>estradiol</i>	250, 436	U-100.....	447
NICOTINAMIDE (WITH		<i>norethindrone-e.estradiol-</i>		NOVOLIN N FLEXPEN.....	447
CHROMIUM).....	379	<i>iron</i>	250, 251	NOVOLIN N NPH U-100	
<i>nicotine</i>	234	Norgesic Forte.....	544	INSULIN.....	447
<i>nicotine (polacrilex)</i>	234	<i>norgestimate-ethinyl</i>		NOVOLIN R FLEXPEN.....	448
NICOTROL NS.....	234	<i>estradiol</i>	251, 255	NOVOLIN R REGULAR	
<i>nifedipine</i>	141, 142	NORITATE.....	337	U100 INSULIN.....	448
NIFEREX (FERROUS		NORLIQVA.....	142	NOVOLOG FLEXPEN U-	
ASPARTO GLYC).....	362	NORMAL SALINE FLUSH...407		100 INSULIN.....	453
NIGHTTIME UNDERPANTS		NORM-JECT.....	667, 772	NOVOLOG MIX 70-30 U-	
L-XL.....	624, 772			100 INSULN.....	448
Nikki (28).....	250				
NILANDRON.....	85				

NOVOLOG MIX 70-30FLEXPEN U-100.....	449	<i>nystatin-triamcinolone</i>	286	<i>olanzapine-fluoxetine</i>	176, 187, 204
NOVOLOG PENFILL U-100 INSULIN.....	453	Nystop.....	282	<i>olive oil</i>	236
NOVOLOG U-100 INSULIN ASPART.....	453	NYVEPRIA.....	527	<i>olmesartan</i>	122
NOVOPEN ECHO.....	636, 773	OASIS ULTRA FENESTRATED.....	344, 773	<i>olmesartan-amlodipin-hcthiacid</i>	119
NOVOSEVEN RT.....	523	OASIS WOUND MATRIX FENESTRATED.....	344, 773	<i>olmesartan-hydrochlorothiazide</i>	120
NOXAFIL.....	53	OASIS WOUND MATRIX MESHED.....	345, 773	<i>olopatadine</i>	839, 873
NOXIPAK.....	321	OB COMPLETE.....	379	OLPRUVA.....	823
NP THYROID.....	457	OB COMPLETE ONE.....	398	OLUMIANT.....	34, 258
NRF2 ACTIVATOR.....	10	OB COMPLETE PETITE.....	398	OLUX.....	317
NUBEQA.....	86	OB COMPLETE PREMIER.....	398	OLUX-E.....	317
NUCALA.....	863	OB COMPLETE WITH DHA.....	398	OMBRA COMPRESSOR SYSTEM.....	677, 773
NUCORT.....	322	OBAGI ELASTIDERM.....	296	OMECLAMOX-PAK.....	476
NUCYNTA.....	16	OBAGI NU-DERM BLENDER.....	296	<i>omega 3-dha-epa-fish oil</i>	134
NUCYNTA ER.....	16	OBAGI NU-DERM CLEAR..	296	OMEGA MONOPURE.....	134
NUDEXTA.....	229	OBAGI NU-DERM SUNFADER.....	298	OMEGA MONOPURE DHA EC.....	134
NUGUT BOWEL SUPPORT PROBIOTIC.....	492	OBAGI-C CLARIFYING SERUM.....	298	OMEGA MONOPURE EPA EC.....	134
NU-IRON.....	361	OBAGI-C THERAPY NIGHT.....	298	<i>omega-3 acid ethyl esters</i> ...	131
NUJO.....	294	OBIZUR.....	525	<i>omega-3 fatty acids-fish oil</i> ..	134
NUJU.....	294	OBSTETRIX DHA.....	398	OMEGA-3 KRILL OIL.....	134
NULEV.....	472, 516	OBSTETRIX DHA PRENATAL DUO.....	398	<i>omega-3s-dha-epa-fish oil</i> ...	135
NULIBRY.....	821	OBSTETRIX EC.....	398	OMEGAPURE 900-TG.....	135
NUMBONEX.....	340	OBSTETRIX ONE.....	384, 398	OMEGAPURE PRM.....	135
NUMBRINO.....	873	OBTREX DHA.....	398	OMEGAPURE-600 EC.....	135
NUMOISYN.....	10, 828	OCALIVA.....	538	OMEGAPURE-780 EC.....	135
NUPLAZID.....	187	OCELLA.....	251	OMEGAPURE-820.....	135
NURTEC ODT.....	216	OCM.....	347	OMEGAPURE-900 EC.....	135
NUTRASEB.....	302	<i>octreotide acetate</i>	456, 505	<i>omeprazole</i>	469
NUTRISOURCE FIBER.....	500	OCUFLOX.....	851	<i>omeprazole-sodium bicarbonate</i>	470
NUTROPIN AQ NUSPIN.....	445	OCUSOFT LID SCRUB ALLERGY.....	304	OMEZA.....	347
NUVA III.....	681, 773	ODACTRA.....	102	OMNARIS.....	874
NUVAGEL.....	681, 773	ODEFSEY.....	63	OMNI-BIOTIC AB-10.....	492
NUVARING.....	256	ODOMZO.....	90	OMNI-BIOTIC BALANCE....	492
NUVAXOVID 2025-2026 (PF).....	110	OFEV.....	96, 878	OMNI-BIOTIC HETOX.....	492
NUVAZIL II.....	681, 773	OFF ACTIVE.....	325	OMNI-BIOTIC PANDA.....	492
NUVESSA.....	879	OFF DEEP WOODS.....	325	OMNI-BIOTIC STRESS RELEASE.....	492
NUVIGIL.....	224	<i>ofloxacin</i>	66, 851, 855	OMNIPOD 5 (G6/LIBRE 2 PLUS).....	682, 774
NUWIQ.....	525	OGSIVEO.....	82	OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	682, 774
NUZYRA.....	49, 80	OHTUVAYRE.....	856	OMNIPOD 5 G6-G7 PODS (GEN 5).....	682, 774
Nyamyc.....	281	OJEMDA.....	88		
Nylia 1/35 (28).....	251	OJJAARA.....	82		
Nylia 7/7/7 (28).....	255	<i>olanzapine</i>	187, 204		
NYMALIZE.....	141				
NYNUTEY.....	340				
NYPOZI.....	527				
<i>nystatin</i>	52, 281, 282, 827				

OMNIPOD 5	ONE-A-DAY PRENATAL-1	399	ONZETRA XSAIL	218
INTRO(G6/LIBRE2PLUS)	ONE-A-DAY TRUBIOTICS	492	OPCICON ONE-STEP	257, 258
..... 682, 774	ONE-A-DAY WOMEN		OPFOLDA	821
OMNIPOD DASH INTRO	VITACRAVES	380	OPILL	253
KIT (GEN 4)..... 682, 774	ONE-A-DAY WOMEN'S 50		OPIPZA	188, 205
OMNIPOD DASH PDM KIT	PLUS	380	<i>opium tincture</i>	461, 462
(GEN 4)..... 636, 774	ONE-A-DAY WOMEN'S		OPSUMIT	151
OMNIPOD DASH PODS	COMPLETE	380	OPSYNVI	115
(GEN 4)..... 683, 774	ONE-DAILY MULTI	380	OPTICHAMBER ADULT	
OMNITROPE	ONETOUCH DELICA PLUS		MASK-LARGE	677, 776
OMVOH	LANC DEV	615, 775	OPTICHAMBER DIAMOND	
OMVOH PEN	ONETOUCH DELICA PLUS		LG MASK	677, 776
ON CALL EXPRESS	LANCET	615, 775	OPTICHAMBER DIAMOND	
CONTROL	ONETOUCH DELICA		VHC	677, 776
ON CALL EXPRESS	SAFETY LANCET	615, 775	OPTICHAMBER DIAMOND-	
METER	ONETOUCH ULTRA		MED MSK	677, 776
ON CALL EXPRESS TEST	CONTROL	615, 775	OPTICHAMBER DIAMOND-	
STRIP	ONETOUCH ULTRA TEST		SML MASK	677, 776
ON CALL LANCET	 577, 775		OPTICLEANSE GHI	388
ON CALL LANCING	ONETOUCH ULTRA2		OPTIMAG 125	363
DEVICE	METER	615, 775	OPTIMAG NEURO	363
ONAPGO	ONETOUCH ULTRASOFT 2		OPTIMAG PLUS CALCIUM	357
ONCOPLEX	LANCET	615, 775	OPTION-2	257, 258
ONCOPLEX ES	ONETOUCH VERIO FLEX		OPTIUM EZ	578, 776
<i>ondansetron</i>	METER	615, 775	OPTIUM TEST	578, 777
<i>ondansetron hcl</i>	ONETOUCH VERIO HIGH		OPVEE	49
ONE A DAY MEN	CONTROL	615, 775	OPZELURA	278
COMPLETE	ONETOUCH VERIO MID		ORACEA	80, 335
ONE DAILY ESSENTIAL	CONTROL	616, 775	ORACIT	512
ONE DAILY MEN'S 50	ONETOUCH VERIO		ORALAIR	102
PLUS W-D3	REFLECT METER	616, 775	Oralone	828
ONE DAILY MEN'S	ONETOUCH VERIO TEST		ORALYTE	365
HEALTH	STRIPS	578, 776	ORAMAGICRX	828
ONE DAILY MULTI-VIT W-	ONEVITE DAILY		ORAPEUTIC	828
MINERAL	MULTIVITAMIN	384	ORAPRED ODT	442
ONE DAILY MULTIVITAMIN	ONEXTON	265	ORAVIG	53
..... 384	ONFI	156, 201	ORAXINOL	10
ONE DAILY	ONGENTYS	180	<i>oregano oil-flaxseed oil</i>	10
MULTIVITAMIN-IRON	ON-GO COVID-19 AG AT		ORENCIA	32
ONE DAILY PRENATAL	HOME TEST	593, 776	ORENCIA CLICKJECT	32
ONE DAILY WOMEN 50	ON-THE-GO LANCETS		ORENITRAM	150
PLUS(VIT K)	 616, 776		ORENITRAM MONTH 1	
ONE DAILY WOMEN'S	ONUREG	87	TITRATION KT	150
ONE-A-DAY MEN	ONYDA XR	188	ORENITRAM MONTH 2	
VITACRAVES	ONZDEAXIADEMTAR	269	TITRATION KT	150
ONE-A-DAY MEN'S 50	ONZDEAXIADEMVAR	269	ORENITRAM MONTH 3	
PLUS	ONZDEAXIATAR	269	TITRATION KT	150
ONE-A-DAY MEN'S	ONZDEAXIAVAR	269	ORFADIN	823
COMPLETE	ONZDEAXIAZAR	269	ORGANIC NIPPLE BALM	302
ONE-A-DAY PRENATAL	ONZDEOXIA	265	ORGOVYX	92

ORIAHNN.....	454	OXISTAT.....	285	PAPAYA DIGESTIVE	
ORILISSA.....	455	OXTELLAR XR.....	161, 162	ENZYME CMLPX.....	466
ORKAMBI.....	871	<i>oxybutynin chloride</i>	516, 517	PARADIGM RESERVOIR	
ORLADEYO.....	150	<i>oxycodone</i>	16	.....	636, 777
ORLYNVAH.....	49	<i>oxycodone-acetaminophen</i>		PARAGARD T 380A.....	242
Ormalvi.....	541	.....	22, 24	PARAGARD T380A	
<i>orphenadrine citrate</i>	545	OXYCONTIN.....	17	(SINGLE HAND).....	242
<i>orphenadrine-asa-cafeine</i>	544	<i>oxymorphone</i>	17	PARI BABY CONV KIT -	
Orphengesic Forte.....	544	OXYTROL.....	517	SIZE 1.....	677, 777
Orquidea.....	253	OYSTER SHELL CALCIUM		PARI BABY CONV KIT -	
ORSERDU.....	97	500.....	355	SIZE 2.....	677, 777
ORTHAPHEN.....	332	OYSTER SHELL CALCIUM-		PARI BABY CONV KIT -	
ORTHOVISC.....	543	VIT D3.....	358	SIZE 3.....	678, 777
ORTIKOS.....	480	OZEMPIC.....	426	PARI LC SPRINT	
OSAPLEX.....	357	OZOBAX.....	545	NEBULIZER SET.....	652, 777
OSAPLEX MK-7.....	357	Pacerone.....	124	PARI LC SPRINT SINUS	
OSCIMIN.....	472, 516	PACNEX HP.....	269	.....	652, 777
OSCIMIN SL.....	472, 516	PACNEX LP.....	270	PARI TREK S COMBO	
<i>oseltamivir</i>	70	PAIN EASE MEDIUM		PACK.....	678, 777
OSENI.....	430	STREAM SPRAY.....	329	PARI TREK S COMPACT	
OSMOLEX ER.....	182	PAIN EASE MIST SPRAY...	329	COMPRESSOR.....	678, 777
OSSOPAN MD.....	355	PAINGO KFT.....	329	PARI TREK S PORTABLE	
OSSOPAN-1100.....	355	PALFORZIA (LEVEL 0).....	106	PWR KIT.....	678, 777
OSTACHOL.....	409	PALFORZIA (LEVEL 1).....	106	<i>paricalcitol</i>	821
OSTEOPRIME PLUS CALC-		PALFORZIA (LEVEL 2).....	106	PARNATE.....	170
MAGNESIUM.....	357	PALFORZIA (LEVEL 3).....	106	<i>paroxetine hcl</i>	172
OTEZLA.....	35, 291	PALFORZIA (LEVEL 4).....	106	<i>paroxetine</i>	
OTEZLA STARTER.....	35, 292	PALFORZIA (LEVEL 5).....	106	<i>mesylate(menop.sym)</i>	455
OTOVEL.....	855	PALFORZIA (LEVEL 6).....	106	PASER.....	63
OVACE.....	292	PALFORZIA (LEVEL 7).....	106	PAXIL.....	172
OVACE PLUS.....	292	PALFORZIA (LEVEL 8).....	106	PAXIL CR.....	172
OVACE PLUS SHAMPOO..	292	PALFORZIA (LEVEL 9).....	107	PAXLOVID.....	75
OVACE PLUS WASH.....	292	PALFORZIA (LEVEL 10).....	107	PAXLYTE.....	411
OVAL TAPE.....	616, 777	PALFORZIA (LEVEL 11 UP-		<i>pazopanib</i>	96
OVEGA-3.....	135	DOSE).....	107	PCCA ACCUPEN-15...	595, 777
OVIDE.....	344	PALFORZIA INITIAL (1-3		PCCA SUSPENDIT	
OVIDREL.....	446	YRS).....	107	ANHYDROUS.....	238
<i>oxaprozin</i>	41	PALFORZIA INITIAL (4-17		PEAK AIR PEAK FLOW	
<i>oxazepam</i>	155, 201	YRS).....	107	METER.....	672, 777
<i>oxcarbazepine</i>	160, 161	PALFORZIA LEVEL 11		<i>pedi multivit no.194-iron sulf</i>	393
OXERVATE.....	847	MAINTENANCE.....	107	PEDIALYTE	
OXIAICE.....	263	<i>paliperidone</i>	184	ELECTROLYTE.....	365
OXIANUJO.....	294	PALYNZIQ.....	825	PEDIALYTE	
OXIANUJO (WITH		PAMELOR.....	177	ELECTROLYTE WATER.....	365
HYALURONATE).....	294	PANCREAZE.....	466	PEDIALYTE SPARKLING	
OXIATAR.....	271	PANDEL.....	317	RUSH.....	365
OXIAVARRY.....	271	PANRETIN.....	287	PEDIAPRED.....	442
OXIAVARY.....	271	<i>pantoprazole</i>	469	PEDIATRIC BEAR	
OXIAZAR.....	271	PANXYME PH.....	466	NEBULIZER.....	678, 777
<i>oxiconazole</i>	285	<i>papaverine</i>	149		

PEDIATRIC COMP-AIR	PERSONAL BEST LOW	PHEXXI.....	241
COMPRES NEB.....678, 777	RANGE.....672, 778	PHEYO.....	286
PEDIATRIC D-VITE.....416	PERTZYE.....466	Philith.....	251
PEDIATRIC ELECTROLYTE	PETROLEUM GAUZE.596, 778	PHOSPHALINE.....	133
.....365	PFLEX INSPIRATORY	PHOSPHOLINE IODIDE.....	834
<i>pediatric multivitamin no.171</i>	TRAINER.....678, 778	PHOSPHOROUS	
.....391	PHARMABASE BARRIER...334	SUPPLEMENT.....	366
PEDIATRIC POLY-VITE.....391	PHARMACIST CHOICE	PHOTREXA CROSS-	
PEDIATRIC POLY-VITE	579, 779	LINKING KIT.....	835
WITH IRON.....393	PHARMACIST CHOICE	PHYSIOLYTE.....	355
PEDIATRIC TRI-VITE.....391	GLUCOSE SYS.....616, 778	PHYSIOSOL IRRIGATION..	355
<i>peg 3350-electrolytes.....</i>	PHASEAL ASSEMBLY	<i>phytonadione (vitamin k1)...</i>	418
<i>peg3350-sod sul-nacl-kcl-</i>	FIXTURE.....671, 779	PIFELTRO.....	59
<i>asb-c.....</i>	PHASEAL CONNECTOR	PIKO 1.....672, 779	
<i>502</i>	LUER LOCK.....671, 779	PILLOW MASK CHILD 678, 779	
PEGASYS.....67, 68	PHASEAL INFUSION	<i>pilocarpine hcl.....</i>	829, 834, 836
<i>peg-electrolyte soln.....</i>	ADAPTER.....671, 779	PILOT COVID-19 AT-HOME	
<i>502</i>	PHASEAL INFUSION	TEST.....	593, 779
PEMAZYRE.....90	CLAMP.....671, 779	<i>pimecrolimus.....</i>	295
PEN NEEDLE.....636, 778	PHASEAL INJECTOR LUER	<i>pimozide.....</i>	185
<i>pen needle, diabetic</i>	671, 779	Pimtreea (28).....	243
<i>.....636, 637, 778</i>	PHASEAL INJECTOR LUER	<i>pindolol.....</i>	138
<i>pen needle, diabetic, safety</i>	LOCK.....671, 779	<i>pioglitazone.....</i>	454
<i>.....637, 778</i>	PHASEAL PROTECTOR	<i>pioglitazone-glimepiride.....</i>	430
PENBRAYA (PF).....108	671, 779	<i>pioglitazone-metformin.....</i>	429
<i>penciclovir.....</i>	PHASEAL SECONDARY	PIP BLOOD GLUCOSE	
<i>penicillamine.....</i>	SET.....648, 779	MONITOR.....	616, 779
<i>penicillin v potassium.....</i>	PHASEAL Y-SITE.....648, 779	PIP BLOOD GLUCOSE	
<i>73, 74</i>	PHEBURANE.....823	TEST STRIP.....	579, 780
<i>pentamidine.....</i>	PHEDRAX.....282	PIP GLUCOSE CONTROL	
PENTASA.....479	<i>phenazopyridine.....</i>	SOLN L1-L2.....	616, 780
<i>pentazocine-naloxone.....</i>	<i>513</i>	PIP LANCET.....	616, 780
PENTIPS PEN NEEDLE	<i>phenelzine.....</i>	PIP PEN NEEDLE.....	637, 780
.....637, 778	Phenergan.....463, 858, 860	PIQRAY.....	94
<i>pentoxifylline.....</i>	PHENEX-1.....354, 389	<i>pirfenidone.....</i>	877
<i>528</i>	PHENEX-2.....389	<i>piroxicam.....</i>	39
Pepcid.....467	<i>phenobarb-hyoscy-atropine-</i>	<i>pitavastatin calcium.....</i>	129
PEPCIX.....368	<i>scop.....</i>	PIXEL COVID19 HOME	
PEPTAMEN JUNIOR PHGG	<i>156, 229</i>	COLLECT KIT.....	593, 780
.....388	PHENOHYTRO.....475	PLANTAGO-HOMACCORD	459
<i>perampanel.....</i>	<i>phenol.....</i>	PLAQUENIL.....	31, 55
<i>155</i>	<i>phenoxybenzamine.....</i>	PLATINUM TEST STRIP	
Percocet.....23, 24	<i>phenylalanine.....</i>	579, 780	
PERFECT POINT SAFETY	<i>351</i>	PLAVIX.....	535
LANCETS.....616, 778	<i>phenylephrine hcl.....</i>	PLEGRIDY.....	831
PERFOROMIST.....866	<i>847</i>	PLENURA.....	321
PERIDEX.....827	<i>phenyleph-tropicamide in</i>	PLENVU.....	503
<i>perindopril erbumine.....</i>	<i>water.....</i>	PLEXION.....	265
<i>117</i>	<i>835</i>	PLEXION CLEANSING	
Periogard.....827	Phenyltek.....159	CLOTHS.....	265
<i>permethrin.....</i>	<i>phenytoin.....</i>		
<i>344</i>	<i>159</i>		
<i>perphenazine.....</i>	<i>phenytoin sodium extended.159</i>		
<i>186</i>	PHEODOYO.....280		
<i>perphenazine-amitriptyline..</i>	PHEOXIA.....282		
<i>176</i>			
PERSONAL BEST FULL			
RANGE.....672, 778			

PLEXION NS.....	292	<i>povidone-iodine</i>	852	<i>prednisoln sp-moxiflox-</i>	
PMS SOOTHE.....	10	PR BENZOYL PEROXIDE..	270	<i>bromfen</i>	837
PNEUMOVAX-23.....	109	PR CREAM.....	333	<i>prednisolone</i>	442, 443
<i>pnv no.95-ferrous fumarate-</i>		PR NATAL 400.....	399	<i>prednisolone acetate</i>	842
<i>fa</i>	399	PR NATAL 400 EC.....	399	<i>prednisolone acetate (pf)</i>	842
PNV TABS 20-1.....	405	PR NATAL 430.....	399	<i>prednisolone acetate-</i>	
PNV-DHA.....	384	PR NATAL 430 EC.....	399	<i>bromfenac</i>	847
PNV-DHA + DOCUSATE....	399	PRADAXA.....	537	<i>prednisolone acetate-</i>	
PNV-OMEGA.....	380	PRAKETAMIDE.....	341	<i>nepafenac</i>	847
PNV-SELECT.....	399	<i>pralidoxime</i>	46	<i>prednisolone sod ph-</i>	
POCKET CHAMBER...678, 780		PRALUENT PEN.....	131, 132	<i>bromfenac</i>	847
POCKET PEAK FLOW		<i>pramipexole</i>	182	<i>prednisolone sod ph-</i>	
METER.....	672, 780	PRAMOSONE.....	323	<i>moxiflox</i>	837
PODOCON.....	326	<i>prasterone (dhea)</i>	1	<i>prednisolone sodium</i>	
<i>podofilox</i>	326	<i>prasugrel hcl</i>	535	<i>phosphate</i>	443, 842
POKONZA.....	367	<i>pravastatin</i>	130	<i>prednisolone-moxiflo-</i>	
POLY HUB NEEDLE...667, 780		<i>praziquantel</i>	51	<i>nepafenac</i>	837
Polycin.....	850	<i>prazosin</i>	149	<i>prednisolone-moxifloxacin</i>	
<i>polymyxin b sulf-</i>		PREBIOMAX.....	492	<i>hcl</i>	837
<i>trimethoprim</i>	851	PREBIOTIC FIBER.....	500	<i>prednisolone-moxiflox-</i>	
<i>polysaccharide iron complex</i>		PREBIOTIC FIBER (FOS)...	500	<i>bromfen</i>	837
.....	361	PREBIOTIC FIBER		<i>prednisolon-moxiflox-</i>	
<i>polysorbate 80</i>	238	DIGESTIVE.....	500	<i>ketorolac</i>	837
POLY-TUSSIN AC.....	876	PREBIOTIC INULIN-FOS....	500	<i>prednisone</i>	443
POLY-VI-FLOR		PRECISION.....	616, 780	PREDNISON INTENSOL..	443
(ARCOFOLIN).....	394	PRECISION GLUCOSE		<i>pregabalin</i>	
POLY-VI-FLOR DROPS.....	394	CONTROL SOLN.....	616, 780	.....	158, 210, 211, 227, 229
POLY-VI-FLOR DROPS		PRECISION		PREGEN DHA.....	399
(ARCOFOLIN).....	394	GLUCOSE/KETONE		PREGNYL.....	446
POLY-VI-FLOR IRON		CONTR.....	616, 781	PRELIEF.....	460
DROP(ARCOFO).....	394	PRECISION PCX PLUS		PREMARIN.....	439, 880
POLY-VI-FLOR W-		TEST.....	580, 781	PREMIER BLU GLUCOSE	
IRON(ARCOFOLIN).....	395	PRECISION PCX TEST		METER.....	616, 782
POLY-VITA DROPS.....	391	.....	580, 781	PREMIER CLASSIC	
POLY-VITA WITH IRON.....	393	PRECISION POINT OF		GLUCOSE METER.....	616, 782
POMALYST.....	98	CARE TEST.....	580, 781	PREMIER COMPACT	
PONVORY.....	833	PRECISION Q-I-D TEST		GLUCOSE METER.....	616, 782
PONVORY 14-DAY		.....	581, 782	PREMIER TEST STRIP	
STARTER PACK.....	833	PRECISION XTRA		.....	581, 783
POPULUS COMPOSITUM..	459	KETONE-GLUCOSE...591, 782		PREMIER VOICE	
Portia 28.....	251	PRECISION XTRA		GLUCOSE METER.....	616, 783
<i>posaconazole</i>	53	MONITOR.....	616, 782	PREMIUM BLOOD	
<i>potassium aa (bisglycinate)</i> ..	367	PRECISION XTRA TEST		GLUCOSE MONITOR..	616, 783
<i>potassium chloride</i>	367	.....	581, 782	PREMIUM V10....	582, 616, 783
<i>potassium citrate</i>	512	PRECOSE.....	424	PREMPHASE.....	436
<i>potassium citrate-citric acid</i> ..	512	PRED FORTE.....	842	PREMPRO.....	437
<i>potassium gluconate</i>	367	PRED MILD.....	842	PRENAISSANCE.....	399
<i>potassium iodide</i>	359	PRED-G S.O.P.....	837	PRENAISSANCE PLUS.....	399
<i>potassium, sodium</i>		<i>prednicarbate</i>	318	PRENATA.....	399
<i>phosphates</i>	366			PRENATABS FA.....	400

PRENATABS RX.....	400	PRENATE		<i>primidone</i>	156
PRENATAL.....	401, 405	ESSENTIAL(IRON-ASP-GL)		Primlev.....	23, 24, 25
PRENATAL + DHA.....	400	.....	384	PRIMSOL.....	51
PRENATAL 19.....	400	PRENATE MINI (FERR ASP		PRIORIX (PF).....	105, 113, 114
PRENATAL 19 (WITH		GLYCIN).....	406	PRISTIQ.....	174
DOCUSATE).....	400	PRENATE PIXIE.....	406	PRO COMFORT INSULIN	
PRENATAL COMPLETE.....	400	PRENATE RESTORE.....	402	SYRINGE.....	637, 783, 784
PRENATAL ESSENTIALS..	400	PRENATE STAR.....	406	PRO COMFORT LANCET	
PRENATAL FORMULA.....	400	PREPIDIL.....	419	.....	617, 784
PRENATAL FORMULA-		PRESERA.....	302	PRO COMFORT PEN	
DHA.....	400	PRESERVISION AREDS 2		NEEDLE.....	637, 784
PRENATAL GUMMIES.....	405	PLUS MV.....	4, 380	PRO COMFORT SAFETY	
PRENATAL		PRESERVISION AREDS-2.....	4	LANCET.....	617, 784
GUMMIES(ZINC CHELATE)		PRESSURE ACTIVATED		PRO COMFORT TENS	
.....	380	LANCETS.....	617, 783	ELECTRODE.....	651, 784
PRENATAL MULTI.....	400	PRESTALIA.....	116	PRO COMFORT TENS	
PRENATAL MULTI-DHA		<i>pretomanid</i>	64	UNIT.....	651, 784
(ALGAL OIL).....	401	PREVACID.....	469	PRO VOICE V8-V9 TEST	
PRENATAL MULTI-		PREVACID SOLUTAB.....	469	STRIP.....	582, 784
DHA(WITH VIT K).....	401	Prevalite.....	126	PRO VOICE V9 GLUCOSE	
PRENATAL		PREVENT DROPSAFE PEN		MONITOR.....	617, 784
MULTIVITAMINS.....	401	NEEDLE.....	637, 783	PROAIR RESPICLICK.....	867
PRENATAL ONE DAILY.....	401	PREVIDENT.....	826	PROBACAP.....	493
PRENATAL PLUS.....	401	PREVIDENT 5000		<i>probenecid</i>	518
PRENATAL PLUS		BOOSTER PLUS.....	826	<i>probenecid-colchicine</i>	518
(CALCIUM CARB).....	401	PREVIDENT 5000 DRY		PROBICHEW.....	493
PRENATAL PLUS DHA.....	401	MOUTH.....	826	PROBIO DEFENSE.....	493
PRENATAL PLUS VITAMIN-		PREVIDENT 5000 ENAMEL		PROBIOFLEXX.....	493
MINERAL.....	401	PROTECT.....	826	PROBIOMAX 350 DF.....	493
PRENATAL TABLET.....	401	PREVIDENT 5000 ORTHO		PROBIOMAX COMPLETE	
<i>prenatal vit no.179-iron-folic</i>	401	DEFENSE.....	826	DF.....	493
PRENATAL VITAMIN..	401, 402	PREVIDENT 5000 PLUS.....	826	PROBIOMAX DAILY DF.....	493
PRENATAL VITAMIN PLUS		PREVIDENT 5000		PROBIOMAX DF.....	493
LOW IRON.....	402	SENSITIVE.....	826	PROBIOMAX IG 26 DF.....	493
PRENATAL VITAMIN WITH		PREVIDENT KIDS.....	826	PROBIOMAX LEAN DF.....	493
MINERALS.....	402	PREVNAR 20 (PF).....	109	PROBIOMAX PLUS DF.....	493
<i>prenatal vit-iron fum-folic ac</i>	402	PREV-RX.....	385	PROBIOMAX SB DF.....	494
PRENATAL WITH DHA-		PREVYMIS.....	66	PROBIOMAX SERENITY.....	494
FOLIC ACID.....	402	PREZCOBIX.....	61, 74	PROBIONEXX.....	494
PRENATAL-U.....	384	PREZISTA.....	74	PROBIOTIC.....	495
PRENATE AM.....	384	PRIFTIN.....	64, 75	PROBIOTIC (B.	
PRENATE CHEWABLE.....	384	PRILO PATCH.....	341	COAGULANS).....	494
PRENATE DHA.....	384	PRIOSEC.....	469	PROBIOTIC (S.BOULARDII)	
PRENATE DHA (FERR ASP		PRIMACARE.....	402	.....	494
GLYCIN).....	405	PRIMADOPHILUS BIFIDUS	492	PROBIOTIC (WITH	
PRENATE ELITE.....	406	PRIMADOPHILUS		VITAMIN D3).....	494
PRENATE ELITE (IRON		ORIGINAL.....	492	PROBIOTIC ACIDOPHILUS	
ASP GLYC).....	406	<i>primaquine</i>	55	(4 STRN).....	494
PRENATE ENHANCE.....	402	PRIMEAIRE.....	678, 783	PROBIOTIC	
PRENATE ESSENTIAL.....	384	PRIMIDAR.....	492	ACIDOPHILUS(14-STRN)...	494

PROBIOTIC COLON SUPPORT	494	PRODIGY CONTROL SOLUTION, LOW	617, 785	<i>proparacaine</i>	848
PROBIOTIC DIGEST SUPP (4-STRN)	494	PRODIGY CONTROL SOLUTION,HIGH	617, 785	PROPIMEX-2	390
PROBIOTIC DIGEST SUPP (6-STRN)	494	PRODIGY INSULIN SYRINGE	637, 785	<i>propranolol</i>	139
PROBIOTIC DIGEST(L.RHAM,INULN)...	495	PRODIGY LANCETS..	617, 785	<i>propranolol-</i> <i>hydrochlorothiazid</i>	148
PROBIOTIC DIGEST(LACTO,BIFIDO)....	495	PRODIGY LANCING DEVICE	617, 785	<i>propylthiouracil</i>	432
PROBIOTIC FORMULA (INULIN)	495	PRODIGY MINI-MIST NEBULIZER	652, 785	PROSCAR	511
PROBIOTIC PEARLS ACIDOPHILUS	495	PRODIGY NO CODING	582, 785	PROSILK	681, 786
PROBIOTIC PEARLS COMPLETE	495	PRODIGY POCKET METER	617, 785	PROSILK GEL	333
PROBIOTIC PEARLS WOMEN'S	495	PRODIGY TWIST TOP LANCET	617, 785	PROSOURCE	390
PROBIOTIC-10	495	PRODIGY VOICE GLUCOSE METER	617, 785	PROTECT IRON LIQUID ...	362
PROBIOTIC-IMMUNE	495	PROFILNINE	523	PROTHELIAL	829
PROBIZEN	495	PROFINAC	333	PROTONIX	470
PROCARDIA XL	142	PROFOLA	380	<i>protriptyline</i>	177
PROCARE COMPRESSOR NEBULIZER	678, 784	<i>progesterone</i>	456	PROVATE PELVIC ORGAN SUPPORT	786, 881
PROCARE PEDIATRIC NEBULIZER	678, 784	<i>progesterone micronized</i>	456	PROVENT	679, 786
PROCARE SPACER WITH ADULT MASK	678, 784	PROGLYCEM	421	PROVENT STARTER. 679, 786	
PROCARE SPACER WITH CHILD MASK	678, 784	PROGRAF	539	PROVERA	456
PROCEL SINGLES	390	PROLASTIN-C	872	PROVIDA OB	402
Procentra	209	Prolate	23, 25	PROVIGIL	224
PRO-CEPTION	651, 785	PROLENSA	845	PROVIMIN	389
PROCHAMBER	678, 785	PROMACTA	537	PROVISC	850
<i>prochlorperazine</i>	463	PROMELLA	495	PROXIVOL	340
<i>prochlorperazine maleate</i>	186, 463	<i>promethazine</i>	463, 858, 860	<i>prucalopride</i>	471
PROCORT	45	<i>promethazine-codeine</i>	875	PRUCLAIR	303
PROCRIT	522	<i>promethazine-dm</i>	875	PRUMYX	303
Proctocort	45, 318	<i>promethazine-phenylephrine</i>	856	Pruradik	344
PROCTOFOAM HC	46	Promethegan	463, 858, 860	PSORINOHEEL	459
Procto-Med Hc	45, 318	PROMETRIUM	456	<i>psyllium husk</i>	500
Proctosol Hc	45, 318	PROMISEB	292, 303	<i>psyllium husk (with sugar)</i> ...	500
Proctozone-Hc	45, 318	PRONAL	325	PULMICORT	863
PROCYSBI	506	PRONEB MAX COMPRESSOR-LC PLUS	678, 786	PULMICORT FLEXHALER. 863	
PRODIGY AUTOCODE METER	617, 785	PRONEB MAX COMPRESSR-LC SPRINT	678, 786	PULMO-AIDE COMPRESSOR	679, 786
PRODIGY AUTOCODE MONITOR SYST	617, 785	PRONEB ULTRA II FILTER ASSEM	678, 786	PULMONEB LT COMPRESSOR NEBUL	679, 786
		PROOXIA	298	PULMOSAL	237
		<i>propafenone</i>	124	PULMOZYME	872
				PURAZIL	290
				PURE COMFORT LANCETS	617, 786
				PURE COMFORT PEN NEEDLE	637, 786
				PURE COMFORT SAFETY LANCETS	617, 786
				PURE COMFORT SAFETY PEN NEEDLE	637, 786

PUREAIR MINI NEBULIZER	Questran.....126	RAPPORT VACUUM
.....679, 786	Questran Light.....126	THERAPY.....650, 787
PURECOMFORT PEAK	<i>quetiapine</i> 186, 205	<i>rasagiline</i> 180
FLOW METER.....672, 786	QUICKVUE AT-HOME	RASUVO (PF).....31, 32
PUREVITA ALPHA LIPOIC	COVID-19 TEST.....593, 787	RAVICTI.....823
ACID.....4	QUICKVUE SARS	RAYALDEE.....822
PUREVITA FOLIC ACID....417	ANTIGEN.....593, 787	RAYASAL.....326
PUREVITA MAGNESIUM	QUIDROXZAR.....324	RAYOS.....443
OXIDE.....364	QUIHOXAXIA.....324	REBIF (WITH ALBUMIN)....831
PUREVITA SUPER B-	QUIHOXVAR.....324	REBIF REBIDOSE.....831
COMPLEX.....352	QUILLICHEW ER.....194, 195	REBIF TITRATION PACK...831
PUREVITA VITAMIN A.....409	QUILLIVANT XR.....195, 196	REBINYN.....523
PUREVITA VITAMIN B1.....410	<i>quinapril</i> 117	REBYOTA.....460
PUREVITA VITAMIN B12...412	<i>quinapril-hydrochlorothiazide</i>	RECEDO.....334
PUREVITA VITAMIN B2....412	117	Reclipsen (28).....251
PUREVITA VITAMIN B3....413	<i>quinidine gluconate</i> 123	RECOMBIMATE.....525
PUREVITA VITAMIN B5....413	<i>quinidine sulfate</i> 124	RECOMBIVAX HB (PF).....104
PUREVITA VITAMIN B6....413	<i>quinine sulfate</i> 55	RECONSTITUTE.....651, 788
PUREVITA VITAMIN C.....414	QUINIXIL.....322	RECORLEV.....420
PUREVITA VITAMIN D3....416	QUINJA.....279	RECOTHROM.....530
PUREVITA VITAMIN E.....417	QUINTET AC.....583, 617, 787	RECOTHROM SPRAY KIT.530
PURIXAN.....87	QUINTET BLOOD	RECTIV.....44
PUSH BUTTON SAFETY	GLUCOSE METER.....617, 787	<i>red beet</i> 10
LANCETS.....617, 786	QUINTET GLUCOSE TEST	<i>red beet-sour cherry extract</i> ..10
PYLERA.....475	STRIPS.....583, 787	<i>red yeast rice</i> 10
<i>pyrazinamide</i> 64	QUIT 2.....234, 235	<i>red yeast rice extract</i> 10
PYRIDIUM.....513	QUIT 4.....235	REFUAH PLUS.....583, 788
<i>pyridostigmine bromide</i>	QULIPTA.....216	REFUAH PLUS GLUCOSE
.....46, 542, 543	QUTENZA.....342	CONTROL.....617, 788
<i>pyridoxine (vitamin b6)</i> 413	QUVIVIQ.....231	REFUAH PLUS GLUCOSE
<i>pyrimethamine</i> 55	QVAR REDHALER.....863	MONITOR.....617, 788
PYRUKYND.....536	<i>rabeprazole</i> 470	REGENECARE.....340
QBRELIS.....117	RADIAGEL.....304	REGENECARE WITH ALOE
QBREXZA.....281	RADIAPLEXRX.....334	340
Q-CARE RX Q2.....594	RADICAVA ORS.....542	REGLAN.....471
Q-CARE RX Q4.....594	RADICAVA ORS STARTER	REGRANEX.....348
QDOLO.....17	KIT SUSP.....542	REGULOID (ASPARTAME) 500
QELBREE.....198, 199	RADIOGARDASE.....46, 47	REGULOID (PSYLLIUM
QFITLIA.....518	RAGWITEK.....102	HUSK).....500
QFITLIA PEN.....518	RALDESY.....173	REGULOID (PSYLLIUM
QINLOCK.....96	<i>raloxifene</i> 456	HUSK-SUCRO).....500
QLOSI.....836	<i>ramelteon</i> 215	REJUVAFLOR.....495
QNASL.....874	<i>ramipril</i> 117	RELAFEN DS.....38
QTERN.....427	<i>ranolazine</i> 123	RELAGARD.....879
QUAKE VIBRATORY PEP	RAPAFLO.....511	RELAX NIGHT CALM.....214
.....679, 787	RAPID SARS-COV-2 AG	RELCARE.....410
QUALAQUIN.....55	HOME TEST.....594, 787	RELENZA DISKHALER.....70
<i>quazepam</i> 201, 230	RAPIDGO FLU AND	RELEUKO.....527
QUDEXY XR.....162, 163	COVID-19 TEST.....594, 787	RELEXXII.....196
<i>quercetin</i> 413		RELIAMED LANCET...618, 788

RELIAMED MINI LANCING DEVICE..... 618, 788	RESPA-AR..... 856	RIGHTEST GL300 LANCETS..... 618, 790
RELIAMED SAFETY SEAL LANCETS..... 618, 788	RESTASIS..... 843	RIGHTEST GM550 SYSTEM..... 618, 790
RELIBIOTIC..... 496	RESTASIS MULTIDOSE..... 843	RIGHTEST GS550 TEST STRIPS..... 585, 790
RELION ALL-IN-ONE METER..... 618, 788	RESTIMO..... 337	RIGHTEST GT333 GLUCOSE METER..... 618, 790
RELION CONFIRM..... 618, 788	RESTORE..... 348, 596, 789	RIGHTEST GT333 TEST STRIP..... 585, 791
RELION CONFIRM-MICRO 584, 788	RESTORE CALCIUM ALGINATE..... 348	RILUTEK..... 542
RELION MICRO GLUCOSE MONITOR..... 618, 788	RESTORE FUSION RENAL SUPPORT..... 389	<i>riluzole</i> 542
RELION PRIME METER 618, 789	RESTORE RENAL SUPPORT..... 389	<i>rimantadine</i> 70
RELION PRIME TEST STRIPS..... 584, 789	RESTORIL..... 201, 230	<i>ringer's</i> 355
RELION ULTIMA..... 584, 789	RETACRIT..... 522	RINVOQ..... 34, 278, 480
RELISTOR..... 48	RETEVMO..... 98	RINVOQ LQ..... 34
RELIZORB..... 595, 789	RETIN-A..... 273	RIOMET..... 454
RELPAK..... 219	RETIN-A MICRO..... 273	<i>risedronate</i> 434
RELTONE..... 467	RETIN-A MICRO PUMP..... 273	RISPERDAL..... 184, 205
REMEDIENT..... 380	RETROVIR..... 60	<i>risperidone</i> 184, 205
REMERON..... 170	REUSABLE NEBULIZER KIT..... 679, 789	RITALIN..... 197, 224
REMERON SOLTAB..... 170	REVATIO..... 152	RITALIN LA..... 196, 197
REMIFEMIN MENOPAUSE.. 10	REVCIVI..... 821	RITEFLO AEROCHAMBER 679, 791
REMODULIN..... 150	REVEAL BLOOD GLUCOSE METER..... 618, 789	<i>ritonavir</i> 75
REMYDA..... 337	REVEAL TEST STRIP..... 585, 790	<i>rivaroxaban</i> 521
RENACIDIN..... 506	REVITAFLO..... 496	<i>rivastigmine</i> 239
RENAMENT..... 389	REVLIMID..... 98	<i>rivastigmine tartrate</i> 239
RENEEL..... 460	REVUFORJ..... 82	RIVELSA..... 254
RENOVAR..... 100, 345	REXTOVY..... 49	RIVFLOZA..... 508
RENTHYROID..... 457	REXULTI..... 188	RIXUBIS..... 523
REVELA..... 509	REYATAZ..... 74, 75	<i>rizatriptan</i> 219
<i>repaglinide</i> 426	REYVOW..... 220	R-NATAL OB..... 406
REPATHA PUSHTRONEX.. 132	REZDIFFRA..... 538	ROAOXIA..... 332
REPATHA SURECLICK..... 132	REZLIDHIA..... 93	ROBINSON CLEAR VINYL CATHETER..... 685, 791
REPATHA SYRINGE..... 132	REZUROCK..... 35	ROBINUL..... 473
REPEL..... 325	REZVOGLAR KWIKPEN..... 449	ROBINUL FORTE..... 473
REPEL SPORTSMEN..... 325	RHOFADE..... 337	ROCALTROL..... 416, 822
REPHRESH PRO-B..... 496	RHOPRESSA..... 854	ROCKLATAN..... 849
REPLENS EXTERNAL COMFORT..... 880	<i>ribavirin</i> 69, 75	<i>roflumilast</i> 865
REPLICARE DRESSING 347, 789	<i>riboflavin (vitamin b2)</i> 412	ROLVEDON..... 527
REPLICARE THIN..... 348, 789	<i>ribose</i> 386	ROMVIMZA..... 96
REPLICARE ULTRA DRESSING..... 348, 789	RIDAURA..... 32	<i>ropinirole</i> 182
REPOZEN SLEEP AID..... 214	<i>rifabutin</i> 64, 75	Rosadan..... 337
RESISTANCE FORMULA PROBIOTIC..... 496	<i>rifampin</i> 64, 75	ROSADAN..... 337
	RIGHTEST CONTROL SOLUTION HIGH..... 618, 790	ROSITARA..... 337
	RIGHTEST CONTROL SOLUTION NORM..... 618, 790	ROSULA..... 266
	RIGHTEST GD500 LANCING DEVICE..... 618, 790	ROSULA CLEANSING CLOTHS..... 265

<i>rosuvastatin</i>	130	Sajazir.....	140	SCSEMBLIX.....	96
Rosyrah.....	254	SALAGEN (PILOCARPINE).....	829	<i>schisandra</i>	11
ROSZET.....	137	SALICATE.....	326	<i>scopolamine base</i>	462
ROTARIX.....	105, 114	<i>salicylic acid</i>	326, 327	SEBUDERM.....	303
ROTATEQ VACCINE..	106, 114	<i>salicylic acid-ceramides no. 1</i>	327	SECUADO.....	183
ROVIS.....	337	SALIMEZ.....	327	SECURESAFE INSULIN SYRINGE.....	638, 792, 793
ROWASA.....	479	SALIMEZ FORTE.....	327	SECURESAFE PEN NEEDLE.....	638, 793
Roweepra.....	167	SALIVAMAX.....	828	SEGLENTIS.....	26
Roweepra Xr.....	167	SALOXICIN.....	10	SEGLUROMET.....	427
ROXICODONE.....	17	<i>salsalate</i>	42	SELECT-OB.....	402
ROXYBOND.....	17	SALVAX.....	327	SELECT-OB (FOLIC ACID).....	402
ROZEREM.....	215	SALVAX DUO PLUS.....	326	SELECT-OB + DHA.....	402
ROZLYTREK.....	96	SALYCIM.....	327	<i>selegiline hcl</i>	180
RUBBER MOUTHPIECE	679, 791	SALYNTRA.....	327	<i>selenium</i>	367
RUBRACA.....	94	SAMBUCUS ELDERBERRY ORIGINAL.....	11	<i>selenium sulfide</i>	292
RUCONEST.....	520	SAMBUCUS ELDERBERRY-VITAMIN C.....	408	<i>selenomethionine</i>	367
<i>rufinamide</i>	169	SAMBUCUS HONEYBERRY NIGHT.....	214	SELF-CATHETER, FEMALE	685, 793
RUKOBIA.....	57	SAMI THE SEAL.....	679, 792	SELZENTRY.....	57
RUMILO.....	263	SAMI THE SEAL MASK	679, 792	SEMGLEE(INSULIN GLARGINE-YFGN).....	449
RYALTRIS.....	873	SAMSCA.....	146, 147	SEMGLEE(INSULIN GLARG-YFGN)PEN.....	449
RYBELSUS.....	426	SANADERMRX.....	322	SE-NATAL 19.....	403
RYDAPT.....	96	SANCUSO.....	464	SE-NATAL 19 CHEWABLE.....	403
RYDEX.....	876	SANDIMMUNE.....	33, 539	SENIOR PROBIOTIC.....	496
RYLAZE.....	88	SANDOSTATIN.....	456, 505	<i>senna leaf</i>	504
RYNODERM.....	326	SANTYL.....	304	SENOKOT.....	504
RYPLAZIM.....	534	SAPHRIS.....	182, 205	SENOKOT KIDS.....	504
RYTARY.....	179	<i>sapropterin</i>	824	SENOKOT-CHAMOMILE....	504
SABAL-HOMACCORD.....	460	SAROXIA.....	271	SENSIPAR.....	434
SABRIL.....	159	SAVAYSA.....	521	SEPHIENCE.....	825
<i>saccharin</i>	354	SAVELLA.....	174, 212	SEREVENT DISKUS.....	867
<i>saccharomyces boulardii</i>	496	<i>saw palmetto</i>	11	SERNIVO.....	318
<i>saccharomyces boulardii</i> - <i>yeast</i>	496	<i>saw palmetto-zinc picolinate</i> ..	11	SEROQUEL.....	186, 205
<i>sacubitril-valsartan</i>	121	SAWYER CONTROLLED RELEASE.....	325	SEROQUEL XR.....	186, 205
SAFESNAP INSULIN SYRINGE.....	638, 791	<i>saxagliptin</i>	424	SEROSTIM.....	445
SAFESNAP SYRINGE	667, 791, 792	<i>saxagliptin-metformin</i>	431	<i>sertraline</i>	172
SAFETY LANCETS.....	618, 792	SCALACORT.....	318	<i>sesame oil</i>	236
<i>safety needles</i>	667, 792	SCALACORT DK.....	318	Setlakin.....	251
SAFETY PEN NEEDLE	638, 792	SCARCARE.....	334, 681	<i>sevelamer carbonate</i>	509
SAFETY SEAL LANCETS	618, 792	SCARCIN PAD PLUS.....	681, 792	<i>sevelamer hcl</i>	509
SAFETY-LET LANCETS	618, 792	SCARCINPAD.....	681, 792	SEVENFACT.....	523
SAFRYCYN.....	334	SCARHEAL.....	681, 792	<i>sevoflurane</i>	43
SAFYRAL.....	251	SCARSILK.....	681, 792	SEYSARA.....	80, 260
SAIZEN SAIZENPREP.....	445	SCARSILK GEL.....	334	SF.....	827
		SCARTRATE.....	334	SF 5000 PLUS.....	827
				SFROWASA.....	479

Sharobel.....	253	SINGULAIR.....	864	SMARTEST SMART CODE	
SHINGRIX (PF).....	114	SINUSTAR NEBULIZER		METER.....	619, 794
SIDESTREAM.....	653, 793	.....	653, 793	SMARTEST TALKING	
SIDESTREAM MASK..	679, 793	SINUVA.....	870, 875	METER.....	619, 794
SIDESTREAM NEBULIZER		<i>sirolimus</i>	540, 541	SMARTEST TEST	586, 795
.....	653, 793	SIRTURO.....	63	SMARTNEB	
SIDESTREAM PLUS...653, 793		SIRVANA.....	271	COMPRESSOR	
SIGNIFOR.....	456	<i>sitagliptin</i>	424	NEBULIZER.....	679, 795
SIKLOS.....	536	SIVEXTRO.....	73	SMOOTH TEXTURE FIBER500	
SILADERM.....	681, 793	SKIN THERAPY	303	SOAANZ.....	146
SILADONE.....	681, 793	SKY SAFETY PEN NEEDLE		<i>sodium bicarb-sodium</i>	
SILASTIC FOLEY		.....	638, 793	<i>chloride</i>	236
CATHETER.....	685, 793	SKYCLARYS.....	541	<i>sodium chlor 0.9%</i>	
<i>sildenafil</i>		SKYLA.....	242	<i>bacteriostat</i>	354, 407
(<i>pulm.hypertension</i>)	152	SKYRIZI.....	276, 478	<i>sodium chloride</i>	
SILENOR.....	232	SKYTROFA.....	446	.....	237, 354, 355, 367
SILICONE MASK.....	679, 793	SLEEP CALM.....	214	<i>sodium chloride 0.45 %</i>	407
SILICONE MASK - INFANT		SLEEP IMMUNE HEALTH..	214	<i>sodium chloride 0.9 %</i> ..	354, 407
.....	679, 793	SLEEP SUPPORT		<i>sodium chloride 0.9 %</i>	
SILIGENTLE AG.....	348	(MELATONIN-HERB).....	214	(<i>flush</i>).....	407
SILIQ.....	277	SLEEP TONITE VALERIAN....	5	<i>sodium citrate</i>	519
SIL-K.....	681, 793	SLOW FE.....	361	<i>sodium citrate in 0.9 % nacl</i> ..	519
<i>silodosin</i>	511	SLOW RELEASE IRON.....	361	<i>sodium citrate-citric acid</i>	512
SILTREX.....	681, 793	SLOWMAG MUSCLE		SODIUM FLUORIDE 5000	
SILVADENE.....	293	RECOVERY.....	364	DRY MOUTH.....	827
<i>silver nitrate</i>	279	SLYND.....	253	SODIUM FLUORIDE 5000	
<i>silver nitrate applicators</i>	326	SMART SENSE LANCETS		PLUS.....	827
<i>silver sulfadiazine</i>	294	.....	619, 794	<i>sodium fluoride-pot nitrate</i> ...	827
SILVRSTAT.....	279	SMART SENSE		<i>sodium oxybate</i>	223
SIMBRINZA.....	835	MONITORING SYSTEM		<i>sodium phenylbutyrate</i>	824
SIMILAC PRENATAL.....	403	.....	619, 794	<i>sodium polystyrene</i>	
SIMILAC PROBIOTIC TRI-		SMART SENSE TEST		<i>sulfonate</i>	354
BLEND.....	496	STRIPS.....	586, 794	<i>sodium succinate</i>	237
SIMLANDI(CF).....	29, 30, 482	SMARTDIABETES		<i>sodium,potassium,mag</i>	
SIMLANDI(CF)		VANTAGE.....	619, 794	<i>sulfates</i>	503
AUTOINJECTOR.....	29, 30, 482	SMARTEST CONTROL		SOFDRA.....	281
Simliya (28).....	243	.....	619, 794	SOFIA SARS ANTIGEN FIA	
Simpesse.....	244	SMARTEST EJECT.....	619, 794	.....	594, 795
SIMPLERA SENSOR..	618, 793	SMARTEST LANCET..	619, 794	SOFIA2 FLU-SARS	
SIMPLERA SYNC SENSOR		SMARTEST PERSONA		ANTIGEN FIA.....	594, 795
.....	618, 793	GLUCOSE METER.....	619, 794	SOGROYA.....	446
SIMPLI PEN NEEDLE..	638, 793	SMARTEST PERSONA		SOHONOS.....	541
SIMPLY SALINE WOUND		STARTER.....	619, 794	<i>solifenacin</i>	515
WASH.....	346	SMARTEST PRONTO		SOLQUA 100/33.....	431
SIMPLYTHICK.....	238	GLUCOSE METER.....	619, 794	SOLOSEC.....	57
SIMPONI.....	29, 30, 482	SMARTEST PRONTO		SOLOX GEL.....	280
SIMPONI ARIA.....	29, 30	STARTER.....	619, 794	SOLTAMOX.....	97
<i>simvastatin</i>	130	SMARTEST PROTEGE		SOLU-CORTEF ACT-O-	
SINEMET.....	179	.....	619, 794	VIAL (PF).....	443
SINGLE-LET.....	618, 793			SOLUPAK.....	329

SOLUS V2 AUDIBLE METER.....	619, 795	SPECTRAVITE WOMEN....	385	STOP SMOKING AID.....	235
SOLUS V2 CONTROL SOLUTION, LOW.....	619, 795	SPECTRAVITE WOMEN 50 PLUS.....	381	STRATACTX.....	348, 796
SOLUS V2 CONTROL SOLUTION,HIGH.....	619, 795	SPEEDICATH (FEMALE)	685, 796	STRATAGRT.....	348, 796
SOLUS V2 LANCETS.	619, 795	SPEEDYSWAB COVID-19 AND FLU.....	594, 796	STRATAMARK.....	334
SOLUS V2 LANCING DEVICE.....	619, 795	SPEEDYSWAB COVID-19 HOME TEST.....	594, 796	STRATATRIZ.....	334
SOLUS V2 TEST STRIPS	586, 795	SPEVIGO.....	277	STRATAXRT.....	348, 796
SOLUVITA MULTIVITAMIN FLUORIDE.....	395	SPIKEVAX 2024-2025(12Y UP)(PF).....	110	STRATTERA.....	199
SOMA.....	545	SPIKEVAX 2025-2026(12Y UP)(PF).....	111	STRAVIX.....	342
SOMAVERT.....	444	SPIKEVAX 2025-26 (6M- 11Y) (PF).....	111	STRENSIQ.....	820
SONAFINE.....	303	<i>spinosad</i>	344	STRESS B WITH ZINC.....	352
SOOLANTRA.....	337	SPIRIVA RESPIMAT.....	865	STRIBILD.....	62
SOOTHENEB COMPRESSOR NEBULIZER.....	679, 796	SPIRIVA WITH HANDIHALER.....	865	STRIVERDI RESPIMAT.....	866
SOOTHENEB MESH NEBULIZER.....	653, 796	<i>spironolactone</i>	118, 145	STROMECTOL.....	51
SOOTHING NIGHT.....	214	<i>spironolacton- hydrochlorothiaz</i>	146	STRONG IODINE.....	101, 359
SOPORDREN.....	214	SPORANOX.....	54	STUART ONE.....	403
<i>sorafenib</i>	93	SPRAVATO.....	171	SUBOXONE.....	233
<i>sorbitol</i>	238, 501, 506	SPRAY AND STRETCH.....	329	Subvenite.....	166
<i>sorbitol-mannitol</i>	507	Sprintec (28).....	251	Subvenite Starter (Blue) Kit	166, 203
SORILUX.....	290	SPRITAM.....	168	Subvenite Starter (Green) Kit.....	166, 203
SORIXIA.....	271	SPRIX.....	38	Subvenite Starter (Orange) Kit.....	166, 203
<i>sotalol</i>	124, 139	SPRYCEL.....	96	SUCRAID.....	466
Sotalol Af.....	124, 139	Sps (With Sorbitol).....	354	<i>sucralfate</i>	504
SOTYKTU.....	277	SPS (WITH SORBITOL).....	354	SUFLAVE.....	503
SOTYLIZE.....	124, 139	Sronyx.....	251	SULAR.....	142
SOVALDI.....	69	SSD.....	294	<i>sulconazole</i>	285
SOVUNA.....	31, 55	SSKI.....	359	<i>sulfacetamide sodium</i>	292, 293, 852
SPACE CHAMBER.....	679, 796	SSS 10-5.....	266	<i>sulfacetamide sodium (acne)</i>	263
SPACE CHAMBER WITH LARGE MASK.....	679, 796	ST JOSEPH ASPIRIN... ..	42, 535	<i>sulfacetamide sodium-sulfur</i> <i>urea</i>	266, 337
SPACE CHAMBER WITH MEDIUM MASK.....	679, 796	<i>st. john's wort</i>	2	<i>sulfacetamide-prednisolone</i>	837
SPACE CHAMBER WITH SMALL MASK.....	680, 796	ST. JOSEPH ASPIRIN.. ..	43, 535	SULFACLEANSE 8-4.....	266
SPECTRACEF.....	65	<i>stavudine</i>	60	<i>sulfadiazine</i>	76
SPECTRAGEL.....	348, 796	STEGLATRO.....	428	<i>sulfamethoxazole- trimethoprim</i>	51
SPECTRAVITE ADULT.....	385	STEGLUJAN.....	427	SULFAMYLON.....	294
SPECTRAVITE ADULT 50 PLUS.....	380	STELARA.....	276, 477	<i>sulfasalazine</i>	35, 479
SPECTRAVITE MEN 50 PLUS.....	380	STEQUEYMA.....	276, 477	SULFATRIM.....	51
SPECTRAVITE MEN'S.....	381	STERILANCE TL.....	619, 796	<i>sulindac</i>	38
		STERILE DROPTAINERS	595, 796	SUMADAN.....	266
		STIMUFEND.....	527	SUMADAN XLT.....	266, 337
		STIOLTO RESPIMAT.....	868	<i>sumatriptan</i>	219
		STIVARGA.....	93	<i>sumatriptan succinate</i>	219
				<i>sumatriptan-naproxen</i>	220
				SUMAXIN.....	267

SUMAXIN CP.....	266	SURE-LANCE ULTRA THIN	<i>syringe (disposable)</i>	668, 799
<i>sunitinib malate</i>	96	.....	SYRINGE 3CC/20GX1"	
SUNLENCA.....	49	SURE-PEN LANCING	.....	668, 799
SUNOSI.....	223	DEVICE.....	SYRINGE 3CC/21GX1"	
SUNRISE COMPRESSOR-		SURE-TEST EASYPLUS	.....	668, 799
NEBULIZER.....	680, 796	MINI.....	SYRINGE 3CC/21GX1-1/2"	
SUPARTZ FX.....	544	SURE-TEST EASYPLUS	.....	668, 799
SUPER B-50 COMPLEX.....	352	MINI METER.....	SYRINGE 3CC/22GX1"	
SUPER ENERGY HERBAL		SURE-TOUCH LANCET	.....	668, 799
COMPLEX.....	11	.....	SYRINGE 3CC/22GX3/4"	
SUPER THIN LANCETS		SURGIFOAM.....	.....	669, 799
.....	620, 796	SURGUARD2 SAFETY	SYRINGE 3CC/25GX1"	
SUPERIOR JOINT		.....	.....	669, 799
SUPPORT.....	2	SURVANTA.....	SYRINGE AVITENE.....	530
SUPERIOR MEN'S MULTI..	381	SUTAB.....	<i>syringe with needle</i>	669, 799
SUPERIOR OMEGA3 WITH		SUTENT.....	SYRINGE WITHOUT	
VIT D.....	135	SWEET OIL.....	NEEDLE.....	669, 799
SUPERIOR PROBIOTIC.....	496	Syeda.....	SYZYGIUM COMPOSITUM	460
SUPERIOR SLEEP.....	214	SYMAX DUOTAB.....	SZOSIL.....	681, 799
SUPERIOR WOMEN'S		SYMAX FASTABS.....	T.E.D. ANTI-EMBOLISM	
MULTI.....	381	SYMAX-SL.....	STOCKING.....	591, 651, 800
SUPLENA CARB STEADY.	389	SYMAX-SR.....	T.E.D. KNEE LENGTH-M-	
SUPRANE.....	43	SYMBICORT.....	LONG.....	591, 800
SUPRAX.....	65	SYMBRAVO.....	T.E.D. KNEE LENGTH-S-	
SUPREP BOWEL PREP KIT		SYMDEKO.....	REGULAR.....	591, 800
.....	503	SYMFI.....	T.R.U.E. TEST ALLERGEN	102
SURE COMFORT INS.		SYMFI LO.....	T:FLEX.....	651, 800
SYR. U-100.....	638, 796	SYMLINPEN 120.....	T:SLIM X2.....	651, 800
SURE COMFORT INSULIN		SYMLINPEN 60.....	T:SLIM X2 BASAL-IQ	
SYRINGE....	638, 639, 796, 797	SYMPAZAN.....	INSULIN PMP.....	683, 800
SURE COMFORT		SYMPROIC.....	T:SLIM X2 CONTROL-IQ	
LANCETS.....	620, 797	SYMTUZA.....	.....	683, 800
SURE COMFORT LANCING		SYNALAR.....	TAB-A-VITE.....	385
PEN.....	620, 797	SYNALAR CREAM KIT.....	TAB-A-VITE MULTIVITAMIN	
SURE COMFORT PEN		SYNALAR OINTMENT KIT.	W-IRON.....	381, 385
NEEDLE.....	639, 797	SYNALAR TS.....	TABLOID.....	87
SURE COMFORT SAFETY		SYNAREL.....	TABRECTA.....	97
PEN NEEDLE.....	639, 797	SYNDROS.....	TACLONEX.....	275
SURE RESULT DSS		SYNJARDY.....	<i>tacrolimus</i>	295, 539
PREMIUM PACK.....	332	SYNJARDY XR.....	<i>tadalafil</i>	349, 511
SUREBIOTIC.....	496	SYNOJOYNT.....	<i>tadalafil (pulm. hypertension)</i>	
SURE-FINE PEN NEEDLES		SYNOVX CALM.....	.....	152
.....	639, 797	SYNOVX DJD.....	TADLIQ.....	152
SUREFLEX DEVICE WITH		SYNOVX RECOVERY.....	TAFINLAR.....	88
LANCETS.....	620, 797	SYNOVX RELIEF.....	<i>tafluprost (pf)</i>	853
SUREFLEX LANCING		SYNTHERMA PLUS.....	TAGRISSO.....	84
DEVICE.....	620, 797	SYNTHROID.....	TAKE ACTION.....	257, 258
SURE-JECT INSULIN		SYNVISC.....	TAKHZYRO.....	149
SYRINGE.....	639, 797, 798	SYNVISC-ONE.....	TALICIA.....	476
SURE-LANCE.....	620, 798	SYPRINE.....	TALTZ AUTOINJECTOR.....	277

TALTZ AUTOINJECTOR (2 PACK).....	277	TARON-PREX PRENATAL- DHA.....	385, 403	TEMPO SMART BUTTON	651, 802
TALTZ AUTOINJECTOR (3 PACK).....	277	TAROXIA.....	271	TEMPO WELCOME KIT	620, 802
TALTZ SYRINGE.....	278	TARPEYO.....	444	Tencon.....	27
TALZENNA.....	94	TASCENSO ODT.....	833	TENIVAC (PF).....	107, 108
TAMIFLU.....	70	TASIGNA.....	97	<i>tenofovir disoproxil fumarate</i>	61, 67
<i>tamoxifen</i>	97	<i>tasimelteon</i>	215	TENORETIC 100.....	143
<i>tamsulosin</i>	511	TASMAR.....	179	TENORETIC 50.....	143
TANDEM MOBI AUTOSOFT 30 KT 23".....	687, 800	<i>tavaborole</i>	285	TENORMIN.....	138
TANDEM MOBI AUTOSOFT XC KIT 5".....	687, 800	TAVALISSE.....	520	TENS 502.....	652, 802
TANDEM MOBI AUTOSOFT XC KT 23".....	687, 800	TAVNEOS.....	27	TENS 504.....	652, 802
TANDEM MOBI AUTOSOFT30 14PK 23	688, 800	TAYTULLA.....	252	TENSCARE ITOUCH SURE	624, 802
TANDEM MOBI AUTOSOFTXC 14PK 23	688, 800	<i>tazarotene</i>	274, 290, 335	TEPMETKO.....	97
TANDEM MOBI AUTOSOFTXC 14PK 5"	688, 800	TAZORAC.....	290, 291	<i>terazosin</i>	149
TANDEM MOBI SYSTEM	683, 800	TAZVERIK.....	90	<i>terbinafine hcl</i>	52
TANDEM MOBI TRUSTEEL KIT 23".....	688, 800	TD GOLD LEVEL 1 CONTROL.....	620, 801	<i>terbutaline</i>	868
TANDEM T:SLIM ASFT 30 PK10 23".....	688, 800	TD GOLD LEVEL 2 CONTROL.....	620, 801	<i>terconazole</i>	879
TANDEM T:SLIM ASFT 30 PK14 23".....	688, 801	TECFIDERA.....	832	<i>teriflunomide</i>	832
TANDEM T:SLIM ASFT XC PK10 23".....	688, 801	TECHLITE INSULIN SYRINGE.....	639, 801	<i>teriparatide</i>	432
TANDEM T:SLIM ASFT XC PK14 23".....	688, 801	TECHLITE INSULN SYR(HALF UNIT).....	639, 640, 801	Terrell.....	43
TANDEM T:SLIM TRUSTL PK10 23".....	688, 801	TECHLITE LANCETS.....	620, 801	TERSI FOAM.....	293
Tanlor.....	545	TECHLITE PEN NEEDLE	640, 801	TERUMO ALLERGY SYRINGE.....	669, 802
Taperdex.....	443	TECHLITE PLUS PEN NEEDLE.....	640, 801	TERUMO HYPODERMIC NEEDLE/SYRIN.....	669, 802
TAPERDEX.....	444	TECHNA NAT UNSWT TROCHE BASEG2.....	236, 238	TERUMO INSULIN SYRINGE.....	640, 802, 803
TARCEVA.....	83	TECNU.....	338	TERUMO SYRINGE....	669, 803
TARDEOXIA.....	269	TEGLUTIK.....	542	TEST N'GO BLOOD GLUCOSE SYSTEM... ..	620, 803
TARDIMAXIA.....	271	TEGRETOL.....	162, 204	TEST N'GO TEST.....	587, 803
Targadox.....	81	TEGRETOL XR.....	162, 204	TESTIM.....	422
TARGRETIN.....	98, 287	TEKTRUNA.....	152	TESTOPLEX PLUS.....	11
Tarina 24 Fe.....	252	TELCARE CONTROL.....	620, 801	<i>testosterone</i>	422
Tarina Fe 1/20 (28).....	252	TELCARE LANCETS..	620, 801	<i>testosterone cypionate</i>	422
Tarina Fe 1-20 Eq (28).....	252	TELCARE TEST STRIPS	587, 802	<i>testosterone enanthate</i>	422
TARON-C DHA.....	381	TELIOA.....	321	TETOXIA.....	321
		<i>telmisartan</i>	122	<i>tetrabenazine</i>	221, 222
		<i>telmisartan-amlodipine</i>	119	<i>tetracaine hcl</i>	848
		<i>telmisartan-</i> <i>hydrochlorothiazid</i>	120	<i>tetracaine hcl (pf)</i>	848
		<i>temazepam</i>	201, 230	<i>tetracycline</i>	81
		TEMBEXA.....	81	Texacort.....	318
		<i>temozolomide</i>	85	TEZRULY.....	149
		TEMPO REFILL KIT WITH GAUZE.....	620, 802	TEZSPIRE.....	864
				THALITONE.....	147
				THALOMID.....	54, 98
				THEO-24.....	865

<i>theophylline</i>	865	<i>timolol maleate (pf)</i>	848	TOPCARE UNIVERSAL1	
THERABREATH.....	829	<i>timolol-bimatoprost</i>	846	LANCET.....	621, 804
THERABREATH DRY		<i>timolol-brimon-dorzol-</i>		Topicort.....	319
MOUTH.....	829	<i>bimatop</i>	835	TOPICORT.....	319
THERAHONEY.....	348, 803	<i>timolol-brimonidi-</i>		<i>topiramate</i>	163, 164
THERA-M.....	381	<i>dorzolam(pf)</i>	845	TOPROL XL.....	138
THERANATAL.....	403	<i>timolol-brimonidine-</i>		<i>toremifene</i>	97
THERANATAL COMPLETE	403	<i>dorzolamid</i>	835	TORONOVA II SUIK.....	38
THERANATAL ONE.....	403	<i>timolol-dorzolam-</i>		TORONOVA SUIK.....	38
THERANATAL OVAVITE....	406	<i>bimatopro(pf)</i>	845	Torpenz.....	93
THERANATAL PLUS.....	403	<i>timolol-dorzolamide-</i>		<i>torsemide</i>	146
THERAPEUTIC		<i>bimatopros</i>	845	TOSYMRA.....	219
MOISTURIZING CREAM....	303	TIMOPTIC OCUDOSE (PF)	848	TOTALVISC.....	850
THERAPEUTIC-M.....	381	<i>tinidazole</i>	57	TOUCH-TROL.....	685, 804
THERA-VITE MAX-M.....	381	<i>tiopronin</i>	507	TOUJEO MAX U-300	
THEREMS MULTIVITAMIN.	385	<i>tiotropium bromide</i>	865	SOLOSTAR.....	449
<i>thiamine hcl (vitamin b1)</i>	410	TIROSINT.....	459	TOUJEO SOLOSTAR U-300	
<i>thiamine mononitrate (vit b1)</i>		TIROSINT-SOL.....	459	INSULIN.....	450
.....	410	TISSEEL VHSD		Tovet Emollient.....	319
THICK AND EASY.....	238	(APRO TININ, SYN).....	338	TOVET KIT.....	322
THIN LANCETS.....	621, 803	TIVICAY.....	58	TOVIAZ.....	517
THINPRO INSULIN		TIVICAY PD.....	58	TPOXX (NATIONAL	
SYRINGE.....	640, 803	<i>tizanidine</i>	545	STOCKPILE).....	81
THIOLA.....	507	TLANDO.....	423	TRACLEER.....	151
THIOLA EC.....	507	TM-VITE RX.....	352	TRADJENTA.....	425
<i>thioridazine</i>	186	TOBI.....	870	<i>tramadol</i>	17, 18
<i>thiothixene</i>	186	TOBI PODHALER.....	870	<i>tramadol-acetaminophen</i>	26
THRESHOLD IMT TRAINER		TOBRADEX.....	837	<i>trandolapril</i>	117
.....	680, 803	TOBRADEX ST.....	837	<i>trandolapril-verapamil</i>	116
THRESHOLD PEP DEVICE		<i>tobramycin</i>	851, 871	<i>tranexamic acid</i>	528
.....	680, 804	<i>tobramycin in 0.225 % nacl</i>	870	TRANSDERM-SCOP.....	462
THRIVITE RX.....	403	<i>tobramycin with nebulizer</i>	871	<i>tranylcypromine</i>	171
THROMBI-GEL.....	530	<i>tobramycin-dexamethasone</i>	837	TRANZAREL.....	340
THROMBIN-JMI.....	530	<i>tobramycin-vancomycin</i>		TRAVATAN Z.....	853
THROMBI-PAD.....	530	.....	838, 851	<i>travoprost</i>	853
THYQUIDITY.....	459	TOBREX.....	851	<i>trazodone</i>	173
<i>thyroid (pork)</i>	457	TOLAK.....	287	TRECTOR.....	64
Tiadyt Er.....	141	<i>tolcapone</i>	179	TRELEGY ELLIPTA.....	870
<i>tiagabine</i>	158	<i>tolmetin</i>	38	TREMFYA.....	276, 478
TIAZAC.....	141	TOLSURA.....	54	TREMFYA ONE-PRESS	
TIBSOVO.....	93	<i>tolterodine</i>	517	.....	276, 478
<i>ticagrelor</i>	534	<i>tolvaptan</i>	147	TREMFYA PEN.....	276, 478
TICANASE.....	874	<i>tolvaptan (polycys kidney</i>		TREMFYA PEN	
TIGLUTIK.....	542	<i>dis)</i>	510, 511	INDUCTION PK-CROHN....	478
TIKOSYN.....	125	TOOMEY SYRINGE....	669, 804	<i>treprostinil sodium</i>	150
Tilia Fe.....	255	TOPAMAX.....	163	TRESIBA FLEXTOUCH U-	
<i>timol-brimon-dorzol-</i>		TOPCARE CLICKFINE	640, 804	100.....	450
<i>bimato(pf)</i>	835	TOPCARE ULTRA		TRESIBA FLEXTOUCH U-	
<i>timolol</i>	848	COMFORT.....	640, 641, 804	200.....	450
<i>timolol maleate</i>	139, 848			TRESIBA U-100 INSULIN...	450

TRESNI.....	39	TRIPLE OMEGA 3-6-9.....	135	TRUE METRIX LEVEL 2	
<i>tretinoin</i>	274	Tri-Sprintec (28).....	255	.....	621, 806
<i>tretinoin (antineoplastic)</i>	97	TRISTART DHA.....	404	TRUE METRIX LEVEL 3	
<i>tretinoin microspheres</i>	274	TRIUMEQ.....	62	.....	621, 806
TRETEN.....	526	TRIUMEQ PD.....	62	TRUE2GO BLOOD	
TREXALL.....	32, 86	TRIVIA COMPLETE.....	385	GLUCOSE SYSTEM... 621, 806	
<i>triacetin</i>	286	TRIVISC.....	544	TRUEDRAW LANCING	
<i>triamcinolone acetonide</i>		TRI-VITAMIN (A-D-FOL)-		DEVICE.....	621, 806
.....	319, 444, 828	FLUORIDE.....	395	TRUEPLUS INSULIN..	642, 806
<i>triamterene</i>	146	Trivora (28).....	255	TRUEPLUS KETONE..	685, 806
<i>triamterene-</i>		Tri-Vylibra.....	255	TRUEPLUS LANCETS	621, 806
<i>hydrochlorothiazid</i>	146	Tri-Vylibra Lo.....	255	TRUEPLUS PEN NEEDLE	
Trianex.....	319	TROJAN ULTRA RIBBED		.....	642, 807
TRIASIL.....	319	CONDOM.....	649, 804	TRUERESULT BLOOD	
<i>triazolam</i>	201, 230	TROKENDI XR.....	164, 165	GLUCOSE SYSTM.....	621, 807
TRIBENZOR.....	119	<i>tropicamide</i>	838	TRUETEST TEST STRIPS	
TRICARE.....	403	<i>trospium</i>	517	.....	588, 807
TRI-CHLOR.....	327	TRUBIOTICS.....	497	TRUETRACK BLOOD	
<i>trichloroacetic acid</i>	327	TRUBIOTICS BABY.....	496	GLUCOSE SYSTEM... 621, 807	
TRICITRATES.....	512	TRUBIOTICS GUMMY.....	496	TRUETRACK SMART	
TRICOR.....	127	TRUBIOTICS KIDS		SYSTEM.....	621, 807
Triderm.....	319	CHEWABLE.....	496	TRUETRACK TEST	588, 807
<i>trientine</i>	47	TRUBIOTICS KIDS GUMMY		TRULANCE.....	465, 477
Tri-Estarylla.....	255	.....	497	TRULICITY.....	426
TRIFERIC.....	361	TRUDHESA.....	217	TRUMENBA.....	109
<i>trifluoperazine</i>	186	TRUE COMFORT INSULIN		TRUQAP.....	81
<i>trifluridine</i>	852	SYRINGE.....	641, 804	TRUSKIN.....	342
<i>trihexyphenidyl</i>	180	TRUE COMFORT LANCET		TRUSTEEL INFUSION SET	
TRIJARDY XR.....	431	.....	621, 804	23".....	688, 807
TRIKAFTA.....	872	TRUE COMFORT PEN		TRUSTEEL INFUSION SET	
Tri-Legest Fe.....	255	NEEDLE.....	641, 804	32".....	688, 807
TRILEPTAL.....	162	TRUE COMFORT PRO INS		TRUSTEX LATEX	
Tri-Linyah.....	255	SYRINGE.....	641, 805	CONDOM.....	649, 807
TRILOAN II SUIK.....	444	TRUE COMFORT SAFE		TRUSTEX LUBRICATED	
TRILOAN SUIK.....	444	INSULIN SYRG.....	641, 805	CONDOMS.....	649, 808
Tri-Lo-Estarylla.....	255	TRUE COMFORT SAFETY		TRUSTEX NON-LUB	
Tri-Lo-Marzia.....	255	PEN NEEDLE.....	642, 805	CONDOMS.....	649, 808
Tri-Lo-Mili.....	255	TRUE COVER CONDOM		TRUSTEX-RIA	
Tri-Lo-Sprintec.....	255	.....	649, 805	LUB/SPERMICIDE.....	649, 808
TRI-LUMA.....	299	TRUE METRIX AIR		TRUSTEX-RIA	
TRILURON.....	544	GLUCOSE METER.....	621, 805	LUBRICATED CONDOMS	
<i>trimethobenzamide</i>	463	TRUE METRIX GLUCOSE		.....	649, 808
<i>trimethoprim</i>	51	METER.....	621, 805	TRUSTEX-RIA NON-LUB	
Tri-Mili.....	255	TRUE METRIX GLUCOSE		CONDOMS.....	649, 808
<i>trimipramine</i>	177	TEST STRIP.....	588, 806	TRUVADA.....	60
TRIMO-SAN JELLY.....	879	TRUE METRIX GO		TRUZONE PEAK FLOW	
TRINATAL RX 1.....	403	GLUCOSE METER.....	621, 806	METER.....	672, 808
TRINATE.....	403	TRUE METRIX LEVEL 1		TRYNGOLZA.....	115, 125
TRINTELLIX.....	175	.....	621, 806	TRYPTYR.....	834
TRIONEX.....	291			TRYVIO.....	115

TUBERCULIN SYRINGE	ULTICARE...642, 643, 670, 809	ULTRA THIN II LANCETS
.....669, 808	ULTICARE INSULIN	622, 812
<i>tuberculin-allergy syringes</i>	SYRINGE..... 642, 808	ULTRA THIN LANCETS
.....669, 808	ULTICARE INSULN	622, 812
TUDORZA PRESSAIR..... 865	SYR(HALF UNIT)..... 642, 809	ULTRA THIN PEN NEEDLE
TUKYSA..... 89	ULTICARE LOW DEAD	644, 812
Tulana.....253	SPACE SYRING.....669, 809	ULTRA THIN PLUS
TULIVITE.....362	ULTICARE PEN NEEDLE	LANCETS.....622, 812
TURALIO.....97	642, 809	ULTRA TLC LANCETS622, 812
<i>turmeric root extract</i> 11	ULTICARE SAFETY PEN	ULTRACARE INSULIN
<i>turmeric root ext-sour cherry.</i> 11	NEEDLE..... 642, 809	SYRINGE..... 645, 812
<i>turmeric root-ginger root ext..</i> 11	ULTICARE SAFETY	ULTRA-CARE LANCETS
<i>turmeric-ginger-black pepper.</i> 11	SYRINGE..... 670, 809	622, 812
<i>turmeric-turmeric ext-pepper.</i> 11	ULTICARE TB SAFETY	ULTRACARE PEN NEEDLE
<i>turmeric-turmeric root extract</i> 11	SYRINGE..... 670, 809	645, 812
Turqoz (28).....252	ULTIGUARD SAFEPAK-	ULTRA-FINE INS SYR
TUXARIN ER.....876	INSULIN SYR..... 643, 809, 810	(HALF UNIT).....645, 812
TWIST REFILL KT(CSST-	ULTIGUARD SAFEPAK-	ULTRA-FINE INSULIN
NDL-SYR).....683, 808	PEN NEEDLE.....643, 810	SYRINGE..... 645, 812, 813
TWIST RFL(INFUS-CSST-	ULTI-LANCE.....621, 810	ULTRA-FINE PEN NEEDLE
NDL-SYR).....683, 808	ULTILET BASIC LANCETS	645, 813
TWIST STARTER KIT 683, 808	621, 810	ULTRAFOAM..... 530
TWINRIX (PF)..... 103	ULTILET CLASSIC	ULTRALANCE LANCETS
TWIRLA.....256	LANCETS.....622, 810	622, 813
TWIST LANCETS.....621, 808	ULTILET INSULIN	ULTRASAL-ER.....327
TWYNEO.....271	SYRINGE..... 643, 810	ULTRA-THIN II (SHORT)
TYBLUME.....252	ULTILET LANCETS.....622, 810	INS SYR..... 645, 646, 813
TYBOST.....824	ULTILET PEN NEEDLE	ULTRA-THIN II (SHORT)
Tydemy.....252	643, 810	PEN NDL.....646, 813
TYENNE.....34	ULTILET SAFETY	ULTRA-THIN II INS PEN
TYENNE AUTOINJECTOR...34	LANCETS.....622, 810	NEEDLES.....646, 813
TYKERB.....83	ULTIMA MONITOR..... 622, 810	ULTRA-THIN II INSULIN
TYMLOS.....432	ULTIMA TEST STRIPS	SYRINGE..... 646, 813
TYREX-2.....390	589, 811	ULTRA-THIN II LANCETS
TYRVAYA.....875	ULTRA B-100 COMPLEX	622, 813
TYVASO.....150	(FOODBASE)..... 352	ULTRATRAK..... 589, 814
TYVASO DPI.....150	ULTRA BONEUP 357	ULTRATRAK GLUCOSE
TYVASO INSTITUTIONAL	ULTRA CMFT INS SYR	METER.....622, 813, 814
START KIT.....150	(HALF UNIT).....644, 811	ULTRATRAK HIGH-LOW
TYVASO REFILL KIT.....151	ULTRA COMFORT INSULIN	CONTROL.....622, 814
TYVASO STARTER KIT.....151	SYRINGE..... 644, 811	ULTRATRAK NORMAL
UBRELVY.....216	ULTRA FLO INSUL	CONTROL.....622, 814
UCERIS.....480	SYR(HALF UNIT)..... 644, 811	ULTRATRAK ULTIMATE
UDENYCA.....527	ULTRA FLO INSULIN	589, 622, 814
UDENYCA	SYRINGE..... 644, 811, 812	ULTRAVATE..... 291, 320
AUTOINJECTOR.....527	ULTRA FLO PEN NEEDLE	UNIFINE OTC PEN
UDENYCA ONBODY.....527	644, 812	NEEDLE.....646, 814
ULESFIA.....344	ULTRA MOISTURE.....303	UNIFINE PENTIPS.....646, 815
ULORIC.....518	ULTRA PRENATAL PLUS	UNIFINE PENTIPS
ULTANE.....43	DHA.....404	MAXFLOW..... 646, 814

UNIFINE PENTIPS PLUS 646, 815	UNIVERSAL 1 LANCETS 623, 816	<i>valproic acid (as sodium salt)</i> 157, 204
UNIFINE PENTIPS PLUS MAXFLOW..... 646, 815	UNZDOMDIOXIAZAR..... 269	<i>valsartan</i> 122
UNIFINE PROTECT....646, 815	UP4 PROBIOTICS KIDS CUBES.....497	<i>valsartan- hydrochlorothiazide</i> 120
UNIFINE SAFECONTROL PEN NEEDLE.....647, 815	UP4 PROBIOTICS MEN'S..497	VALTOCO..... 156, 201
UNIFINE ULTRA PEN NEEDLE.....647, 815	UP4 PROBIOTICS PLUS PREBIOTIC.....497	VALTREX.....69
UNILET COMFORTOUCH LANCET..... 622, 815	UP4 PROBIOTICS ULTRA..497	Valtya.....252
UNILET GP LANCET.. 622, 815	UP4 PROBIOTICS WOMEN'S.....497	Vanadom.....545
UNILET LANCET.....622, 815	UP4 PROBIOTICS- PREBIOTICS KIDS.....497	VANCOCIN.....66, 67
UNILET LANCETS..... 622, 815	UPNEEQ (PF).....835	<i>vancomycin</i> 67
UNILET SUPER THIN LANCETS.....622, 815	UPTRAVI.....148	VANDAZOLE.....879
UNISOM SIMPLE SLUMBERS.....214	URAMAXIN.....327	VANFLYTA.....90
UNISPEND ANHYDROUS SWEET.....238	URAMAXIN GT.....325, 327	VANISHPOINT INSULIN SYRINGE.....647, 816
UNISTIK 2 DEVICE....623, 815	<i>urea</i> 304, 327, 328	VANISHPOINT SYRINGE 647, 670, 816, 817
UNISTIK 2 EXTRA LANCET 623, 815	UREA NAIL STICK.....327	VANISHPOINT TUBERCULIN SYRINGE 670, 817
UNISTIK 2 NORMAL LANCET.....623, 815	UREAPRO.....146	VANOS.....320
UNISTIK 3 COMFORT LANCET.....623, 815	URELLE.....72, 514	VANOXIDE-HC.....270
UNISTIK 3 EXTRA LANCET 623, 815	URETRON D-S.....72, 514	VANRAFIA.....115
UNISTIK 3 GENTLE....623, 815	URIBEL TABS.....72, 514	VAPRO PLUS INTERMITT CATHETER.....685, 817
UNISTIK 3 NORMAL LANCET.....623, 815	URIMAR-T.....73, 514	VAQTA (PF).....103
UNISTIK COMFORT LANCETS.....623, 816	URNEVA.....73, 514	VARDIMAXIA.....271
UNISTIK CZT LANCET 623, 816	UROCIT-K 10.....512	<i>varenicline tartrate</i> 235, 236
UNISTIK EXTRA LANCETS 623, 816	UROCIT-K 15.....513	VARISOFT INFUSION SET 23".....688, 817
UNISTIK NORMAL LANCETS.....623, 816	UROGESIC-BLUE.....73, 515	VARISOFT INFUSION SET 32".....688, 817
UNISTIK PRO LANCET 623, 816	URO-MP.....73, 514	VARISOFT INFUSION SET 43".....688, 817
UNISTIK SAFETY.....623, 816	UROQID-ACID NO.2....72, 513	VARITHENA ADMINISTRATION PACK 671, 817
UNISTIK TOUCH LANCETS 623, 816	URO-SP.....73, 514	VARIVAX (PF).....106, 114
UNISTRIP LOW CONTROL 623, 816	UROXATRAL.....511	VAROPHEN (DICLOFENAC).....332
UNISTRIP1 TEST STRIP 590, 816	URSO FORTE.....467	VAROXIA.....272
UNITHROID.....459	<i>ursodiol</i> 467	VARUBI.....464
	URYL.....73, 515	VASCEPA.....131
	VAFSEO.....518	VASELINE WHITE PETROLEUM.....334
	VAGIFEM.....880	VASERETIC.....117
	VAGINAL CONTRACEPTIVE FILM....258	VASHE.....346
	<i>valacyclovir</i> 69	VASOTEC.....118
	VALCHLOR.....286	VAXCHORA VACCINE106, 109
	VALCYTE.....65	VAXNEUVANCE (PF).....109
	<i>valerian</i> 11	
	<i>valerian root</i> 11	
	<i>valganciclovir</i> 65, 66	
	VALINE 1000.....351	
	VALINE AMINO ACID SUPPLEMENT.....351	
	VALIUM.....155, 201	
	<i>valproic acid</i> 157, 204	

VCF CONTRACEPTIVE FILM.....	258	VEVEN.....	295	VITAFOL ULTRA.....	404
VCF CONTRACEPTIVE GEL.....	258	VEVYE.....	843	VITAFOL-OB.....	404
VECAMYL.....	147	VFEND.....	54	VITAFOL-OB+DHA.....	404
VECTICAL.....	291	V-GO 20.....	683, 818	VITAFOL-ONE.....	404
VEGETARIAN BONEUP.....	357	V-GO 30.....	683, 818	VITAFUSION PRENATAL...	381
VEKLURY.....	76	V-GO 40.....	683, 818	VITAJLOY ADULT MULTI....	382
Velivet Triphasic Regimen (28).....	256	VIBERZI.....	477, 498	VITAJLOY BIOTIN.....	414
VELPHORO.....	509, 510	VIBRANT.....	652, 818	VITAJLOY DAILY C.....	415
VELSIPITY.....	481	VIBRANT STARTER KIT.....	652, 818	VITAL AF 1.2 CAL.....	389
VELTASSA.....	354	VICTOZA 2-PAK.....	426	VITAL PEPTIDE 1.5 CAL....	389
VEMLIDY.....	67	VICTOZA 3-PAK.....	426	VITALVASC.....	11
VENCLEXTA.....	88	VIEKIRA PAK.....	69	VITAMEDMD ONE RX.....	404
VENCLEXTA STARTING PACK.....	88	Vienva.....	252	<i>vitamin a</i>	409
VENELEX.....	349	<i>vigabatrin</i>	159	<i>vitamin a palmitate</i>	409
<i>venlafaxine</i>	175	Vigadrone.....	159	<i>vitamin b complex</i>	353
<i>venlafaxine besylate</i>	175	VIGAFYDE.....	159	VITAMIN B COMPLEX-ELECTROLYTES.....	353
VENNGEL II.....	333	VIGAMOX.....	851	<i>vitamin b12-folic acid</i>	411
VENNGEL ONE.....	333	Vigpoder.....	159	VITAMIN C FIZZY DRINK...	408
VENTAVIS.....	151	VIIBRYD.....	175	VITAMIN C WITH ROSE HIPS.....	415
VENTOLIN HFA.....	867	VIJOICE.....	823	Vitamin D2.....	416
Venxxiva.....	507	<i>vilazodone</i>	175	<i>vitamin d2-vitamin k1</i>	415
VEOZAH.....	419	VIMPAT.....	158	<i>vitamin d3-vitamin k2</i>	415
<i>verapamil</i>	125, 142	VIOKACE.....	466	<i>vitamin e (dl, acetate)</i> ..	304, 417
VERDESO.....	320	Viorele (28).....	244	<i>vitamin e acetate (bulk)</i> 236,	417
VEREGEN.....	323	VIOS AEROSOL DELIVERY SYSTEM.....	680, 818	<i>vitamin e-safflower oil</i>	303
VERIFINE INSULIN SYRINGE.....	647, 817, 818	VIRACEPT.....	75	<i>vitamin e-vitamins a and d</i> ...	303
VERIFINE PEN NEEDLE.....	647, 818	VIRAGRAPHIS.....	11	VITAMIN K.....	418
VERIFINE PLUS PEN NEEDLE.....	647, 818	VIRASAL.....	328	Vitamin K1.....	418
VERIFINE PLUS PEN NEEDLE-SHARP.....	647, 818	VIRAZOLE.....	75	<i>vitamin k2</i>	418
VERIFINE SAFETY LANCET MINI.....	623, 818	VIREAD.....	61, 67	<i>vitamin k2 (mk-4)</i>	418
VERIFINE UNIVERSAL LANCET.....	623, 818	VISCO-3.....	544	VITRAKVI.....	98
Veripred 20.....	444	VISION HEALTH.....	4	VITREXYL.....	382
VERKAZIA.....	843	VISION OPTIMIZER.....	4, 381	VITREXYL PLUS IRON.....	382
VERQUVO.....	123	VISTA ADVANCED AREDS2.....	4, 381	VITRON-C.....	363
VERSACLOZ.....	185	VISTA MEIBO EYELID CLEANSING.....	304	VIVAGUARD INO CTRL SOLN-L1,2,3.....	623, 818
VERTIGOHEEL.....	460	VISTASEAL-FIBRIN SEALANT.....	531	VIVAGUARD INO CTRL SOLN-L1,L3.....	623, 818
VERZENIO.....	89	VISTOGARD.....	99	VIVAGUARD INO CTRL SOLN-L2.....	623, 819
VESICARE.....	515	<i>vit a palmitate-vit c-vit d3</i>	391	VIVAGUARD INO GLUCOSE METER....	624, 819
VESICARE LS.....	515	<i>vit b comp-folic-choline-inosi</i> 353		VIVAGUARD INO SMART GLUC METER.....	624, 819
Vestura (28).....	252	<i>vit c-echinacea purpurea xt</i> ...	11	VIVAGUARD INO TEST STRIP.....	590, 819
		VITABEX IRON.....	362	VIVAGUARD LANCET.....	624, 819
		VITAFOL FE PLUS.....	404		
		VITAFOL FE+ (WITH DOCUSATE).....	404		
		VITAFOL GUMMIES.....	406		

VIVAGUARD LANCING		<i>warfarin</i>	520	WINREVAIR.....	115
DEVICE.....	624, 819	<i>water for irrigation, sterile</i>	355	WINTERGREEN OIL.....	342
VIVAGUARD SAFETY		WAYRILZ.....	520	Wixela Inhub.....	870
LANCET.....	624, 819	WAYZEN.....	325	WOMEN'S 50 PLUS	
VIVELLE-DOT.....	439	WEEKLY-D.....	416	ADVANCED.....	382
VIVJOA.....	53	WEGOVY.....	881	WOMENS DAILY GUMMIES	
VIVONEX PEDIATRIC.....	389	WELCHOL.....	126	.....	382
VIVOTIF.....	106, 108	WELERIS.....	325	WOMEN'S DAILY	
VIZIMPRO.....	83	WELIREG.....	91	MULTIVITAMIN.....	382, 385
VIZZ.....	836	WELLBUTRIN SR.....	177	WOMEN'S MULTIVITAMIN	
VOGELXO.....	423	WELLBUTRIN XL.....	177	COLLAGEN.....	382
Volnea (28).....	244	WELLFOLA.....	382	WOMEN'S PRENATAL	
VONJO.....	91	WELLPRO-31.....	497	PLUS DHA.....	405
VONVENDI.....	528	Wera (28).....	252	WOUNDGELHA MATRIX....	334
VOQUEZNA.....	460	WESCAP-C DHA.....	382	WPR PLUS.....	329
VOQUEZNA DUAL PAK....	476	WESCAP-PN DHA.....	385	Wymzya Fe.....	252
VOQUEZNA TRIPLE PAK...	476	WESCAPS.....	353	WYNZORA.....	276
VORANIGO.....	82	WESNATAL DHA		XACIATO.....	878
<i>voriconazole</i>	54	COMPLETE.....	404	XADAGO.....	181
VORTEX HOLDING		WESNATE DHA.....	404	XALATAN.....	854
CHAMBER.....	680, 819	WES-PHOS 250 NEUTRAL		XALIX.....	328
VORTEX VHC PEDIATRIC		.....	366, 512	XALKORI.....	85
MASK.....	680, 819	WESTAB MAX.....	410, 418	XANAX.....	155, 201
VOSEVI.....	68	WESTAB ONE.....	410, 418	XANAX XR.....	155, 202
VOTRIENT.....	97	WESTAB PLUS.....	405	Xarah Fe.....	256
VOWST.....	460	WESTGEL DHA.....	405	XARELTO.....	521
VOXZOGO.....	432	WHYTEDERM SURGIPAK....	349	XARELTO DVT-PE TREAT	
VOYDEYA.....	519	WHYTEDERM TDDPAK.....	322	30D START.....	521
VP-CH-PNV.....	404	WHYTEDERM TRILASIL		XATMEP.....	32, 86
VRAYLAR.....	188, 205	PAK.....	322	XCELLENT C.....	415
VTAMA.....	291	WIDE-SEAL DIAPHRAGM		XCELLENT E.....	409
VUITY.....	836	60.....	594, 819	XCELLISTEM.....	343
VUMERITY.....	832	WIDE-SEAL DIAPHRAGM		XCLAIR.....	303
VUSION.....	285	65.....	594, 819	XCOPRI.....	170
VYALEV.....	179	WIDE-SEAL DIAPHRAGM		XCOPRI MAINTENANCE	
Vyfemla (28).....	252	70.....	594, 819	PACK.....	170
VYKAT XR.....	881	WIDE-SEAL DIAPHRAGM		XCOPRI TITRATION PACK	170
Vylibra.....	252	75.....	595, 819	XDEMVI.....	834
VYNDAMAX.....	421	WIDE-SEAL DIAPHRAGM		XELJANZ.....	34, 480
VYND AQEL.....	421	80.....	595, 819	XELJANZ XR.....	34, 480
VYTONER.....	280	WIDE-SEAL DIAPHRAGM		XELODA.....	87
VYTORIN 10-10.....	137	85.....	595, 820	XELPROS.....	854
VYTORIN 10-20.....	137	WIDE-SEAL DIAPHRAGM		Xelria Fe.....	252
VYTORIN 10-40.....	137	90.....	595, 820	XELSTRYM.....	197, 209
VYTORIN 10-80.....	137	WIDE-SEAL DIAPHRAGM		XEMBIFY.....	105
VYVANSE.....	197	95.....	595, 820	XENAZINE.....	221, 222
VYVGART HYTRULO.....	542	WILATE.....	525	XENLETA.....	74
VYZULTA.....	854	WILLIS THE WHALE		XEPI.....	280
WAINUA.....	421	COMPRESSR NEB....	680, 820	XERESE.....	293
WAKIX.....	223	WINLEVI.....	260	XERMELO.....	461

XEROFORM.....596, 820	YOGURT PLUS CALCIUM	ZETIA..... 132
XEROFORM	GUMMIES..... 359	ZETONNA..... 874
PETROLATUM DRESSING	YOKATAR..... 299	ZIAGEN..... 60
.....596, 820	YONI FIT BLADDER	ZICLOCIN.....332
XEROFORM	SUPPORT..... 624, 820	ZICLOPRO..... 332
PETROLATUM	YONSA.....83, 86	<i>zidovudine</i> 60, 61
OVERWRAP.....596, 820	YORVIPATH.....455	ZIEXTENZO..... 527
XHANCE.....874	YOSPRALA..... 535	ZILACAINE PATCH.....340, 681
XIFAXAN..... 75	YUM-YUM DOPHILUS.....497	ZILBRYSQ.....543
XIGDUO XR..... 427	YUPELRI..... 866	<i>zileuton</i> 861
XIIDRA.....843	YUTREPIA.....151	ZILOVAL.....340
XILAPAK.....323	Yuvaferm..... 880	ZILXI.....337
XIMINO.....81, 260	Zafemy.....256	ZIMHI.....49
XIRUN..... 325	<i>zafirlukast</i> 864	<i>zinc amino acid chelate</i> 368
XOFLUZA..... 70	<i>zaleplon</i> 231	ZINC BALANCE..... 368
XOLAIR..... 862	ZALVIT..... 406	<i>zinc citrate</i> 368
XOLEGEL.....285	ZANAFLEX.....546	<i>zinc gluc, oxide-ascorbic</i>
XOLREMDI.....520	Zarah..... 253	<i>acid</i> 368
XOPENEX HFA..... 867	ZARONTIN..... 168	<i>zinc gluconate</i> 368
XOSPATA.....90	Zarontin..... 168	<i>zinc glycinate</i> 368
XPHOZAH..... 350	ZARXIO.....527	<i>zinc oxide</i> 334
XPOVIO.....89, 97	ZATEAN-PN DHA.....385	<i>zinc sulfate</i> 368
XROMI.....536	ZATEAN-PN PLUS.....382	ZINGIBER.....410
XRYLIX (DICLOFENAC-	ZAVESCA.....822	ZIOPTAN (PF).....854
KINES TAPE)..... 333	ZAVZPRET.....216	ZIPHEX.....406
XTAMPZA ER.....19	ZCORT.....444	<i>ziprasidone hcl</i> 183, 205
XTANDI..... 86	ZEGALOGUE	ZIRGAN.....852
Xulane..... 256	AUTOINJECTOR.....421	ZITHRANOL..... 291
XULTOPHY 100/3.6.....431	ZEGALOGUE SYRINGE.....421	ZITHROMAX..... 72
XUREA.....328	ZEJULA..... 94	ZITHROMAX TRI-PAK..... 72
XURIDEN.....822	ZELAPAR.....181	ZITHROMAX Z-PAK.....72
XYBIOTIC.....497	ZELBORAF.....88	ZITUVIO..... 425
XYLIDERM.....340	ZELSUVMI.....258	ZMA CLEAR.....267
XYLIGEL.....829	ZEMAIRA.....872	ZOCOR.....130
XYLIMELTS.....829	ZEMBRACE SYMTOUCH...219	ZOKINVY.....825
XYMOBOLX.....350	ZEMPLAR.....822	ZOLINZA..... 90
XYMODINE.....359	Zenatane..... 259	<i>zolmitriptan</i> 219, 220
XYNTHA.....525	ZENPEP.....466	ZOLOFT..... 172
XYNTHA SOLOFUSE.....526	ZENPHOR.....348, 820	<i>zolpidem</i> 231
XYOSTED.....423	Zenzedi.....197, 198, 209, 226	ZOMACTON.....446
XYREM.....223	ZEPATIER..... 68	ZOMIG.....220
XYWAV.....223	ZEPBOUND.....881	Zomig.....220
Yargesa.....822	ZEPOSIA.....481, 833	ZONEGRAN.....168
YASMIN (28).....253	ZEPOSIA STARTER KIT	ZONISADE.....168
YAXATARXYN.....299	(28-DAY).....481, 833	<i>zonisamide</i> 168
YAZ (28).....253	ZEPOSIA STARTER PACK	ZONTIVITY.....536
YCANTH.....328	(7-DAY).....481, 833	ZORTRESS.....541
YESINTEK.....276, 477	ZERVIAE.....839	ZORVOLEX..... 39
YEZTUGO..... 49	ZESTORETIC.....117	ZORYVE.....279, 291, 293
	ZESTRIL.....118	Zovia 1-35 (28).....253

ZOVIRAX.....	69, 293
ZTALMY.....	165
ZTLIDO.....	340
ZUBSOLV.....	233
Zumandimine (28).....	253
ZUNVEYL.....	240
ZURZUVAE.....	171
ZYCLARA.....	324
ZYDELIG.....	94
ZYFLO.....	861
ZYKADIA.....	85
ZYLET.....	837
ZYLOPRIM.....	518
ZYMFENTRA.....	29, 482
ZYPITAMAG.....	130
ZYPRAM.....	46
ZYPREXA.....	187, 205
ZYTIGA.....	83, 86
ZYVOX.....	73