

Kaiser Permanente Insurance Company (KPIC)

Point-of-Service (POS) Drug Formulary

This Drug Formulary was updated: May 1, 2024

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 Upon revision, all previous versions of the drug formulary are no longer in effect.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 Point of Service (POS) for Large Groups Health Insurance Plan(s) issued by Kaiser Permanente Insurance Company (KPIC) and fill your prescription at a MedImpact network pharmacy. If you belong to our POS plan and you intend to fill your prescriptions at a Kaiser Permanente pharmacy, please visit **kp.org/formulary and select the California Commercial HMO Formulary** for information on the drugs that are on the formulary of your HMO Tier benefit. Please note that this formulary does not have a specialty drug tier. If you are covered by a KPIC POS plan with a specialty drug tier, please see the Kaiser Permanente Insurance Company (KPIC) POS Formulary with Specialty Drug Tier.

Access to the most current version of the Formulary can be obtained by visiting: kp.org/kpic-ca-rx-pos-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, 7a.m. to 7p.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-pos-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 Grandfathered POS Health Insurance Plan including both generic and brand name drugs. 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 MULITPHASE 24 HR 775 MG (amoxicillin)	3

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	
amoxicillin oral capsule 250 mg, 500 mg	1

Drug Tiers

Tier Benefit Design

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

Under your POS Plan, you will pay a different copay or coinsurance for preferred brand drugs and non-preferred brand drugs. Preferred drugs cost you less than non-preferred drugs. Please refer to the Tier Definition table below to see how to identify which drugs are preferred or non-preferred drugs.

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 Definition:

Symbol	Guideline	Description
T1	Tier 1	Preferred Generic Drugs
T2	Tier 2	Preferred Brand Name Drugs
Т3	Tier 3	Non-Preferred Generic and Brand Name Drugs
PV	Preventive Drugs	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.
DME	Other Pharmacy Items	Other pharmacy items and certain DME, such as test strips and lancets, available at the pharmacy and through your medical benefit.

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 agents 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 inhaler 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.

<u>Diabetes medication and equipment.</u> 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.

<u>Contraceptives.</u> 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. 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 Formulary with the "PV" symbol are covered at no cost share regardless of the drug tier indicated on the Formulary. All such medications require a prescription from your doctor. Additionally, 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 total cost share for covered prescribed orally administered anti-cancer drugs shall not exceed \$200 for a 30-day supply.

What drugs are not covered?

- Self-administered injectable drugs.
- Over-the-counter (OTC) medications or their equivalents, except for those OTC medications included in this Formulary.
- Any drug product 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 United States 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 for a drug that is not on the 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 urgent 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 nonformulary 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 Formulary?

Yes, for certain agents with 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. See "What is a Prior Authorization?" below for additional information.	
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. See "What is Step Therapy?" below for additional information.	
KP	Covered by KP Pharmacy	Covered under the HMO level of your POS plan through the KP pharmacy under a separate drug formulary (see kp.org/formulary)	

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. Refer to Requirements / Limits column in the Formulary for drugs that require a PA.

Upon receipt of your prior authorization 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 prescribing provider, 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.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. 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 exigent 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?

There is no mail-order pharmacy coverage available with respect to this Formulary through MedImpact or through your KPIC POS coverage. Mail-order pharmacy coverage is provided under the HMO tier of the POS Plan through Kaiser Permanente mail-order pharmacy. Please see your *Evidence of Coverage* or visit **kp.org/formulary** for details of this benefit.

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 s 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.
- "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 Foundation Health Plan, Inc. (KFHP), underwrites the HMO tier of the Kaiser Permanente POS Plan and Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP, underwrites the participating and non-participating tiers of the Kaiser Permanente POS Plan.

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.

KAISER PERMANENTE

Kaiser Permanente Insurance Company Notice of Language Assistance

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

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

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

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

Doo bááhílínigóó há ata' hane. Ata' halne'í há shónáot'eeh dóó naaltsoos táá hazaad bee bik'i' aschíigo hach'i' yídóoltah biniiyé hach'i' ánál'iih łeh. Shíká i'doolwoł nínízingo nihich'i' hodíílnih koji' 1-800-788-0710 éí bee nééhózin biniiyé neiyítánígíí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojoot'íigo éí íáá bił azhdilchi'. Navajo

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

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

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

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

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

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

خدمات تسهیلات زبانی رایگان. شما میتوانید مترجم شفاهی بگیرید. میتوانید درخواست کنید که اسناد برایتان خوانده و بعضی از آنها به زبان خودتان به شما ارسال شود. برای دریافت راهنمایی، با ما به شماره مندرج در زیر یا شماره روی کارت شناساییتان یا 0710-788-808-1 تماس بگیرید. برای کسب راهنمایی بیشتر، با اداره بیمه کالیفرنیا به شماره 4357-927-800-1 تماس بگیرید. کاربران TTY میتوانند با 711 تماس بگیرند. Farsi

ਬਿਨਾ ਲਾਗਤ ਦੀ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਕਿਸੇ ਤੋਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਵਰਤੋਂਕਾਰ 711 'ਤੇ ਕਾਲ ਕਰਨ। Punjabi

សេវាភាសាឥគគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រប និងឲ្យគេអានឯកសារជូនអ្នក ជាភាសាប្តែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកគយើង តាមគលមលេខដែលមានគៅគលើប័ណ្ណ ID របស់អ្នក ឬ 1-800-788-0710។ សំរាប់ជំនួយថែមគទៀត ទូរស័ព្ទគៅរកសួងជានារ៉ាប់រង រែបកាលីហ្វ័រនីញ៉ា តាមគលម 1-800-927-4357។ អ្នកគរបើ TTY គៅគលខ 711។ Khmer

خدمات اللغة بدون تكلفة. يمكنك الحصول على مترجم شفوي وخدمة قراءة المستندات لك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج في بطاقة الهوية الخاصة بك أو برقم 0710-788-080-1. مستخدمو TTY يمكنهم الاتصال برقم 1712-4357-920-10. مستخدمو TTY يمكنهم الاتصال برقم 2711. Arabic .711

Cov Kev Pab Cuam Txhais Lus Dawb. Koj tuaj yeem tau txais ib tus neeg txhais lus thiab txais tau cov ntaub ntawv uas nyeem tag ntawd xa tuaj rau koj muab sau ua koj hom lus xa tuaj Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-788-0710 Yog xav tau kev pab ntxiv 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

निःशुल्क भाषा सेवाएं। आप एक दुभाषिया को ले सकते हैं और दस्तावेज़ों को अपनी भाषा में पढ़वा सकते हैं। सहायता के लिए, हमें अपने आईडी कार्ड पर दर्ज नंबर या 1-800-788-0710 पर कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें। टीटीवाई उपयोगकर्ता 711 पर कॉल करें। Hindi

บริการด้านภาษาโดยไม่มีค่าใช้จ่าย คุณสามารถรับล่ามและรับการอ่านเอกสารให้คุณฟังในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรหาเราตามหมายเลขที่ระบุในบัตรประจำตัวประชาชน หรือ 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อฝ่ายประกันภัยของ CA ที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โทร 711 ภาษาอังกฤษ Thai

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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 3	
prasterone (dhea) oral capsule 25 mg	Tier 3	
prasterone (dhea) oral tablet 10 mg	Tier 3	
prasterone (dhea) oral tablet 25 mg	Tier 3	
Alternative Therapy - Antiarthritics - Vitamins And Minerals		
acetylglucosamine oral capsule 700 mg	Tier 3	
COSAMIN AVOCA (WITH BOSWELLIA) ORAL TABLET 500-500-33.3-70 MG (glucosamine HCI/methylsulfonylmethane/Boswellia/herbal 182)	Tier 3	
glucosam-chondr-c-mang citrate oral capsule 375-300-15- 0.25 mg	Tier 3	
glucosam-chondr-msm-c-manganes oral capsule 375-300-75-15 mg	Tier 3	
glucosam-chondr-vit c-mn-boron oral tablet 750-600-30-1 mg	Tier 3	
glucosamine 2kcl-msm-chondroit oral tablet 500-166.6-400 mg	Tier 3	
glucosamine hcl-hyaluronic oral tablet 1,000-1.65 mg	Tier 3	
glucosamine sulfate oral capsule 500 mg	Tier 3	
glucosamine sulfate oral tablet 1,000 mg	Tier 3	
GLUCOSAMINE-CHONDR-D3 (C-MANG) ORAL CAPSULE 500-400-667 MG-MG-UNIT (glucosamine/chondr-collagen complex/vit D3/vit C/manganese)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOSAMINE-CHONDROITIN 3X ORAL TABLET 750-625-30 MG (glucosamine/chondroit-msm no.1/C/manganese/boswellia serrata)	Tier 3	
glucosamine-chondroitin oral capsule 500-400 mg	Tier 3	
glucosamine-d3-hyaluronic acid oral tablet 1,000 mg- 25 mcg-1.65 mg	Tier 3	
glucosamine-msm-chondr-d3-bosw oral tablet 25 mcg- 937.5 mg	Tier 3	
glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg	Tier 3	
glucosam-msm-chond-hrb149-hyal oral tablet 500-500-66.7 mg	Tier 3	
INVIGOFLEX AMPM ORAL TABLETS, SEQUENTIAL 750 MG-600 MG- 50 MG-125 MG (glucosamine dipot chl/chondroitin sul A Na/Boswell/turmeric)	Tier 3	
INVIGOFLEX CS ORAL TABLET 600-125 MG (chondroitin sulfate/turmeric)	Tier 3	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG (glucosamine sulfate)	Tier 3	
INVIGOFLEX GS ORAL TABLET 750-50 MG (glucosamine sulfate dipotassium chlor/Boswellia serrata ext)	Tier 3	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG (glucosamine/chondroitin/msm/hyaluronic ac/calc fructoborate)	Tier 3	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG- 100 MG- 25 MCG (glucosamine/chondroitin/msm/D3/hyaluronic acid/cal borate)	Tier 3	
SYNOVX DJD ORAL CAPSULE 150 MG-150 MG- 250 MG-19 MG (glucosamin/chondroitin/msm/vit C/manganese/hyaluronic/mussel)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNOVX RECOVERY ORAL CAPSULE 375-300-237.5 MG (glucosamine sulfate sodium/chondroitin sulfate sodium/msm)	Tier 3	
Alternative Therapy - Antidepressants - Vitamins And Minerals		
st. john's wort oral capsule 300 mg	Tier 3	
st. john's wort oral capsule 350 mg	Tier 3	
Alternative Therapy - Antioxidant - Vitamins And Minerals		
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,zinc,copper 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 3	
ALAMAX CR ORAL TABLET EXTENDED RELEASE 600 MG- 450 MCG (alpha lipoic acid/biotin)	Tier 3	
ALAMAX PROTECT ORAL CAPSULE 125 MG-95 MCG-250 MG (alpha lipoic acid/biotin/berberine chloride)	Tier 3	
alpha lipoic acid oral capsule 100 mg	Tier 3	
alpha lipoic acid oral capsule 200 mg	Tier 3	
alpha lipoic acid oral tablet 600 mg	Tier 3	
alpha lipoic acid oral tablet extended release 600 mg	Tier 3	
alpha lipoic acid-biotin oral capsule 300 mg- 333 mcg	Tier 3	
ALPHA LIPOIC SUSTAIN-BIOTIN ORAL TABLET, IR AND ER, BIPHASIC 300 MG- 330 MCG (alpha lipoic acid/biotin)	Tier 3	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 3	
bilberry frt ext-grape skin xt oral capsule 80-200 mg	Tier 3	
CAROTENALL ORAL CAPSULE 600 MCG-500 MCG -10 MG-10 MG (beta,alpha-carotene/gamma toco/lycop/lutein/zeaxanth/astaxan)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 3	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)	Tier 3	
glutathione (bulk) powder 100 %	Tier 3	
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 3	
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250- 90-10-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 3	
I-SIGHT ORAL CAPSULE 15 MG-100 MG-75 MG-50 MG (lutein/a-cysteine/ALA/quercet/zinc/taurine/bilberry/lycopene)	Tier 3	
LIVER PROTECT ORAL CAPSULE 200-200-262.5 MG (acetylcysteine/alpha lipoic/milk thistle/selenomethionine)	Tier 3	
lutein oral capsule 20 mg	Tier 3	
lutein-zeaxanthin oral capsule 20-4 mg, 40-1,600 mg-mcg	Tier 3	
lutein-zeaxanthin oral capsule 25-5 mg	Tier 3	
lutein-zeaxanthin-bilberry ext oral capsule 20-1-2.2 mg	Tier 3	
MACULAPF ORAL CAPSULE 10-20-13-4 MG (choline/lutein/zeaxanthin/astaxanthin)	Tier 3	
NUMAQULA VITAMIN ORAL TABLET 333 MCG-3 MG- 0.67 MG (multivitamin with minerals/folic acid/lutein/zeaxanthin)	Tier 3	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESERVISION AREDS-2 ORAL CAPSULE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 3	
PRESERVISION AREDS-2 ORAL TABLET, CHEWABLE 250-90-40-1 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 3	
r-lipoic acid-biotin oral capsule 100 mg-150 mcg	Tier 3	
VISION HEALTH ORAL CAPSULE 250-90-40-2-5 MG (vit C/vit E acetate/zinc oxid/cupric oxide/lutein/zeaxanthin)	Tier 3	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)	Tier 3	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)	Tier 3	
Alternative Therapy - Cough And Cold Agents - Vitamins And Minerals		
BABY COUGH ORAL SYRUP 4 GRAM-45 MG- 9 MG/3 ML (agave extract/thyme leaf extract/English ivy extract)	Tier 3	
BABY COUGH-MUCUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)	Tier 3	
KINDERMED INFANTS COUGH PLUS ORAL SYRUP 4 GRAM- 21 MG/3 ML (blue agave extract/English ivy extract)	Tier 3	
KINDERMED INFANTS NIGHT COUGH ORAL LIQUID 4 GRAM-21 MG- 4 MG/3 ML (blue agave extract/English ivy extract/chamomile flower ext)	Tier 3	
Alternative Therapy - Pineal Hormone Agents - Vitamins And Minerals		
melatonin oral drops 1 mg/4 ml, 3 mg/4 ml	Tier 3	
melatonin oral lozenge 5 mg	Tier 3	
melatonin oral tablet extended release 10 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLOWMAG MG CALM-SLEEP ORAL TABLET, DELAYED RELEASE (DR/EC) 1-71.5 MG (melatonin/magnesium citrate)	Tier 3	
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 3	
SYNOVX CALM ORAL CAPSULE 100-30-15-40 MG (valerian rt/passion flower/hops/cherry/magnesium comb/potass)	Tier 3	
tryptophan oral capsule 500 mg	Tier 3	
valerian root-valerian root xt oral capsule 400-110 mg	Tier 3	
valerian-flower-hops-lemon oral capsule 450-100 mg	Tier 3	
Alternative Therapy - Unclassified - Vitamins And Minerals		
ACAI BERRY DIET ORAL CAPSULE 250 MG-20 MCG- 80 MG-50 MG (acai berry extract/chromium/green tea/caffeine/enzymes)	Tier 3	
ashwagandha extract oral capsule 120 mg	Tier 3	
ashwagandha root extract oral capsule 300 mg, 500 mg	Tier 3	
ashwagandha root extract oral tablet 300 mg	Tier 3	
ATRANTIL ORAL CAPSULE 275 MG (tannic acid/horse chestnut seed xt/peppermint leaf xt)	Tier 3	
AZO CRANBERRY PLUS PROBIOTIC ORAL TABLET 250-30-15 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 3	
AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (cranberry fruit extract/ascorbic acid)	Tier 3	
AZO MEN ORAL CAPSULE 500 MG (pumpkin seed extract)	Tier 3	
Tier 1 = Preferred Generic Drugs Tier 2 = Preferred Brand N	Jamo Druge I	Tior 3 - Non Proformed

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
balsam peru (bulk) liquid	Tier 3	
BERGACOR ORAL TABLET 650 MG (bergamot extract)	Tier 3	
BERGACOR PLUS ORAL TABLET 400-250 MG (bergamot extract/Indian gooseberry extract)	Tier 3	
bitter melon extract oral tablet 750 mg	Tier 3	
borage seed oil oral capsule 1,200 mg	Tier 3	
BOWEL SUPPORT-IRRITABLE BOWEL ORAL CAPSULE, DELAYED RELEASE (DR/EC) (peppermint oil)	Tier 3	
CANDICIDAL ORAL CAPSULE 100 MG-150 MG- 50 MG-150 MG (turmeric/ginger/olive/oregano/sodium caprylate)	Tier 3	
cinnamon bark extract oral tablet 500 mg	Tier 3	
CITRUS BERGAMOT ORAL CAPSULE 500 MG (bergamot extract)	Tier 3	
CORTISOLV ORAL CAPSULE 150-250-50-50 MG (ashwagandha/magnolia brk/Phellod/banaba lf/maral rt/theanine)	Tier 3	
cranberry conc-ascorbic acid oral capsule 300-100 mg, 4,200-20 mg	Tier 3	
cranberry extract oral capsule 500 mg	Tier 3	
cranberry extract oral tablet 500 mg	Tier 3	
cranberry fruit concentrate oral tablet, disintegrating 125 mg	Tier 3	
cranberry fruit oral capsule 465 mg	Tier 3	
CRANBERRY URINARY TRACT HEALTH ORAL TABLET 250-30-3.5 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 3	
CRANRX ORAL CAPSULE 500 MG (cranberry fruit concentrate)	Tier 3	
curcumin-phosphatidylcholine oral capsule 500 mg	Tier 3	
CURCUPLEX-95 ORAL CAPSULE 500 MG (turmeric root extract)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dandelion root oral capsule 525 mg	Tier 3	
DIGESTIVE SUPPORT ORAL CAPSULE, DELAYED RELEASE(DR/EC) 100-21.5 MG (caraway seed extract/levomenthol)	Tier 3	
DRAMAMINE GINGER ORAL TABLET, CHEWABLE 15 MG (ginger root extract)	Tier 3	
DRAMAMINE NON-DROWSY ORAL CAPSULE 500 MG (ginger)	Tier 3	
echinacea oral capsule 125 mg	Tier 3	
echinacea oral capsule 400 mg	Tier 3	
echinacea purp aerial part ext oral capsule 65 mg	Tier 3	
elderberry fruit oral capsule 350 mg	Tier 3	
ELLURA ORAL CAPSULE 206 MG (cranberry fruit extract)	Tier 3	
ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG (rhubarb root extract)	Tier 3	
ESTROVERA ORAL TABLET 4 MG (rhubarb root extract)	Tier 3	
evening primrose oil oral capsule 1,300 mg	Tier 3	
fenugreek seed oral capsule 610 mg	Tier 3	
FLASHARREST ORAL CAPSULE 96.5 MG (hops extract/spruce fir extract)	Tier 3	
flaxseed oil oral capsule 1,000 mg	Tier 3	
garlic extract oral tablet 400 mg	Tier 3	
garlic oral capsule 1,000 mg	Tier 3	
garlic oral tablet 400 mg	Tier 3	
GARLIX ORAL CAPSULE 650 MG (garlic extract)	Tier 3	
gelatin oral capsule 650 mg	Tier 3	
ginger (zingiber officinalis) oral capsule 550 mg	Tier 3	
ginkgo biloba leaf extract oral capsule 120 mg, 125 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GINKGO BILOBA PLUS (BACOPA) ORAL CAPSULE 120-40 MG (ginkgo biloba leaf extract/bacopa leaf extract)	Tier 3	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (herbal complex no.306)	Tier 3	
green tea leaf extract oral capsule 500 mg	Tier 3	
GREEN TEA-600 ORAL CAPSULE 600 MG (green tea leaf extract)	Tier 3	
HORMONE PROTECT ORAL CAPSULE 150-30 MG (diindolylmethane/broccoli seed extract)	Tier 3	
licorice root (g.glabra) oral capsule 450 mg	Tier 3	
MEDCAPS MENOPAUSE ORAL CAPSULE (herbal complex no.321)	Tier 3	
melatonin-pyridoxine (vit b6) oral tablet 5-1 mg	Tier 3	
melatonin-pyridoxine hcl (b6) oral tablet extended release 5- 10 mg	Tier 3	
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg	Tier 3	
MENOFEM ORAL CAPSULE (herbal complex no.323)	Tier 3	
milk thistle oral capsule 150 mg	Tier 3	
milk thistle sd ext-blessed th oral capsule 175-120 mg	Tier 3	
milk thistle seed extract oral capsule 250 mg	Tier 3	
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG (tamarindus indica seed/turmeric root extract)	Tier 3	
NEURIVA DE-STRESS ORAL CAPSULE 100-200-10 MG (coffee extract/theanine/superoxide dismutase)	Tier 3	
NEURIVA ORIGINAL ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)	Tier 3	
NEURIVA ORIGINAL ORAL TABLET, CHEWABLE 50-50 MG (coffee extract/phosphatidyl serine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NRF2 ACTIVATOR ORAL CAPSULE 200-200-50-30 MG (turmeric xt/green tea xt/pterostilbene/broccoli seed xt)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 3	
ONCOPLEX ES ORAL CAPSULE 100 MG (broccoli seed extract)	Tier 3	
ONCOPLEX ORAL CAPSULE 30 MG (broccoli seed extract)	Tier 3	
ORAXINOL ORAL CAPSULE 500 MG (herbal complex no.319)	Tier 3	
oregano oil-flaxseed oil oral capsule 50-25 mg	Tier 3	
PMS SOOTHE ORAL CAPSULE (herbal complex no.327)	Tier 3	
pterostilbene oral capsule 50 mg	Tier 3	
red beet root-sour cherry ext oral tablet,chewable 250-0.5 mg	Tier 3	
red yeast rice oral capsule 600 mg	Tier 3	
REMIFEMIN MENOPAUSE ORAL TABLET 2.5 MG (black cohosh root extract)	Tier 3	
resveratrol-ascorbic acid oral capsule 100-100 mg	Tier 3	
SALOXICIN ORAL CAPSULE 60-25-20 MG (willow bark ext/Boswellia serrata ext/herbal complex no. 322)	Tier 3	
SAMBUCUS ELDERBERRY ORIGINAL ORAL SYRUP 50 MG/5 ML (elderberry fruit)	Tier 3	
saw palmetto oral capsule 450 mg	Tier 3	
schisandra oral capsule 580 mg	Tier 3	
shilajit oral capsule 250 mg	Tier 3	
TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (shilajit/Eurycoma longifolia extract)	Tier 3	
turmeric root extract oral capsule 500 mg	Tier 3	
turmeric root extract oral tablet 500 mg	Tier 3	
turmeric root-ginger root ext oral tablet,chewable 150-25 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
turmeric-ginger-black pepper oral tablet,chewable 125 mg-6 mg- 50 mcg	Tier 3	
turmeric-turmeric root extract oral capsule 450-50 mg	Tier 3	
valerian root oral capsule 450 mg	Tier 3	
VIRAGRAPHIS ORAL CAPSULE 187.5-150-79.2 MG (Andrographis ext/Isatis root xt/licorice root xt)	Tier 3	
vit c-echinacea purpurea xt oral tablet,chewable 75-3 mg	Tier 3	
VITALVASC ORAL CAPSULE 75-250-125 MG (grape seed extract/hesperidin/olive extract)	Tier 3	
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCI)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCI)	Tier 3	
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG (colchicine)	Tier 3	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic - Central Alpha-2 Receptor Agonists - Arthritis And Pain Drugs		
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml), 5,000 mcg/10 ml	Tier 1	KP
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (Nccbs) - Arthritis And Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (ziconotide acetate)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine HCI/PF)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCI/PF)	Tier 3	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (sufentanil citrate)	Tier 3	PA
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	
fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
levorphanol tartrate oral tablet 3 mg	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone HCI (Methadone Intensol Oral Concentrate 10 Mg/MI)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet, soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone HCl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml	Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone HCI)	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 HCI)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (oxycodone HCI)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol oral capsule,er biphase 24 hr 17-83 300 mg	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral solution 5 mg/ml	Tier 1	
tramadol oral tablet 100 mg	Tier 3	QL (4 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet 25 mg	Tier 3	
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)	
Analgesic Opioid Dihydrocodeine Combinations - Arthritis And Pain Drugs			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 3	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)	
Analgesic Opioid Dihydrocodeine, Non- Salicylate Analgesic,Xanthine - Arthritis And Pain Drugs			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	Tier 3	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)	
Analgesic Opioid Fentanyl Combinations - Arthritis And Pain Drugs			
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	Tier 1		
fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml-0.125 %, 2 mcg/ml- 0.125 %	Tier 1		
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%	Tier 1		
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%	Tier 1		
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%	Tier 1		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Hydrocodone And Non- Salicylate Combinations - Arthritis And Pain Drugs		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone HCl/acetaminophen)	Tier 3	ST: Must meet the following requirement: generic Norco (Hydrocodone/acetaminop hen) tablet in 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	Tier 1	ST: Must meet the following requirement: generic Norco (Hydrocodone/acetaminop hen) tablet in 120 days; QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	Tier 3	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone And Nsaid Combinations - Arthritis And Pain Drugs		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis And Pain Drugs		
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	Tier 3	QL (184 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Oxycodone And Non- Salicylate Combinations - Arthritis And Pain Drugs		
oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	Tier 3	QL (66 ML per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 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, 5-300 Mg, 7.5-300 Mg)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Solution 10-300 Mg/5 Ml)	Tier 3	QL (66 ML per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis And Pain Drugs		
oxycodone HCl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Nalocet Oral Tablet 2.5-300 Mg)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	Tier 3	QL (66 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-300 mg	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 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, 5-300 Mg, 7.5-300 Mg)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Solution 10-300 Mg/5 Ml)	Tier 3	QL (66 ML per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine HCI)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Tramadol And Non-Salicylate Combinations - Arthritis And Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and
Analgesic Opioid Tramadol And Nsaid Combinations - Arthritis And Pain Drugs		Limits
SEGLENTIS ORAL TABLET 44-56 MG (tramadol HCI/celecoxib)	Tier 3	
Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs	,	
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		
butalbital-acetaminophen oral capsule 50-300 mg	Tier 3	QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST: Must meet the following requirement: generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-Inflammatory - Complement (C5) Receptor Inhibitors - Arthritis And Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (avacopan)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 3	PA; KP
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts, Non-Selective - Arthritis And Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 3	PA; KP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 3	PA; KP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 3	PA; KP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 3	PA; KP
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-afzb)	Tier 3	PA; KP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-afzb)	Tier 3	PA; KP
adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Tier 3	PA; KP
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Tier 3	PA; KP
adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 3	PA; KP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML (adalimumab-atto)	Tier 3	PA; KP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-atto)	Tier 3	PA; KP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; KP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; KP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; KP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumabadbm)	Tier 3	PA; KP
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (adalimumab-bwwd)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	Tier 3	PA; KP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (adalimumab-adaz)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML (adalimumab-adaz)	Tier 3	PA; KP
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 3	PA; KP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 2	KP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA; KP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA; KP
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	Tier 3	PA; KP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	Tier 3	PA; KP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-aqvh)	Tier 3	PA; KP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 3	PA; KP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 3	PA; KP
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-afzb)	Tier 3	PA; KP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-afzb)	Tier 3	PA; KP
adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Tier 3	PA; KP
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Tier 3	PA; KP
adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 3	PA; KP
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 3	PA; KP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML (adalimumab-atto)	Tier 3	PA; KP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-atto)	Tier 3	PA; KP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; KP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; KP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; KP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumabadbm)	Tier 3	PA; KP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 3	PA; KP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 3	PA; KP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 3	PA; KP
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	Tier 3	PA; KP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML (adalimumab- adaz)	Tier 3	PA; KP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML (adalimumab-adaz)	Tier 3	PA; KP
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 3	PA; KP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 2	KP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 2	PA; KP
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	Tier 3	PA; KP
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	Tier 3	PA; KP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	Tier 3	PA; KP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-aqvh)	Tier 3	PA; KP
Dmard - Antimalarials - Arthritis And Pain Drugs		
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	Tier 3	QL (60 EA per 30 days)
Dmard - Antimetabolites - Arthritis And Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 3	PA
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (methotrexate/PF)	Tier 2	KP; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (2 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (methotrexate/PF)	Tier 3	KP; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 3	ST: Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days if 12 years of age and older; QL (120 ML per 60 days)
Dmard - Antinflammatory, Select. Costimulation Modulator,T-Cell Inhib Arthritis And Pain Drugs		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (abatacept)	Tier 3	PA; KP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)	Tier 3	PA; KP
Dmard - Gold Compounds - Arthritis And Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 2	
Dmard - Immunosuppressives - Arthritis And Pain Drugs		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
Dmard - Interleukin-1 Receptor Antagonist (II-1Ra) - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 3	PA; KP
Dmard - Interleukin-6 (II-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 3	PA; KP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 3	PA; KP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA; KP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	Tier 3	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (upadacitinib)	Tier 3	PA
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	Tier 3	PA
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	Tier 3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)	Tier 3	PA
Dmard - Other - Arthritis And Pain Drugs	'	
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
penicillamine oral capsule 250 mg	Tier 1	PA
penicillamine oral tablet 250 mg	Tier 1	PA
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs		
OTEZLA ORAL TABLET 30 MG (apremilast)	Tier 3	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 3	PA
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis And Pain Drugs		
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	Tier 3	PA
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 3	PA; KP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 3	PA; KP
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations - Arthritis And Pain Drugs		
ibuprofen-famotidine oral tablet 800-26.6 mg	Tier 3	ST: Must meet the following requirement: generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)
Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesic And Proton Pump Inhibitor Combinations - Arthritis And Pain Drugs		
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	Tier 3	ST: Must meet any of the following requirements: Naproxen or Naproxen Sodium in 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 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (diclofenac sodium/menthol/camphor)	Tier 3	
NAPROTIN KIT 500 MG- 0.025 % (naproxen/capsicum oleoresin)	Tier 3	
NUDICLO TABPAK KIT 75 MG- 0.025 % (diclofenac sodium/capsaicin)	Tier 3	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 % (diclofenac sodium/capsaicin/methyl salicylate/menthol)	Tier 3	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 % (diclofenac sodium/capsaicin/methyl salicylate/menthol)	Tier 3	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 % (etodolac/capsaicin/methyl salicylate/menthol)	Tier 3	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG- 0.025 %- 25 %-6 % (ibuprofen/capsaicin/methyl salicylate/menthol)	Tier 3	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 % (nabumetone/capsaicin/methyl salicylate/menthol)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 % (celecoxib/capsaicin/methyl salicylate/menthol)	Tier 3	
Nsaid Analgesics (Cox Non-Specific) -		
Anthranilic Acid Derivatives - Arthritis And Pain		
Drugs		
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs		
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection solution 30 mg/ml	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac nasal spray,non-aerosol 15.75 mg/spray	Tier 3	ST: Must meet the following requirement: Generic nonsteroidal anti- inflammatory drug in 120 days; QL (5 EA per 30 days)
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELAFEN DS ORAL TABLET 1,000 MG (nabumetone)	Tier 3	ST: Must meet the following requirement: Nabumetone in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY (ketorolac tromethamine)	Tier 3	ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory drug in 120 days; QL (5 EA per 30 days)
sulindac oral tablet 150 mg, 200 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
meloxicam oral suspension 7.5 mg/5 ml	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
meloxicam submicronized oral capsule 10 mg, 5 mg	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
piroxicam oral capsule 10 mg, 20 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs		
diclofenac potassium oral capsule 25 mg	Tier 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/Misoprostol, Diclofono, Diclozor, or Pennsaid in 120 days; QL (4 EA per 1 day)
diclofenac potassium oral powder in packet 50 mg	Tier 3	
diclofenac potassium oral tablet 25 mg	Tier 3	QL (8 EA per 1 day)
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	
diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	
diclofenac submicronized oral capsule 35 mg	Tier 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
diclofenac potassium (Lofena Oral Tablet 25 Mg)	Tier 3	QL (8 EA per 1 day)
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (diclofenac submicronized)	Tier 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesics (Cox Non-Specific) - Propionic Acid Derivatives - Arthritis And Pain Drugs		
COXANTO ORAL CAPSULE 300 MG (oxaprozin)	Tier 3	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
fenoprofen oral capsule 200 mg, 400 mg	Tier 3	
fenoprofen oral tablet 600 mg	Tier 3	
flurbiprofen oral tablet 100 mg	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
IBUPAK ORAL KIT 600 MG (ibuprofen/glycerin)	Tier 3	
ibuprofen oral suspension 100 mg/5 ml	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	Tier 1	
ketoprofen (Kiprofen Oral Capsule 25 Mg)	Tier 1	
naproxen oral suspension 125 mg/5 ml	Tier 3	
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	Tier 1	
naproxen sodium oral tablet 275 mg, 550 mg	Tier 1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg	Tier 3	
oxaprozin oral capsule 300 mg	Tier 3	
oxaprozin oral tablet 600 mg	Tier 1	
Nsaid Analgesics (Cyclooxygenase Inhibitors- Non-Selective) - Arthritis And Pain Drugs		
diclofenac potassium oral powder in packet 50 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs		
etodolac oral capsule 200 mg, 300 mg	Tier 1	
etodolac oral tablet 400 mg, 500 mg	Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (indomethacin)	Tier 3	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 3	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
indomethacin oral suspension 25 mg/5 ml	Tier 3	
indomethacin rectal suppository 100 mg	Tier 1	
indomethacin rectal suppository 50 mg	Tier 3	
TIVORBEX ORAL CAPSULE 20 MG (indomethacin, submicronized)	Tier 3	ST: Must meet the following requirement: Generic Indomethacin capsules in 120 days; QL (3 EA per 1 day)
Salicylate Analgesic And Sedative Combinations - Arthritis And Pain Drugs		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	
Salicylate Analgesic Combinations - Arthritis And Pain Drugs		
choline,magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet,chewable 81 mg	PV	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	PV	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	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	
diflunisal oral tablet 500 mg	Tier 1	
DURLAZA ORAL CAPSULE, EXTENDED RELEASE 24HR 162.5 MG (aspirin)	Tier 3	PA
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET, CHEWABLE 81 MG (aspirin)	PV	
ST. JOSEPH ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements and
Trescription Drug Name	Drug Her	Limits
Anesthetics - Drugs For Pain And Fever		
Anesthetic - Non-Parenteral - Drugs For Sedation		
ketamine sublingual troche 100 mg	Tier 1	
Anesthetic, Non-Parenteral-Benzodiazepine- Anti-Emetic Combinations - Drugs For Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam/ketamine HCI/ondansetron HCI)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs For Sedation		
desflurane inhalation liquid 100 %	Tier 1	
isoflurane inhalation liquid 99.9 %	Tier 1	
sevoflurane inhalation liquid	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs For Sedation		
midazolam (pf) injection solution 5 mg/ml	Tier 1	KP
midazolam injection solution 5 mg/ml	Tier 1	KP
General Anesthetic Adjuncts - Opioid - Drugs For Sedation		
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Local Anesthetic - Amides - Drugs For Sedation		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCI/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)	Tier 1	KP
bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%	Tier 1	KP
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
LIDOMARK 1-5 KIT 10 MG/ML (1 %) (lidocaine HCI/PF/adhesive bandage)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %) (lidocaine HCI/PF/adhesive bandage)	Tier 3	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCI/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)	Tier 1	KP
ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)	Tier 1	KP
ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %	Tier 1	KP
XARACOLL IMPLANT IMPLANT 100 MG (bupivacaine HCI)	Tier 3	KP
Local Anesthetic - Esters - Drugs For Sedation		
CLOROTEKAL INTRATHECAL SOLUTION 10 MG/ML (1 %) (chloroprocaine HCI/PF)	Tier 1	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Local Anesthetic - Nsaid Combinations - Drugs For Sedation		
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML (bupivacaine/meloxicam)	Tier 3	KP
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 3	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal		
Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (hydrocortisone acetate/lidocaine HCl/aloe vera)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone-pramoxine rectal suppository 25-18 mg	Tier 3	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)	Tier 3	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine HCI)	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine HCl/skin cleanser no.16)	Tier 3	
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	KP
Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote - Cyanide Poisoning - Drugs For Overdose Or Poisoning		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 3	
Antidote Others - Drugs For Overdose Or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) (zinc acetate)	Tier 3	
Chelating Agents - Copper - Drugs For Overdose Or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
CUVRIOR ORAL TABLET 300 MG (trientine tetrahydrochloride)	Tier 3	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 3	PA
penicillamine oral capsule 250 mg	Tier 1	PA
penicillamine oral tablet 250 mg	Tier 1	PA
trientine oral capsule 250 mg	Tier 3	PA
trientine oral capsule 500 mg	Tier 3	PA
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 3	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 3	PA
deferiprone oral tablet 1,000 mg, 500 mg	Tier 3	PA
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA; KP
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 3	PA
Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (succimer)	Tier 3	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning		
alvimopan oral capsule 12 mg	Tier 1	
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 3	PA; KP
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (methylnaltrexone bromide)	Tier 3	PA; KP
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	Tier 3	ST: Must meet the following requirement: Movantik in 120 days; QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs For Overdose Or Poisoning		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (naloxone HCI)	Tier 2	QL (4 EA per 30 days)
naloxone injection auto-injector 10 mg/0.4 ml	Tier 1	KP
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (nalmefene HCI)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (naloxone HCl)	Tier 3	KP; QL (2 ML per 30 days)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (lenacapavir sodium)	Tier 2	PA
Anti-Infective Agents - Drugs For Infections		
Amebicides - Drugs For Parasites		
paromomycin oral capsule 250 mg	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin sulfate liposomal with nebulizer accessories)	Tier 3	
neomycin oral tablet 500 mg	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 3	
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 3	ST: Must meet the following requirement: Amoxicillin/Potassium Clavulanate in 120 days; QL (150 ML per 30 days)
Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites		
albendazole oral tablet 200 mg	Tier 1	
EGATEN ORAL TABLET 250 MG (triclabendazole)	Tier 3	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites		
ivermectin oral tablet 3 mg	Tier 1	
Anthelmintic Agents Other - Drugs For Parasites		
praziquantel oral tablet 600 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800- 160 mg	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (trimethoprim)	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	
nitrofurantoin oral suspension 50 mg/5 ml	Tier 3	
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Antifungal - Allylamines - Drugs For Fungus		
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides -		
Drugs For Fungus		
nystatin oral tablet 500,000 unit	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal - Fluorinated Pyrimidine-Type Agents - Drugs For Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	Tier 3	PA
Antifungal - Imidazoles - Drugs For Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (miconazole)	Tier 3	
Antifungal - Tetrazoles - Drugs For Fungus		
VIVJOA ORAL CAPSULE 150 MG (oteseconazole)	Tier 3	PA
Antifungal - Triazoles - Drugs For Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (isavuconazonium sulfate)	Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG (posaconazole)	Tier 3	PA
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	PA	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (itraconazole)	Tier 3	PA	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1		
voriconazole oral tablet 200 mg, 50 mg	Tier 1		
Antifungal Other - Drugs For Fungus			
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1		
griseofulvin microsize oral tablet 500 mg	Tier 1		
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1		
Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b,recomb.)	Tier 3	PA; KP	
Antileprotic - Immunomodulators - Antibiotics			
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	Tier 2	PA	
Antileprotic - Sulfone Agents - Antibiotics			
dapsone oral tablet 100 mg, 25 mg	Tier 1		
Antimalarial Combinations - Drugs For Parasites			
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1		
COARTEM ORAL TABLET 20-120 MG (artemether/lumefantrine)	Tier 3		
Antimalarials - Drugs For Parasites			
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	Tier 3		
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (36 EA per 16 days)	
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (18 EA per 16 days)	
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg	Tier 2	
pyrimethamine oral tablet 25 mg	Tier 3	PA
quinine sulfate oral capsule 324 mg	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 3	QL (60 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs For Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
Antiprotozoal Agents - Other - Drugs For Parasites		
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	PA
Antiprotozoal Agents (Antiparasitic) - 5- Nitrothiazolyl Derivatives - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal-Antibacterial 1St Generation 2- Methyl-5-Nitroimidazole - Drugs For Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (metronidazole)	Tier 3	
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiprotozoal-Antibacterial 2Nd Generation 2- Methyl-5-Nitroimidazole - Drugs For Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (secnidazole)	Tier 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections		
maraviroc oral tablet 150 mg, 300 mg	Tier 1	
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	Tier 2	
Antiretroviral - Cd4 Attachment Inhibitors - Drugs For Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (fostemsavir tromethamine)	Tier 2	РА
Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 2	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors - Drugs For Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	PV	ST: Must meet any of the following requirements: Descovy or generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND USED FOR PREVENTION OF HIV; Age (Min 12 Years)
cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)	PV	ST: Must meet any of the following requirements: Descovy or generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND USED FOR PREVENTION OF HIV; 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOCABRIA ORAL TABLET 30 MG (cabotegravir sodium)	Tier 2	Age (Min 12 Years)
Antiretroviral - Integrase Inhibitor And Nnrti Combinations - Drugs For Viral Infections		
JULUCA ORAL TABLET 50-25 MG (dolutegravir sodium/rilpivirine HCl)	Tier 2	
Antiretroviral - Integrase Inhibitor And Nrti Combinations - Drugs For Viral Infections		
DOVATO ORAL TABLET 50-300 MG (dolutegravir sodium/lamivudine)	Tier 2	
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (Nnrti) - Drugs For Viral Infections		
EDURANT ORAL TABLET 25 MG (rilpivirine HCl)	Tier 2	
efavirenz oral capsule 200 mg, 50 mg	Tier 1	
efavirenz oral tablet 600 mg	Tier 1	
etravirine oral tablet 100 mg, 200 mg	Tier 1	
INTELENCE ORAL TABLET 25 MG (etravirine)	Tier 2	
nevirapine oral suspension 50 mg/5 ml	Tier 1	
nevirapine oral tablet 200 mg	Tier 1	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	Tier 1	
PIFELTRO ORAL TABLET 100 MG (doravirine)	Tier 3	
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	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESCOVY ORAL TABLET 200-25 MG (emtricitabine/tenofovir alafenamide fumarate)	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (Nrti) - Drugs For Viral Infections		
abacavir oral solution 20 mg/ml	Tier 1	
abacavir oral tablet 300 mg	Tier 1	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	Tier 1	
emtricitabine oral capsule 200 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	
lamivudine oral solution 10 mg/ml	Tier 1	
lamivudine oral tablet 150 mg, 300 mg	Tier 1	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	
zidovudine oral capsule 100 mg	Tier 1	
zidovudine oral syrup 10 mg/ml	Tier 1	
zidovudine oral tablet 300 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (tenofovir disoproxil fumarate)	Tier 2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 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	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	Tier 1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Tier 1	
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 3	
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 Rtis Comb - Drugs For Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir sodium/emtricitabine/tenofovir alafenamide fumar)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	
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 3	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine/lamivudine/tenofovir disoproxil fumarate)	Tier 3	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)	Tier 3	
Antitubercular - D-Alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)	Tier 3	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
pretomanid oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)
Antitubercular - Rifamycin And Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
TRECATOR ORAL TABLET 250 MG (ethionamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cephalosporin Antibiotics - 1St Generation - Antibiotics		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 2Nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 3Rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
Cmv Antiviral Agent - Nucleoside Analogs - Drugs For Viral Infections		
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
Cmv Antiviral Agent - Protein Kinase Inhibitors - Drugs For Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (maribavir)	Tier 3	PA
Cmv Antiviral Agent - Terminase Complex Inhibitors - Drugs For Viral Infections		
PREVYMIS ORAL TABLET 240 MG, 480 MG (letermovir)	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (delafloxacin meglumine)	Tier 3	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
FACTIVE ORAL TABLET 320 MG (gemifloxacin mesylate)	Tier 3	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Glycopeptide Antibiotics - Antibiotics		
vancomycin oral capsule 125 mg	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
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)
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections		
adefovir oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV
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 (tenofovir disoproxil fumarate)	Tier 2	
Hepatitis C - Interferons - Drugs For Viral		
Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	Tier 2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (peginterferon alfa-2a)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (glecaprevir/pibrentasvir)	Tier 3	PA
MAVYRET ORAL TABLET 100-40 MG (glecaprevir/pibrentasvir)	Tier 3	PA
ZEPATIER ORAL TABLET 50-100 MG (elbasvir/grazoprevir)	Tier 3	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 3	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
Hepatitis C - Nucleos(T)Ide Analog Ns5b Polymerase Inhibitors - Drugs For Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (sofosbuvir)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	Tier 3	PA
Hepatitis C - Nucleoside Analogs - Drugs For Viral Infections		
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs For Viral Infections		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs For Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs For Viral Infections		
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	QL (360 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (zanamivir)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (baloxavir marboxil)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (baloxavir marboxil)	Tier 2	QL (2 EA per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Influenza-A Antiviral Agents - Drugs For Viral Infections		
rimantadine oral tablet 100 mg	Tier 1	
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate HCl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fidaxomicin)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 2	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
Misc Anti-Infective - Drugs For Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
pentamidine inhalation recon soln 300 mg	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 3	
Misc Anti-Infective Combinations - Drugs For		
Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin)	Tier 3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 3	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	Tier 2	ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
Penicillin Antibiotic - Natural - Antibiotics		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	Tier 2	
darunavir oral tablet 600 mg, 800 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 3	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	Tier 2	
PREZISTA ORAL TABLET 150 MG, 75 MG (darunavir)	Tier 2	
Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections		
atazanavir oral capsule 150 mg, 200 mg, 300 mg	Tier 1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
fosamprenavir oral tablet 700 mg	Tier 1	
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 2	
REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)	Tier 2	
ritonavir oral tablet 100 mg	Tier 1	
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	Tier 2	
Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections		
ribavirin inhalation recon soln 6 gram	Tier 1	
Rifamycins And Related Derivative Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG (rifamycin sodium)	Tier 3	ST: Must meet any of the following requirements: Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin in 120 days; QL (12 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
XIFAXAN ORAL TABLET 200 MG (rifaximin)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (rifaximin)	Tier 2	PA
Sars-Cov-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs For Infections		
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG (nirmatrelvir/ritonavir)	PV	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS, DOSE PACK 300 MG (150 MG X 2)-100 MG (nirmatrelvir/ritonavir)	PV	QL (30 EA per 28 days); Age (Min 12 Years)
Sars-Cov-2 Antiviral Agent - Rna Polymerase Inhibitors - Drugs For Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (molnupiravir)	PV	QL (40 EA per 29 days); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline And Tetracycline Antibiotic Combinations - Antibiotics		
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG (doxycycline hyclate)	Tier 3	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 50mg/100mg IR tablets or capsules in 120 days; QL (2 EA per 1 day)
DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG (doxycycline hyclate)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate oral tablet 150 mg	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	Tier 1	ST: Must meet the following requirement: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg	Tier 3	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (drlec) 150 mg	Tier 3	ST: Must meet the following requirement: gnereic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	Tier 3	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	Tier 3	ST: Must meet the following requirement: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (drlec) 75 mg, 80 mg	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate (Mondoxyne NI Oral Capsule 75 Mg)	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
MORGIDOX 1X 50 KIT 50 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MORGIDOX 1X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 3	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)	Tier 3	ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
tetracycline oral tablet 250 mg, 500 mg	Tier 3	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCI)	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (tecovirimat)	Tier 2	Limits
Antineoplastics		
Antineoplastic - Akt (Protein Kinase B (Pkb)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (capivasertib)	Tier 3	PA
Antineoplastic - Gamma-Secretase Inhibitor (Gsi)		
OGSIVEO ORAL TABLET 50 MG (nirogacestat hydrobromide)	Tier 3	PA
Antineoplastic - Janus Kinase (Jak), Acvr1/Alk2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)	Tier 3	PA
Antineoplastic - Ornithine Decarboxylase (Odc) Inhibitors		
IWILFIN ORAL TABLET 192 MG (eflornithine HCI)	Tier 3	PA
Antineoplastic - Parp Inhibitor And Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib tosylate/abiraterone acetate)	Tier 3	РА
Antineoplastics - Drugs For Cancer		
Antineoplasic-Epiderm.Growth Factor-Egfr (Erbb1),Her-2 (Erbb2)R.Inhib - Drugs For Cancer		
EXKIVITY ORAL CAPSULE 40 MG (mobocertinib succinate)	Tier 3	РА
lapatinib oral tablet 250 mg	Tier 1	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1	
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 3	
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 3	
HEPZATO INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 3	
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	
melphalan oral tablet 2 mg	Tier 1	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (carmustine in polifeprosan 20)	Tier 3	KP
Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 2	
Antineoplastic - Anaplastic Lymphoma Kinase (Alk) Inhibitors - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG (alectinib HCI)	Tier 3	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)	Tier 3	PA
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORBRENA ORAL TABLET 100 MG, 25 MG (Iorlatinib)	Tier 3	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 3	PA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (crizotinib)	Tier 3	PA
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 3	PA
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	
Antineoplastic - Antiandrogens - Drugs For Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 3	PA
bicalutamide oral tablet 50 mg	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG (apalutamide)	Tier 3	PA
nilutamide oral tablet 150 mg	Tier 1	
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 3	PA
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 3	PA
XTANDI ORAL TABLET 40 MG, 80 MG (enzalutamide)	Tier 3	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 3	PA
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 3	ST: Must meet any of the following requirements: Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine		
Analogs - Drugs For Cancer		
mercaptopurine oral tablet 50 mg	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 3	ST: Must meet the following requirement: Mercaptopurine in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 3	
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	Tier 3	PA
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCI)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
anastrozole oral tablet 1 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
exemestane oral tablet 25 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
letrozole oral tablet 2.5 mg	Tier 1	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs For Cancer		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (asparaginase Erwinia chrysanthemi (recombinant)-rywn)	Tier 3	KP
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 3	PA
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 3	PA
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	Tier 3	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	Tier 3	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (dabrafenib mesylate)	Tier 3	PA
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 3	PA
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 3	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 3	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 3	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 3	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 3	PA
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 3	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 3	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 3	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 3	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	Tier 3	PA
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		
etoposide oral capsule 50 mg	Tier 1	
Antineoplastic - Estrogens - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Exportin-1 (Xpo1) Inhibitors - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 3	PA
Antineoplastic - Ezh2 Histone		
Methyltransferase (Hmt) Inhibitor - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)	Tier 3	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 3	PA
LYTGOBI ORAL TABLET 4 MG (futibatinib)	Tier 3	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	Tier 3	PA
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)	Tier 3	PA
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	Tier 3	PA
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	Tier 3	PA
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	Tier 3	PA
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (panobinostat lactate)	Tier 3	PA
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 3	
Antineoplastic - Hypoxia Inducible Factor (Hif) Inhibitors - Drugs For Cancer		
WELIREG ORAL TABLET 40 MG (belzutifan)	Tier 3	PA
Antineoplastic - Interferons - Drugs For Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	Tier 3	PA; KP
Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 3	PA
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)	Tier 3	PA
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	Tier 3	PA
Antineoplastic - Kinase Inhibitor And Aromatase Inhibitor Combination - Drugs For Cancer		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG (ribociclib succinate/letrozole)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Kirsten Rat Sarcoma (Kras) Protein Inhibitor - Drugs For Cancer		
KRAZATI ORAL TABLET 200 MG (adagrasib)	Tier 3	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG (sotorasib)	Tier 3	PA
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide acetate)	Tier 3	PA; KP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 3	PA; KP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide acetate)	Tier 3	PA; KP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 3	PA; KP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; KP
Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 3	KP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)	Tier 3	KP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 3	KP; QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG (relugolix)	Tier 3	PA
Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	Tier 3	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate/vitamin E TPGS)	Tier 3	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML (trametinib dimethyl sulfoxide)	Tier 3	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	Tier 3	PA
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 3	PA
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 1	PA
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 3	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 3	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (ponatinib HCI)	Tier 3	PA
sorafenib oral tablet 200 mg	Tier 3	PA
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors - Drugs For Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)	Tier 3	PA
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 3	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 3	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 3	PA
Antineoplastic - Pi3k-Alpha Inhibitors - Drugs For Cancer		
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (alpelisib)	Tier 3	PA
Antineoplastic - Pi3k-Delta And Gamma Inhibitors - Drugs For Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	Tier 3	PA
Antineoplastic - Pi3k-Delta Inhibitors - Drugs For Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (idelalisib)	Tier 3	PA
Antineoplastic - Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (olaparib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (rucaparib camsylate)	Tier 3	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (talazoparib tosylate)	Tier 3	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (niraparib tosylate)	Tier 3	PA
Antineoplastic - Progestins - Drugs For Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	Tier 3	PA
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
AUGTYRO ORAL CAPSULE 40 MG (repotrectinib)	Tier 3	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	Tier 3	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG (bosutinib)	Tier 3	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)	Tier 3	PA
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 3	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 3	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 3	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib HCI)	Tier 3	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (fruquintinib)	Tier 3	
imatinib oral tablet 100 mg, 400 mg	Tier 1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 3	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 3	PA
INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)	Tier 3	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 3	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 3	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 3	PA
pazopanib oral tablet 200 mg	Tier 3	PA
QINLOCK ORAL TABLET 50 MG (ripretinib)	Tier 3	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 3	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (entrectinib)	Tier 3	PA
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 3	PA
SCEMBLIX ORAL TABLET 20 MG, 40 MG (asciminib hydrochloride)	Tier 3	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 3	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 3	PA
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)	Tier 3	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCI)	Tier 3	PA
TEPMETKO ORAL TABLET 225 MG (tepotinib HCl)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TURALIO ORAL CAPSULE 125 MG (pexidartinib hydrochloride)	Tier 3	PA
Antineoplastic - Radiopharmaceuticals - Drugs For Cancer		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (sodium iodide-131)	Tier 3	
Antineoplastic - Retinoids - Drugs For Cancer		
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1	
Antineoplastic - Selective Estrogen Receptor Degraders (Serds) - Drugs For Cancer		
ORSERDU ORAL TABLET 345 MG, 86 MG (elacestrant HCI)	Tier 3	РА
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (tamoxifen citrate)	Tier 2	
tamoxifen oral tablet 10 mg, 20 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
toremifene oral tablet 60 mg	Tier 1	
Antineoplastic - Selective Inhibitiors Of Nuclear Export (Sine) - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 3	PA
Antineoplastic - Selective Ret Kinase Inhibitor -		
Drugs For Cancer		
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETEVMO ORAL CAPSULE 40 MG, 80 MG (selpercatinib)	Tier 3	PA
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
bexarotene oral capsule 75 mg	Tier 1	PA
Antineoplastic - Thalidomide Analogs - Drugs For Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 3	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 3	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 HCI)	Tier 3	
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	Tier 3	PA
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	Tier 3	PA
Antineoplastic Antibiotic - Others - Drugs For Cancer		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (mitomycin)	Tier 3	PA
Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb - Drugs For Cancer		
INQOVI ORAL TABLET 35-100 MG (decitabine/cedazuridine)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)	Tier 3	QL (24 EA per 14 days)
Methotrexate Rescue Agents - Drugs For Cancer		
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
MESNEX ORAL TABLET 400 MG (mesna)	Tier 3	
Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
DELUO TOPICAL SPRAY,NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
HYCLODEX TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water)	Tier 3	
HYPOCYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
MICROCYN TOPICAL SPRAY,NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
Antiseptic - Others - Antiseptics And Disinfectants		
glutaraldehyde solution 25 %	Tier 3	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
hydrogen peroxide (bulk) solution 30 %	Tier 3	
hydrogen peroxide solution 3 %	Tier 3	
Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants		
phenol liquid	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (Rsv)		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (respiratory syncytial virus vaccine, preF A and B/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 1 IN 365 DAYS, AND NO HISTORY OF AREXVY
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (respiratory syncytial virus vacc. antigen/AS01E adjuvant/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (allergenic extract,grass pollen-timothy,standard)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (grass pollen-orchard/sweet vernal/rye/Kentucky/timothy, std.)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (grass pollen-orchard/sweet vernal/rye/Kentucky/timothy, std.)	Tier 3	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (allergenic extract, mite-D.farinae-D.pteronyssinus,standard)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (allergenic extract-weed pollen-short ragweed)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (centruroides (scorpion) polyvalent antivenom)	Tier 3	KP
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (nirsevimab-alip)	Tier 3	KP
Chemicals, Foods, Irritant/Allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (chemical allergens)	Tier 3	
Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (hepatitis A virus and hepatitis B virus vaccine/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Hepatitis B Vaccines - Single Agents - Vaccines	<u> </u>	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 4 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B vaccine recombinant/vaccine adjuvant CpG 1018/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (hepatitis B virus vaccine recombinant,isoform S,M,L/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (hepatitis B virus vaccine recombinant/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Immune Globulin - Gamma Globulin (Igg), Human - Biological Agents		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (immune globulin,gamma(IgG)-hipp human/maltose)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 3	PA; KP
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 3	PA; KP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 3	PA; KP
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(lgG)/glycine/lgA average 46 mcg/mL)	Tier 3	PA; KP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 3	PA; KP
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 3	PA; KP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 3	PA; KP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (immune globulin,gamma(IgG) human/hyaluronidase, human recomb)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)-klhw human)	Tier 3	PA; KP
Live Vaccine And Live Virus Formulations - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs))	PV	\$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
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 IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 3	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (typhoid vacc, live, attenuated)	Tier 3	
Peanut Desensitization Agents - Biological		
Agents		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (peanut allergen powderdnfp)	Tier 3	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (peanut allergen powder-dnfp)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (peanut allergen powderdnfp)	Tier 3	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (peanut allergen powder-dnfp)	Tier 3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 3	PA
Thymus Tissue Replacement - Biological Agents		
RETHYMIC IMPLANT IMPLANT (thymus tissue-agdc)	Tier 3	KP
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 IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adult)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Vaccine Bacterial - Gram Negative Bacilli (Non- Enteric) - Vaccines		
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (typhoid vacc, live, attenuated)	Tier 3	
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 IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS, AND AGE 11 TO 23 YEARS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 11 TO 23 YEARS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (meningococcal vaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS, AND AGE 11 TO 23 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 18-25 YEARS
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 20-valent conjugate vaccine (Diphtheria crm)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 15-valent conjugate vaccine (Diphtheria crm)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 365 DAYS, AND 65 YEARS OF AGE OR OLDER
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (meningococcal group B vaccine, 4-component)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 2 IN 365 DAYS, AND AGE 18 TO 25 YEARS
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (Neisseria meningitidis group B, lipidated fHBP recombinant)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND AGE 18 TO 25 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 3	
Vaccine Viral - Adenovirus - Vaccines		
adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)	Tier 3	
adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)	Tier 3	
Vaccine Viral - Covid-19 (Sars-Cov-2) - Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (COVID vac 2023-24 (12 yr and up) XBB.1.5 (raxtozinameran)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (COVID vac 2023-24 (12 yr and up) XBB.1.5 (raxtozinameran)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML (COVID vaccine 2023-24 (6 mo-11 yrs) XBB.1.5 (andusomeran)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.25 AND AGE 6 MONTHS TO 11 YEARS
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (COVID vacc 2023-24 XBB.1.5, recomb/adjuvant-Matrix/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (COVID vac 2023-2024 (5-11 years) XBB.1.5 (raxtozinameran)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.3 AND AGE 5-11 YEARS
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (COVID vac 2023-24 (6 mos-4 yrs) XBB.1.5 (raxtozinameran)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.3 AND AGE 6 MONTHS TO 4 YEARS
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (COVID vacc 2023-24 (12 yrs and up) XBB.1.5 (andusomeran)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (COVID vacc 2023-24 (12 yrs and up) XBB.1.5 (andusomeran)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
Vaccine Viral - Human Papillomavirus (Hpv) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND AGE 9 TO 45 YEARS
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS, AND AGE 9 TO 45 YEARS
Vaccine Viral - Influenza A And B - Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2023-24 (36 mos up)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2023-24 (6 mos and up))	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza vaccine quadrivalent 2023-24 (65 yr up)/MF59C.1/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2023-2024(6 mos and up)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (influenza virus vaccine qv 2023-24(18 yrs and older)rcmb/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quad 2023-2024(6 month and older)cell derived/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quadriv 2023-2024(6 month and older)cell derived)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2023-2024(6 mos and up)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine quadrivalent live 2023-2024 (2 yrs-49 yrs))	PV	\$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (influenza virus vaccine quadrival split 2023-24(65 yr up)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2023-2024(6 mos and up)/PF)	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2023-24 (6 mos and up))	PV	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Poliomyelitis - Vaccines	,	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (poliomyelitis vaccine, killed)	PV	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (rotavirus vaccine, live oral attenuated,89-12 strain, G1P(8))	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 50 YEARS OF AGE OR OLDER
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
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 IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Cardiovascular Therapy Agents		
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG (sparsentan)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pah-Endothelin Receptor Antagonist-Selective Cgmp Pde5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (macitentan/tadalafil)	Tier 3	PA
Cardiovascular Therapy Agents - Drugs For The Heart		
Ace Inhibitor And Calcium Channel Blocker Combinations - Drugs For High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arginine/amlodipine besylate)	Tier 3	ST: Must meet 2 of the following requirements: Amlodipine Besylate, Amlodipine Besylate/Benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Fosinopril Sodium, Lisinopril, Moexipril HCL, Norliqva, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril in 365 days; QL (1 EA per 1 day)
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20- 12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Requirements and Limits
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20- 12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20- 12.5 mg, 20-25 mg	Tier 1	
Ace Inhibitors - Drugs For High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	ST: Must meet the following requirement: Enalapril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	Tier 3	ST: Must meet the following requirement: Lisinopril in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Tier 1 = Preferred Generic Drugs Tier 2 = Preferred Brand N	Iama Druga I	Tior 2 - Non Droformed

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG (finerenone)	Tier 3	PA
spironolactone oral suspension 25 mg/5 ml	Tier 3	ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Alpha-Beta Blockers - Drugs For High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
Angiotensin li Receptor Blocker (Arb)-Calcium Channel Blocker Comb Drugs For High Blood Pressure		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Angiotensin li Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Angiotensin li Receptor Blocker (Arb)-Diuretic Combinations - Drugs For High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32- 12.5 mg, 32-25 mg	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan medoxomil/chlorthalidone)	Tier 3	ST: Must meet any of the following requirements: ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination in 120 days
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300- 12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100- 25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40- 12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80- 12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160- 25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin li Receptor Blocker-Neprilysin Inhibitor Comb. (Arni) - Drugs For High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril/valsartan)	Tier 2	QL (2 EA per 1 day)
Angiotensin li Receptor Blockers (Arbs) - Drugs For High Blood Pressure		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	Tier 3	ST: Must meet any of the following requirements: ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination in 120 days
eprosartan oral tablet 600 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral solution 4 mg/ml	Tier 3	ST: Must meet the following requirement: Valsartan tablets in 120 days
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (nitroglycerin)	Tier 3	ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (nitroglycerin)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	
Antianginal And Anti-Ischemic Agents - Drugs For Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	Tier 3	PA
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG (ranolazine)	Tier 3	PA
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (disopyramide phosphate)	Tier 2	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ii - Drugs For Abnormal		
Heart Rhythms		
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol HCL in 120 days
Antiarrhythmic - Class Iii - Drugs For Abnormal		<u>'</u>
Heart Rhythms		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG (dronedarone HCI)	Tier 2	
amiodarone HCI (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class Iv - Drugs For Abnormal	•	
Heart Rhythms		
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Atp-Citrate Lyase (Acly) Inhibitor - Drugs For Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	Tier 2	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic - Bile Acid Sequestrants - Drugs For Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
cholestyramine-aspartame oral powder in packet 4 gram	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs For Cholesterol		
fenofibrate micronized oral capsule 130 mg, 43 mg, 90 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (lovastatin)	Tier 3	ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (atorvastatin calcium)	Tier 3	PA
atorvastatin oral tablet 10 mg, 20 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	Tier 3	ST: Must meet the following requirement: Generic Rosuvastatin Calcium in 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 3	PA
fluvastatin oral capsule 20 mg	PV	ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral capsule 40 mg	PV	ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral tablet extended release 24 hr 80 mg	PV	ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium)	Tier 3	ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
niacin oral tablet 500 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	ST: Must meet any of the following requirements: Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate,micronized, or Triglide in 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
Antihyperlipidemic - Pcsk9 Inhibitor, Monoclonal Antibody (Mab) - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 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 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic - Pcsk9 Inhibitors - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 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 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 2	KP; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
PHOSPHALINE ORAL CAPSULE 900 MG (phosphatidylcholine)	Tier 3	
PHOSPHALINE ORAL LIQUID 3 GRAM/5 ML (phosphatidylcholine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 1,200 (144-216) MG, 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
FISH OIL ORAL CAPSULE 300-500 MG, 360-1,200 MG (omega-3 fatty acids/fish oil)	Tier 3	
FISH OIL ORAL CAPSULE 350-600 MG (omega-3 fatty acids/dha/epa/other omega-3s/fish oil)	Tier 3	
FISH OIL ORAL CAPSULE, DELAYED RELEASE (DR/EC) 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
krill-om-3-dha-epa-phospho-ast oral capsule 500-115-30-64 mg	Tier 3	
krill-om-3-dha-epa-phospho-ast oral capsule 600-125-32.5-60 mg	Tier 3	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (methionine/inositol/choline/folic acid)	Tier 3	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 3	
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG-500 MG, 700 MG-600 MG-900 MG (omega-3 fatty acids/dha/epa/fish oil/krill oil)	Tier 3	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
omega 3-dha-epa-fish oil oral capsule 100-400-1,000 mg, 300 mg (120 mg- 180mg)-1,000 mg, 415-670 mg	Tier 3	
omega 3-dha-epa-fish oil oral capsule 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg	Tier 3	
omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 450 mg (128 mg- 322 mg)-650 mg	Tier 3	
OMEGA MONOPURE DHA EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 790 MG-675 MG-118 MG-1,300 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
OMEGA MONOPURE EPA EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 910-1,300 MG (omega-3 fatty acids/eicosapentaenoic acid (epa)/fish oil)	Tier 3	
OMEGA MONOPURE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 430-130-650 MG, 860-260-1,300 MG (omega-3 fatty acids/dha/epa/dpa/fish oil)	Tier 3	
OMEGA-3 2100 ORAL CAPSULE 1,050 MG(300 MG -675 MG-75 MG) (omega-3 fatty acids/dha/epa/dpa/fish oil)	Tier 3	
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg	Tier 3	
omega-3 fatty acids-fish oil oral capsule 360-1,200 mg	Tier 3	
OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 3	
omega-3s-dha-epa-fish oil oral capsule 720-1,200 mg	Tier 3	
OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
OMEGAPURE-600 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 650 MG-240 MG- 360 MG-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMEGAPURE-780 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910 MG-330 MG- 450 MG-1,400 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
OMEGAPURE-900 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 967 MG-385 MG- 515 MG-1,290 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
OVEGA-3 ORAL CAPSULE 500-270-135 MG (omega-3 fatty acids/docosahexaenoic acid/epa)	Tier 3	
TRIPLE OMEGA 3-6-9 ORAL CAPSULE 400-400-400 MG (fish oil/borage oil/flaxseed oil/omega 3,6,9 combination no1)	Tier 3	
Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib - Drugs For Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid/ezetimibe)	Tier 2	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit - Drugs For Cholesterol		
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10- 40 mg, 10-5 mg	Tier 3	ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe/rosuvastatin calcium)	Tier 3	ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; 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 3	PA
Beta Blockers Cardiac Selective - Drugs For High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol HCI)	Tier 3	ST: Must meet the following requirement: Propranolol HCL in 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)	Tier 3	ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCI)	Tier 3	ST: Must meet the following requirement: Propranolol HCL in 120 days
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCI)	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol HCL in 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs For The Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 3	PA; KP
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 MI)	Tier 3	PA; KP
Calcium Channel Blocker - Nsaid, Cox-2 Selective Inhibitor Combination - Drugs For High Blood Pressure		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (amlodipine besylate/celecoxib)	Tier 3	PA
Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure		
diltiazem HCI (Cartia Xt Oral Capsule, Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
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 HCI (Taztia Xt Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
diltiazem HCl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs For High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (nimodipine)	Tier 3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 3	PA
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine maleate)	Tier 3	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	Tier 3	PA
levamlodipine oral tablet 2.5 mg	Tier 3	PA
levamlodipine oral tablet 5 mg	Tier 1	PA
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	Tier 3	ST: Must meet the following requirement: Amlodipine Besylate tablets in 120 days
Calcium Channel Blockers - Phenylakylamines - Drugs For High Blood Pressure		
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Myosin Inhibitor - Drugs For The Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb Drugs For High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100- 50 mg, 50-25 mg	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 3	KP; QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	KP; QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 2	KP; QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 3	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb Drugs For High Blood Pressure		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250- 25 mg	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs For High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clonidine hcl oral tablet extended release 24 hr 0.17 mg	Tier 3	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
Digitalis Glycosides - Drugs For The Heart		
digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	Tier 1	PA
Direct Acting Vasodilators - Drugs For High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective - Drugs For High Blood Pressure		
spironolactone oral suspension 25 mg/5 ml	Tier 3	ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs For High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure	1	
acetazolamide oral capsule, extended release 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 3	PA
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs For High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (furosemide)	Tier 3	KP
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
SOAANZ ORAL TABLET 40 MG, 60 MG (torsemide)	Tier 3	PA
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Osmotic - Drugs For High Blood Pressure		
UREAPRO ORAL POWDER 15 GRAM/SCOOP (urea)	Tier 3	
Diuretic - Potassium Sparing - Drugs For High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs For High Blood Pressure		
tolvaptan oral tablet 15 mg	Tier 3	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 3	QL (60 EA per 365 days)
Diuretic - Thiazides And Related - Drugs For High Blood Pressure		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (chlorothiazide)	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
THALITONE ORAL TABLET 15 MG (chlorthalidone)	Tier 3	
Hyperpolarization-Activated Cyclic Nucleotide- Gated Channel Inhibitors - Drugs For High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (ivabradine HCI)	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine HCI)	Tier 2	ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hypertrophic Cardiomyopathy Treatment Agents, Ablative - Drugs For The Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION 99 % (ethyl alcohol)	Tier 3	
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs For Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (atropine sulfate)	Tier 3	KP
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb Drugs For High Blood Pressure		
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists - Drugs For High Blood Pressure		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	Tier 3	PA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	Tier 3	PA
Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (doxazosin mesylate)	Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 3	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peripheral Vasodilators, Single Agents - Drugs For High Blood Pressure		
papaverine injection solution 30 mg/ml	Tier 1	KP
Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure		
metyrosine oral capsule 250 mg	Tier 1	
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs For The Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 3	PA; KP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 3	PA; KP
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs For The Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (berotralstat hydrochloride)	Tier 3	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 3	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (treprostinil diolamine)	Tier 3	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (treprostinil diolamine)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	Tier 3	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 3	PA; KP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	Tier 3	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 3	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 3	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil/nebulizer accessories)	Tier 3	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)	Tier 3	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 3	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 3	PA
bosentan oral tablet 125 mg, 62.5 mg	Tier 3	PA
OPSUMIT ORAL TABLET 10 MG (macitentan)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 3	PA
Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 3	PA
LIQREV ORAL SUSPENSION 10 MG/ML (sildenafil citrate)	Tier 3	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 3	PA
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (tadalafil)	Tier 3	PA
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	
Vasodilator Combinations - Drugs For High Blood Pressure		
isosorbide-hydralazine oral tablet 20-37.5 mg	Tier 1	
Central Nervous System Agents - Drugs For The Nervous System		
Agents To Treat Episodic Cluster Headaches - Drugs For Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (galcanezumab-gnlm)	Tier 2	PA; KP
Antianxiety Agent - Antihistamine Type - Drugs For Anxiety		
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs For Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 3	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 3	ST: Must meet the following requirements: Lorazepam tablets in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 3	ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (680 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 3	ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	Tier 3	ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 3	ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (60 EA per 30 days)
Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
primidone oral tablet 125 mg	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 3	QL (10 EA per 30 days)
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 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs For		
Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol (CBD))	Tier 3	
Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain		
lacosamide intravenous solution 200 mg/20 ml	Tier 1	KP
lacosamide oral solution 10 mg/ml	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (lacosamide)	Tier 3	PA
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (lacosamide)	Tier 2	
Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
ACTIVE-PAC KIT,GEL AND CAPSULE 300-4-1 MG-%-% (gabapentin/lidocaine HCl/menthol)	Tier 3	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	QL (3 EA per 1 day)

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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 TABLET 500 MG (vigabatrin)	Tier 2	PA
vigabatrin oral powder in packet 500 mg	Tier 1	PA
vigabatrin oral tablet 500 mg	Tier 1	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 1	PA
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 1	PA
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	Tier 3	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 3	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 3	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 3	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 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 3	ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	Tier 3	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule, extended release 24hr 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule, extended release 24hr 25 mg	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule, extended release 24hr 50 mg	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	Tier 1	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	Tier 3	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)	Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	Tier 1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet, disintegrating 100 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet, disintegrating 200 mg	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet, disintegrating 25 mg, 50 mg	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 3	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets, Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets, Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML (brivaracetam)	Tier 2	KP
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 3	ST: Must meet the following requirement: Levetiracetam in 120 days; QL (3 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG (levetiracetam)	Tier 3	ST: Must meet the following requirement: Levetiracetam in 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 3	PA
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (zonisamide)	Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
rufinamide oral suspension 40 mg/ml	Tier 1	ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramatein in 365 days; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramatein in 365 days; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramatein in 365 days; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	Tier 3	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 3	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine HCI)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (cenobamate)	Tier 2	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (cenobamate)	Tier 2	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 200 MG (cenobamate)	Tier 2	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (cenobamate)	Tier 2	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (Nassa) - Drugs For Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet 7.5 mg	Tier 1	
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	Tier 1	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B - Drugs For Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (selegiline)	Tier 3	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	Tier 3	
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 1	
Antidepressant - Ndma Receptor Antagonist And Ndri Combinations - Drugs For Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (dextromethorphan HBr/bupropion HCl)	Tier 3	PA
Antidepressant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Depression		
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 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (esketamine HCl)	Tier 3	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression		
citalopram oral capsule 30 mg	Tier 3	
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	Tier 1	
fluoxetine oral tablet 60 mg	Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 1	
sertraline oral capsule 150 mg, 200 mg	Tier 1	QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-2 Antagonist- Reuptake Inhibitors (Saris) - Drugs For Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCI)	Tier 3	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 3	ST: Must meet the following requirement: Generic Duloxetine two 20mg capsules in 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4% (duloxetine HCI/lidocaine HCI)	Tier 3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (levomilnacipran HCl)	Tier 2	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran HCl)	Tier 2	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCI)	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	Tier 3	ST: Must meet the following requirement: Venlafaxine ER capsules in 120 days; QL (1 EA per 1 day)
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1	ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 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	ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant- Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs For Depression		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3- 25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (bupropion HBr)	Tier 3	ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 450 mg	Tier 3	ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antiparkinson - Dopaminergic-Periph Comt- Dopa-Decarboxylase Inhib Comb - Drugs For Parkinson carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg,		
18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa- Decarboxylase Inhibit Comb - Drugs For Parkinson		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25- 250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (carbidopa/levodopa)	Tier 3	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa/levodopa)	Tier 3	ST: Must meet the following requirement: Carbidopa/levodopa in 120 days; QL (10 EA per 1 day)
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs For Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	Tier 3	PA
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson		
tolcapone oral tablet 100 mg	Tier 1	ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (opicapone)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa- Decarboxylase Inhibitors - Drugs For Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	Tier 3	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 3	PA
Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (safinamide mesylate)	Tier 3	ST: Must meet any of the following requirements: Carbidopa/levodopa, Duopa, or Rytary in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG (selegiline HCI)	Tier 3	ST: Must meet the following requirement: Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-Ergot Dopamine Agonist Agents - Drugs For Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG (amantadine HCl)	Tier 3	PA
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: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1) (amantadine HCI)	Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)

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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 3	ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs For Severe Mental Disorders		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	Tier 1	QL (60 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs For Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (iloperidone)	Tier 3	QL (8 EA per 28 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet, disintegrating 0.25 mg	Tier 1	
risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs For Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	Tier 3	ST: Must meet the following requirement: Vraylar in 120 days; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs For Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	Tier 3	ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs For Severe Mental Disorders		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs For Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (loxapine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotic - Dihydroindolones - Drugs For Severe Mental Disorders		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs For Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs For Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	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 XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (quetiapine fumarate)	Tier 3	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs For Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	Tier 3	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	PA
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet, disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)
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)
REXULTI ORAL TABLETS, DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3) (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 HCI)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCI)	Tier 2	QL (7 EA per 28 days)
Antipsychotics, Atypical, Dopamine, Serotonin Antag And Opioid Antag Comb - Drugs For Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/amph etamine XR in 120 days; QL (450 ML per 30 days)
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (serdexmethylphenidate chloride/dexmethylphenidate HCl)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (methylphenidate)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 25.9 MG (methylphenidate)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (240 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
EVEKEO ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (amphetamine sulfate)	Tier 3	PA
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate HCI)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 3	ST: Must meet the following requirement: One of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg	Tier 3	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 72 mg	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	Tier 1	ST: Must meet any of the following requirements: Methylphenidate HCL or Quillivant XR in 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. BIPHASIC 24HR 20 MG, 40 MG (methylphenidate HCI)	Tier 3	ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR- ER. BIPHASIC 24HR 30 MG (methylphenidate HCI)	Tier 3	ST: Must meet the following requirement: Methylphenidate HCL in 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 3	120mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 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 3	150mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 3	180mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 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 3	60mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)	Tier 3	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)	Tier 3	QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG (methylphenidate HCI)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	Tier 2	QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (viloxazine HCI)	Tier 3	ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amph etamine, Guanfacine HCL, or Methylphenidate HCL in 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (viloxazine HCI)	Tier 3	ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amph etamine, Guanfacine HCL, or Methylphenidate HCL in 120 days; QL (2 EA per 1 day); Age (Min 6 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (viloxazine HCI)	Tier 3	ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amph etamine, Guanfacine HCL, or Methylphenidate HCL in 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 3	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 3	ST: Must meet the following requirements: Lorazepam tablets in 120 days
midazolam (pf) injection solution 5 mg/ml	Tier 1	KP
midazolam injection solution 5 mg/ml	Tier 1	KP
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 3	QL (10 EA per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 3	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)	Tier 1	
lamotrigine oral tablet, disintegrating 100 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet, disintegrating 200 mg	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet, disintegrating 25 mg, 50 mg	Tier 1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs For Severe Mental Disorders		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	PA
aripiprazole oral solution 1 mg/ml	Tier 1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 3	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	
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet, disintegrating 0.25 mg	Tier 1	
risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCI)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCI)	Tier 2	QL (7 EA per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cannabis And Cannabinoids - Drugs For Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	QL (60 ML per 30 days)
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (amphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/amph etamine XR in 120 days; QL (450 ML per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
EVEKEO ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (amphetamine sulfate)	Tier 3	PA
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine)	Tier 3	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphe tamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
Cns Stimulant - Analeptics, Methylxanthine- Type - Drugs For The Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine oral tablet 200 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diabetic Peripheral Neuropathy Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral tablet extended release 24 hr 330 mg	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Fibromyalgia Agents - Serotonin- Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)	Tier 3	PA
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 3	ST: Must meet the following requirement: Generic Duloxetine two 20mg capsules in 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4% (duloxetine HCI/lidocaine HCI)	Tier 3	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCI)	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
Hypnotics - Melatonin - Single Agents - Drugs For Insomnia		
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML (melatonin)	Tier 3	
KIDS MELATONIN ORAL TABLET, CHEWABLE 1 MG (melatonin)	Tier 3	
melatonin oral capsule 10 mg	Tier 3	
melatonin oral drops 1 mg/4 ml, 3 mg/4 ml	Tier 3	
melatonin oral liquid 2.5 mg/10 ml	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
melatonin oral lozenge 5 mg	Tier 3	
melatonin oral tablet 1 mg, 10 mg, 12 mg, 5 mg	Tier 3	
melatonin oral tablet 3 mg	Tier 3	
melatonin oral tablet extended release 10 mg	Tier 3	
melatonin oral tablet,chewable 1 mg, 2.5 mg	Tier 3	
melatonin oral tablet,chewable 5 mg	Tier 3	
melatonin oral tablet, disintegrating 1 mg, 10 mg, 12 mg, 3 mg, 5 mg	Tier 3	
melatonin sublingual tablet 10 mg	Tier 3	
MELATONINMAX ORAL TABLET, CHEWABLE 10 MG (melatonin)	Tier 3	
Hypnotics - Melatonin Combinations - Drugs For Insomnia		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (calcium phosphate, tribasic/melatonin)	Tier 3	
COMPLETE BALANCE MENOPAUSE RLF ORAL CAPSULE, SEQUENTIAL 175-62-1 MG (NIGHT) (vit B/folic acid/calcium/soy xt/black cohosh xt/melatonin)	Tier 3	
KIDS SLEEP CALM ORAL TABLET, CHEWABLE 0.5-25-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 3	
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 3	
melatonin-pyridoxal phos (b6) oral tablet, disintegrating 2.5 mg- 338 mcg	Tier 3	
melatonin-pyridoxine (vit b6) oral tablet 5-1 mg	Tier 3	
melatonin-pyridoxine hcl (b6) oral tablet extended release 5- 10 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg	Tier 3	
melatonin-theanine oral tablet 10-5.5 mg	Tier 3	
melatonin-theanine oral tablet, disintegrating 3-50 mg	Tier 3	
RELAX NIGHT CALM ORAL TABLET, CHEWABLE 1.5-12.5-50-0.5 MG (melatonin/5-hydroxytryptophan/theanine/lemon balm leaf xt)	Tier 3	
REPOZEN SLEEP AID ORAL CAPSULE 5-30-50 MG (melatonin/gamma-aminobutyric acid/valerian)	Tier 3	
SLEEP CALM ORAL TABLET, CHEWABLE 3-50-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 3	
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 3	
SLEEP OPTIMIZER ORAL CAPSULE 0.15-50-150-200 MG (melatonin/GABA/tryptophan/valerian root/hops/lemon balm)	Tier 3	
SLOWMAG MG CALM-SLEEP ORAL TABLET, DELAYED RELEASE (DR/EC) 1-71.5 MG (melatonin/magnesium citrate)	Tier 3	
SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM (melatonin/mag carbonate,glycinate/pot bic/GABA/glycine/lemon)	Tier 3	
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (melatonin/GABA/5-HTP/theanine/magnesium citrate,oxide/herbs)	Tier 3	
UNISOM SIMPLE SLUMBERS ORAL TABLET,CHEWABLE 2.5 MG (melatonin/passion flower/lemon balm)	Tier 3	

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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 3	PA
ramelteon oral tablet 8 mg	Tier 3	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
tasimelteon oral capsule 20 mg	Tier 3	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs For Migraine Headaches		
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 3	PA; KP
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 3	PA; KP
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)	Tier 2	PA; KP
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)	Tier 2	PA; KP
Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab) - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 2	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG (rimegepant sulfate)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (zavegepant HCI)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	KP; QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (ergotamine tartrate)	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)	Tier 3	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Nsaid Analgesics (Cyclooxygenase Inhibitor) - Drugs For Migraine Headaches		
diclofenac potassium oral powder in packet 50 mg	Tier 3	
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (celecoxib)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
frovatriptan oral tablet 2.5 mg	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (18 EA per 30 days)
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 % (sumatriptan succinate/menthol/camphor)	Tier 3	
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (sumatriptan succinate)	Tier 3	ST: Must meet the following requirement: Generic Sumatriptan nasal spray in 120 days; QL (16 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet, disintegrating 10 mg, 5 mg	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	Tier 1	QL (9 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	KP; QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	KP; QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	KP; QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	KP; QL (4 ML per 28 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (sumatriptan)	Tier 3	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (sumatriptan succinate)	Tier 3	KP; ST: Must meet the following requirement: Generic Sumatriptan injection in 120 days; QL (8 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolmitriptan nasal spray,non-aerosol 5 mg	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (6 EA per 15 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1F) - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb Drugs For Migraine Headaches		
sumatriptan-naproxen oral tablet 85-500 mg	Tier 3	ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate/Naproxen Sodium, Sumatriptan Succinate, Sumatriptan Succinate, Sumatriptan Succinate, Sumatriptan Succinate, Sumatriptan in 180 days; QL (9 EA per 30 days)
Movement Disorder Drug Therapy - Drugs For The Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (deutetrabenazine)	Tier 3	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (deutetrabenazine)	Tier 3	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (deutetrabenazine)	Tier 3	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (deutetrabenazine)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 3	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 3	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 3	PA
Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (deutetrabenazine)	Tier 3	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (deutetrabenazine)	Tier 3	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (deutetrabenazine)	Tier 3	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (deutetrabenazine)	Tier 3	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 3	PA
Movement Disorder Therapy - Restless Legs Syndrome - Drugs For The Nervous System		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (gabapentin enacarbil)	Tier 3	ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (gabapentin enacarbil)	Tier 3	ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (2 EA per 1 day)
Movement Disorder Therapy - Tardive Dyskinesia - Drugs For The Nervous System		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) (deutetrabenazine)	Tier 3	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 3	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (deutetrabenazine)	Tier 3	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (deutetrabenazine)	Tier 3	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14) (deutetrabenazine)	Tier 3	PA
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 3	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 3	PA
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (sodium oxybate)	Tier 3	PA
sodium oxybate oral solution 500 mg/ml	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYWAV ORAL SOLUTION 0.5 GRAM/ML (sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate)	Tier 3	PA
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol HCI)	Tier 3	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs For Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant HCI)	Tier 3	PA
Narcolepsy Therapy Agents - Non- Sympathomimetic - Drugs For Sleep Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs For Sleep Disorder		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant- Type,Sympathomimetic,Amphetamines - Drugs For Sleep Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate release (5mg or 10mg) tablets or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
Neuropathic Pain Therapy - Drugs For Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral tablet extended release 24 hr 330 mg	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		
ACTIVE-PAC KIT,GEL AND CAPSULE 300-4-1 MG-%-% (gabapentin/lidocaine HCl/menthol)	Tier 3	
DULOXICAINE KIT 30 MG- 4% (duloxetine HCI/lidocaine HCI)	Tier 3	
gabapentin oral tablet extended release 24 hr 300 mg	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
gabapentin oral tablet extended release 24 hr 600 mg	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (gabapentin)	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG (gabapentin)	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24) (gabapentin)	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (33 EA per 15 days)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral tablet extended release 24 hr 330 mg	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
Pseudobulbar Affect (Pba) Agents, Nmda		
Antagonists Type - Drugs For Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan Hbr/quinidine sulfate)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs For Insomnia		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs		
For Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml)	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia		
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (zolpidem tartrate)	Tier 3	ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral capsule 7.5 mg	Tier 3	
zolpidem oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs For Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	Tier 3	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (daridorexant HCI)	Tier 3	PA
Sedative-Hypnotic - Selective Alpha2- Adrenoreceptor Agonists - Drugs For Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine HCI)	Tier 3	PA
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia		
doxepin oral tablet 3 mg, 6 mg	Tier 1	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate in 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		
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine HCl)	Tier 3	PA
Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (buprenorphine HCl/naloxone HCl)	Tier 2	
Alcohol Abstinence Therapy - Glutamate And Gaba System Type - Drugs For Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs For Alcohol Addiction		
naltrexone oral tablet 50 mg	Tier 1	
Alcohol Deterrents - Drugs For Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - Ne And Dopamine Reuptake Inhibitor (Ndri)-Type - Drugs For Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	PV	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	PV	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 4 BUCCAL GUM 4 MG (nicotine polacrilex)	PV	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, 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 DAYS IN 365, 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 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction		
varenicline oral tablet 0.5 mg, 1 mg	PV	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	PV	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
alum, ammonium (bulk) powder	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ascorbic acid(vitamin c)(bulk) granules 100 %	Tier 3	
balsam peru (bulk) liquid	Tier 3	
benzoin (bulk) topical tincture	Tier 3	
citric acid anhydrous (bulk) granules 100 %	Tier 3	
glutathione (bulk) powder 100 %	Tier 3	
guaiacol liquid	Tier 3	
hydrogen peroxide (bulk) solution 30 %	Tier 3	
hydroxyethyl methacrylate,bulk liquid 96 %	Tier 3	
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)	Tier 3	
vitamin e acetate (bulk) liquid 125 unit/ml	Tier 3	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (dimethyl sulfoxide)	Tier 3	
Chemicals - Fixed Oils		
olive oil oil	Tier 3	
Chemicals - Solvents		
isopropyl alcohol solution 70 %, 91 %, 99 %	Tier 3	
MURI-LUBE OIL (mineral oil, light sterile)	Tier 3	
sesame oil oil	Tier 3	
sodium succinate powder	Tier 3	
Pharmaceutical Adjuvant - Anticorrosive Agents		
butylated hydroxytoluene powder	Tier 3	
Pharmaceutical Adjuvant - Capsule Excipients		
CAPSUBLEND-H POWDER (cellulose/silica gel/mannitol/magnesium stearate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Coloring Agents		
methylene blue (bulk-solid) powder	Tier 3	
Pharmaceutical Adjuvant - External Vehicles		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL (vehicle gel for anacaulase-bcdb)	Tier 3	
Pharmaceutical Adjuvant - Flavoring Agents		
ethyl acetate liquid	Tier 3	
Pharmaceutical Adjuvant - Gelatin Capsules (Empty)		
CAPSULE #1 ORAL CAPSULE (gelatin capsules (empty))	Tier 3	
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE (hypromellose capsules (empty))	Tier 3	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (sodium chloride for inhalation)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)	Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Pharmaceutical Adjuvant - Liquid Vehicles Other		
PCCA SUSPENDIT ANHYDROUS TOPICAL LIQUID (liquid base no.261)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
Pharmaceutical Adjuvant - Oral Thickening			
Agents			
GELMIX ORAL POWDER (maltodextrin/carob)	Tier 3		
GELMIX ORAL POWDER IN PACKET (maltodextrin/carob)	Tier 3		
PURATHICK ORAL POWDER (maltodextrin/tara gum)	Tier 3		
PURATHICK ORAL POWDER IN PACKET (maltodextrin/tara gum)	Tier 3		
SIMPLYTHICK ORAL GEL IN PACKET 4 GRAM (xanthan gum)	Tier 3		
THICK AND EASY ORAL POWDER (starch)	Tier 3		
THICK AND EASY ORAL POWDER IN PACKET (starch)	Tier 3		
Pharmaceutical Adjuvant - Oral Vehicles			
MX-SOL SF ORAL LIQUID (compounding vehicle sugar-free no.9)	Tier 3		
sorbitol solution 70 %	Tier 3		
UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (compound vehicle suspension sugar-free no.24)	Tier 3		
Pharmaceutical Adjuvant - Preservatives	1		
citric acid anhydrous (bulk) granules 100 %	Tier 3		
Pharmaceutical Adjuvant - Surfactants			
polysorbate 80 solution	Tier 3		
Pharmaceutical Adjuvant - Suspending Agents			
hydroxypropyl cellulose powder	Tier 3		
hypromellose powder	Tier 3		
METHOCEL E 4 M POWDER (hypromellose)	Tier 3		
Pharmaceutical Adjuvant - Tableting			
cellulose (bulk) powder	Tier 3		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Troche/Soft Lozenge Base		
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)	Tier 3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (cholera vaccine buffer component)	Tier 3	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)	Tier 3	PA
Cognitive Disorder Therapy - Drugs For The Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (donepezil HCl)	Tier 3	PA
donepezil oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil oral tablet, disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (memantine HCI)	Tier 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)
Alzheimer's Thx - Nmda Receptor Antag. And Cholinesterase Inhib. Comb - Drugs For Alzheimer's Disease		
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (memantine HCI/donepezil HCI)	Tier 2	ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine HCI/donepezil HCI)	Tier 2	ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs For Alzheimer's Disease		
ergoloid oral tablet 1 mg	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	\$0 COPAY
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (etonogestrel)	PV	\$0 COPAY
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone acetate)	PV	\$0 COPAY
medroxyprogesterone intramuscular suspension 150 mg/ml	PV	\$0 COPAY
medroxyprogesterone intramuscular syringe 150 mg/ml	PV	\$0 COPAY
Contraceptive Intrauterine - Copper lud - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	PV	\$0 COPAY
Contraceptive Intrauterine - Progesterone lud - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (levonorgestrel)	PV	\$0 COPAY
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG (levonorgestrel)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG (levonorgestrel)	PV	\$0 COPAY
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (levonorgestrel)	PV	\$0 COPAY
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	\$0 COPAY
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	\$0 COPAY
CAMRESE LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	\$0 COPAY
CAMRESE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets, Dose Pack, 3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	\$0 COPAY
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets, Dose Pack, 3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	\$0 COPAY
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	PV	\$0 COPAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	PV	\$0 COPAY
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	\$0 COPAY
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	PV	\$0 COPAY
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	\$0 COPAY
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	PV	\$0 COPAY
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	PV	\$0 COPAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	PV	\$0 COPAY
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	\$0 COPAY
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PV	\$0 COPAY
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	PV	\$0 COPAY
JOLESSA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	\$0 COPAY
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 (28) Oral Tablet 1-50 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
LAYOLIS FE ORAL TABLET, CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	PV	\$0 COPAY
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	PV	\$0 COPAY
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	PV	\$0 COPAY
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	\$0 COPAY
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	\$0 COPAY
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (drospirenone/estetrol)	PV	\$0 COPAY; QL (1 EA per 1 day)
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	PV	\$0 COPAY
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	PV	\$0 COPAY
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	\$0 COPAY
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	PV	\$0 COPAY
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	PV	\$0 COPAY
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	PV	\$0 COPAY
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	\$0 COPAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	PV	\$0 COPAY
OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	\$0 COPAY
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG (levonorgestrel/ethinyl estradiol)	PV	\$0 COPAY
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	PV	\$0 COPAY
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet, Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	PV	\$0 COPAY
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	PV	\$0 COPAY
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	PV	\$0 COPAY
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	PV	\$0 COPAY
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	PV	\$0 COPAY
norethindrone (Deblitane Oral Tablet 0.35 Mg)	PV	\$0 COPAY
norethindrone (Errin Oral Tablet 0.35 Mg)	PV	\$0 COPAY
norethindrone (Heather Oral Tablet 0.35 Mg)	PV	\$0 COPAY
norethindrone (Incassia Oral Tablet 0.35 Mg)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (Jencycla Oral Tablet 0.35 Mg)	PV	\$0 COPAY
norethindrone (Lyleq Oral Tablet 0.35 Mg)	PV	\$0 COPAY
norethindrone (Lyza Oral Tablet 0.35 Mg)	PV	\$0 COPAY
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	PV	\$0 COPAY
norethindrone (contraceptive) oral tablet 0.35 mg	PV	\$0 COPAY
OPILL ORAL TABLET 0.075 MG (norgestrel)	PV	\$0 COPAY
norethindrone (Sharobel Oral Tablet 0.35 Mg)	PV	\$0 COPAY
SLYND ORAL TABLET 4 MG (28) (drospirenone)	PV	\$0 COPAY
norethindrone (Tulana Oral Tablet 0.35 Mg)	PV	\$0 COPAY
Contraceptive Oral - Quadraphasic - Birth Control Pills		
I norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	PV	\$0 COPAY
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol valerate/dienogest)	PV	\$0 COPAY
RIVELSA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	PV	\$0 COPAY
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	\$0 COPAY
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	\$0 COPAY
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	PV	\$0 COPAY
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	PV	\$0 COPAY
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	\$0 COPAY
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	\$0 COPAY
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PV	\$0 COPAY
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	PV	\$0 COPAY
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	PV	\$0 COPAY
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb Birth Control Pills		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	PV	\$0 COPAY
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (levonorgestrel/ethinyl estradiol)	PV	\$0 COPAY; QL (3 EA per 28 days)
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	PV	\$0 COPAY
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	PV	\$0 COPAY
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	\$0 COPAY; QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	\$0 COPAY
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	\$0 COPAY
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	PV	\$0 COPAY
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	PV	\$0 COPAY
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
ELLA ORAL TABLET 30 MG (ulipristal acetate)	PV	\$0 COPAY
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
levonorgestrel oral tablet 1.5 mg	PV	\$0 COPAY
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
Emergency Contraceptives - Progesterone		
Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (ulipristal acetate)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
levonorgestrel oral tablet 1.5 mg	PV	\$0 COPAY
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	PV	\$0 COPAY
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	PV	\$0 COPAY
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (nonoxynol 9)	PV	\$0 COPAY
Dermatological		
Dermatological - Gene Therapy Agents		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML (beremagene geperpavec-svdt)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	Tier 3	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	Tier 3	PA
Dermatological - Drugs For The Skin		
Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (isotretinoin, micronized)	Tier 3	ST: Must meet the following requirement: Generic Isotretinoin in 120 days
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
isotretinoin oral capsule 25 mg, 35 mg	Tier 3	ST: Must meet the following requirement: Generic Isotretinoin in 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		
minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 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
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCI)	Tier 3	ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 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 HCI)	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs For The Skin		
WINLEVI TOPICAL CREAM 1 % (clascoterone)	Tier 3	PA
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMZEEQ TOPICAL FOAM 4 % (minocycline HCI)	Tier 3	ST: Must meet 2 of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide. Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 3	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
clindamycin phosphate topical foam 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
dapsone topical gel with pump 7.5 %	Tier 1	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
DEOXIA TOPICAL GEL 1-4 % (clindamycin/niacinamide)	Tier 3	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)	Tier 3	
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCARACLINPAK TOPICAL KIT,GEL AND LOTION 1 %-SPF 50 (clindamycin/octinoxate/octyl salicyl/octocryl/oxybenz/titan)	Tier 3	
OXIAICE TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-Infective		
Combinations Other - Drugs For The Skin		
CLINDACIN ETZ TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 3	
CLINDACIN PAC TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin/niacinamide)	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (dapsone/spironolactone/niacinamide)	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone/spironolactone/niacinamide)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 % (dapsone/niacinamide)	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsone/niacinamide)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (dapsone/spironolactone/niacinamide)	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone/spironolactone/niacinamide)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (dapsone/niacinamide)	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Anti-Infective- Keratolytic Combinations - Drugs For The Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium/sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % (sulfacetamide sodium/sulfur)	Tier 3	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate/Benzoyl Peroxide gel in 120 days
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %	Tier 1	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)	Tier 3	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 3	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (clindamycin phosphate/benzoyl peroxide/emollient comb no.94)	Tier 3	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCARARXPAK TOPICAL KIT,GEL AND LOTION 1 %-2.5 %- SPF 50 (clindamycin/benzoyl/octinox/octyl/octocryl/oxyben/titanium)	Tier 3	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 % (clindamycin phosphate/benzoyl peroxide)	Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (sulfacetamide sodium/sulfur)	Tier 3	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 3	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	Tier 3	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 8-4 %, 9-4.25 %	Tier 3	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium/sulfur)	Tier 3	
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 3	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 % (sulfacetamide sodium/sulfur)	Tier 3	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin		
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 3	
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 3	PA
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 3	ST: Must meet the following requirement: Clindamycin gel or Tretinoin gel 0.025% in 120 days
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin/clindamycin phosphate/spironolactone/niacinamide)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (tretinoin/dapsone/niacinamide)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (tretinoin/dapsone/niacinamide)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 3	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs For The Skin		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 3	
benzoyl peroxide topical cleanser 7 %	Tier 3	
benzoyl peroxide topical foam 9.8 %	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
Acne Therapy Topical - Keratolytic- Glucocorticoid Combinations - Drugs For The Skin VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (benzoyl		
peroxide/hydrocortisone)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	Tier 1	
IDYYXIATAR TOPICAL GEL 0.025-5 % (tretinoin/niacinamide)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIAVARY TOPICAL CREAM 0.1-4 % (tretinoin/niacinamide)	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin/niacinamide)	Tier 3	
TWYNEO TOPICAL CREAM 0.1-3 % (tretinoin/benzoyl peroxide)	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)	Tier 3	
Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin		
adapalene topical cream 0.1 %	Tier 1	
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 %	Tier 1	
adapalene topical lotion 0.1 %	Tier 1	Age (Max 39 Years)
adapalene topical solution 0.1 %	Tier 3	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adapalene topical swab 0.1 %	Tier 3	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)
AKLIEF TOPICAL CREAM 0.005 % (trifarotene)	Tier 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (tretinoin)	Tier 3	
ARAZLO TOPICAL LOTION 0.045 % (tazarotene)	Tier 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 3	Age (Max 39 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene/niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene/niacinamide)	Tier 3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (tretinoin microspheres)	Tier 3	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tazarotene topical foam 0.1 %	Tier 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	Tier 1	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
Acne Therapy Topical Combinations Other - Drugs For The Skin		
DIMOXIA TOPICAL GEL 5-4 % (spironolactone/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs For The Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (halobetasol propionate/tazarotene)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs For The Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcipotriene-betamethasone topical suspension 0.005- 0.064 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 3	ST: Must meet the following requirement: Calcipotriene/Betamethaso ne ointment in 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 3	ST: Must meet the following requirement: Calcipotriene/Betamethaso ne ointment in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents - Interleukin 12 And II-23 Inhibitors,Mc Antibody - Drugs For The Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 3	PA; KP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 3	PA; KP
Antipsoriatic Agents - Interleukin-23 (II-23) Antagonist, Mc Antibody - Drugs For The Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (risankizumab-rzaa)	Tier 3	PA; KP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (risankizumab-rzaa)	Tier 3	PA; KP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 3	PA; KP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (guselkumab)	Tier 3	PA; KP
Antipsoriatic Agents - Tyrosine Kinase 2 (Tyk2) Inhibitor - Drugs For The Skin		
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	Tier 3	PA
Antipsoriatic Agents-Interleukin-17 (II-17) Antagonist, Mc Antibody - Drugs For The Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML (bimekizumab-bkzx)	Tier 3	PA; KP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML (bimekizumab-bkzx)	Tier 3	PA; KP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA; KP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA; KP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA; KP
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML (secukinumab)	Tier 3	PA; KP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) (secukinumab)	Tier 3	PA; KP
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)	Tier 3	PA; KP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; KP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; KP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; KP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (ixekizumab)	Tier 3	PA; KP
Dermatitis - Janus Kinase (Jak) Inhibitors - Drugs For The Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	Tier 3	PA
OPZELURA TOPICAL CREAM 1.5 % (ruxolitinib phosphate)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (upadacitinib)	Tier 3	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors Mab - Drugs For The Skin		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (tralokinumab-ldrm)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatitis Agents, Systemic-II-4 Receptor Alpha Antagonist (II-4Ra) Mab - Drugs For The Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 3	PA; KP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 3	PA; KP
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs For The Skin		
EUCRISA TOPICAL OINTMENT 2 % (crisaborole)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)	Tier 3	
Dermatological - Antibacterial Other - Drugs For The Skin		
AZADROX TOPICAL GEL IN PACKET (silver/urea)	Tier 3	
BASADROX TOPICAL GEL IN PACKET (silver)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (mupirocin)	Tier 3	
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	QL (90 GM per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)	Tier 3	
NORMLGEL AG TOPICAL GEL 0.11 % (silver carbonate)	Tier 3	
silver nitrate topical solution 0.5 %	Tier 1	
silver nitrate topical solution 10 %, 25 %, 50 %	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM (silver)	Tier 3	
SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)	Tier 3	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs For The Skin		
ALTABAX TOPICAL OINTMENT 1 % (retapamulin)	Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Dermatological - Antibacterial Quinolones - Drugs For The Skin		
XEPI TOPICAL CREAM 1 % (ozenoxacin)	Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 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 3	
hydrocortisone-iodoquinl-aloe2 topical gel 2-1-1 %	Tier 3	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole/iodoquinol/hydrocortisone)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs For The Skin		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide/emollient comb no.65)	Tier 3	ST: Must meet the following requirement: generic Fluocinolone Acetonide cream, oil, ointment or solution in 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide)	Tier 3	ST: Must meet the following requirement: generic Fluocinolone Acetonide cream, oil, ointment or solution in 120 days
Dermatological - Anticholinergic Hyperhidrosis		
Treatment Agents - Drugs For The Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (glycopyrronium tosylate)	Tier 2	PA
Dermatological - Antifungal Allylamines - Drugs For The Skin		
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	Tier 1	
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	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Benzylamines - Drugs For The Skin		
MENTAX TOPICAL CREAM 1 % (butenafine HCl)	Tier 3	
Dermatological - Antifungal Combinations Other - Drugs For The Skin		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (fluconazole/ibuprofen/itraconazole/terbinafine HCI)	Tier 3	
EXODERM TOPICAL LOTION 25-1 % (sodium thiosulfate/salicylic acid)	Tier 1	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (ciclopirox olamine/itraconazole/urea)	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (econazole nitrate/niacinamide)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (ketoconazole/salicylic acid)	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole/niacinamide)	Tier 3	
Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.28)	Tier 3	
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 1	
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox olamine/salicylic acid)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (ciclopirox olamine/fluconazole/terbinafine HCl)	Tier 3	
LOPROX KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 3	
Dermatological - Antifungal Imidazole And Related Agents - Drugs For The Skin		
clotrimazole topical cream 1 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	
econazole topical cream 1 %	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (econazole nitrate)	Tier 3	
ERTACZO TOPICAL CREAM 2 % (sertaconazole nitrate)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (sulconazole nitrate)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole nitrate)	Tier 2	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical foam 2 %	Tier 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
ketoconazole topical shampoo 2 %	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (ketoconazole/skin cleanser combination no.28)	Tier 3	
ketoconazole (Ketodan Topical Foam 2 %)	Tier 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days

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Drug Tier	Coverage Requirements and Limits
Tier 1	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
Tier 1	
Tier 1	QL (180 GM per 1 FILL)
Tier 3	
Tier 3	
Tier 1	
Tier 1	
Tier 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
Tier 1	PA
Tier 3	PA
Tier 1	
Tier 1	
	Tier 1 Tier 1 Tier 3 Tier 3 Tier 1 Tier 3 Tier 1 Tier 3 Tier 3

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole/betamethasone dipropionate/zinc oxide)	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (hydrocortisone/iodoquinol)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)	Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)	Tier 3	
Dermatological - Antifungals Other - Drugs For The Skin		
triacetin liquid 100 %	Tier 3	
Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin		
VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine HCI)	Tier 3	PA
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
FLUOROPLEX TOPICAL CREAM 1 % (fluorouracil)	Tier 3	PA
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
TOLAK TOPICAL CREAM 4 % (fluorouracil)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Or Premalig. Lesions - Antimicrotubule - Drugs For The Skin		
KLISYRI TOPICAL OINTMENT IN PACKET 1 % (tirbanibulin)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's - Drugs For The Skin		
diclofenac sodium topical gel 3 %	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 3	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
bexarotene topical gel 1 %	Tier 3	PA
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs For The Skin		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs For The Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antipsoriatic Agents Topical - Drugs For The Skin		
BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days; QL (400 GM per 1 FILL)
calcipotriene scalp solution 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical cream 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical foam 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical ointment 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcitriol topical ointment 3 mcg/gram	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIOOXIA TOPICAL CREAM 0.005-4 % (calcipotriene/niacinamide)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
halobetasol propionate topical foam 0.05 %	Tier 3	ST: Must meet any of the following requirements: Clobetasol Propionate, Clobetasol Propionate/emollient, or Halobetasol Propionate in 120 days; QL (100 GM per 1 FILL)
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 3	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
NUDERMRXPAK TOPICAL KIT 0.005-5 % (calcipotriene/dimethicone)	Tier 3	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
tazarotene topical cream 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 3	Age (Max 39 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIONEX TOPICAL KIT 0.005 % (calcipotriene/transparent dressing)	Tier 3	
ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days)
VTAMA TOPICAL CREAM 1 % (tapinarof)	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin micronized)	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZORYVE TOPICAL CREAM 0.3 % (roflumilast)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib Drugs For The Skin		
OTEZLA ORAL TABLET 30 MG (apremilast)	Tier 3	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 3	PA
Dermatological - Antiseborrheic - Drugs For The Skin		
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVACE PLUS TOPICAL CREAM 10 % (sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 % (sulfacetamide sodium)	Tier 3	ST: Must meet the following requirement: Ciclopirox or Ketoconazole in 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 3	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 3	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
sulfacetamide sodium topical shampoo 10 %	Tier 3	
sulfacetamide sodium topical shampoo 9.8 %	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (selenium sulfide)	Tier 3	
ZORYVE TOPICAL FOAM 0.3 % (roflumilast)	Tier 3	PA
Dermatological - Antiviral, Herpes - Drugs For The Skin		
acyclovir topical cream 5 %	Tier 3	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
acyclovir topical ointment 5 %	Tier 1	
penciclovir topical cream 1 %	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antiviral-Glucocorticoid Combinations - Drugs For The Skin		
XERESE TOPICAL CREAM 5-1 % (acyclovir/hydrocortisone)	Tier 3	ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days; QL (10 GM per 365 days)
Dermatological - Burn Products - Drugs For The Skin		
NEXOBRID POWDER COMPONENT TOPICAL POWDER (anacaulase-bcdb)	Tier 3	
NEXOBRID TOPICAL GEL 8.8 % (anacaulase-bcdb)	Tier 3	
Dermatological - Burn Products Anti-Infective - Drugs For The Skin		
mafenide acetate topical packet 50 gram	Tier 1	
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (mafenide acetate)	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		
NUJO TOPICAL SOLUTION 0.1 % (tacrolimus)	Tier 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus in vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)	Tier 3	
pimecrolimus topical cream 1 %	Tier 1	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
Dermatological - Depigmenting Agents - Drugs For The Skin		
hydroquinone topical cream 4 %	Tier 1	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 3	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 3	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Tier 3	
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Tier 3	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs For The Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (hydroquinone/tretinoin)	Tier 3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone/hyaluronate sodium)	Tier 3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (hydroquinone/tretinoin)	Tier 3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone/hydrocortisone)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15 (hydroquinone/sunscreens (oxybenzone/octinoxate))	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (hydroquinone/ascorbic acid)	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (hydroquinone/ascorbic acid/vit E acetate (d-alpha tocoph))	Tier 3	
PROOXIA TOPICAL CREAM 10-4 % (lactic acid/niacinamide)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (fluocinolone acetonide/tretinoin/hydroquinone)	Tier 3	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 3	
Dermatological - Emollient Combinations - Drugs For The Skin		
ceramides 1,3,6-ii topical cream	Tier 3	
CERAVE DAILY MOISTURIZING TOPICAL LOTION (ceramides 1,3,6-II)	Tier 3	
CERAVE FOAMING FACIAL TOPICAL CLEANSER (ceramides 1,3,6-II/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERAVE PM TOPICAL LOTION, EXTENDED RELEASE (ceramides 1,3,6-II/niacinamide/hyaluronic acid)	Tier 3	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CLEANSER (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 3	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 3	
CERAVE SA TOPICAL LOTION (salicylic acid/ceramides 1,3,6-II)	Tier 3	
CERAVE TOPICAL CLEANSER (ceramides 1,3,6-II)	Tier 3	
CERAVE TOPICAL CREAM (ceramides 1,3,6-II)	Tier 3	
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION (ceramides 1,3,6-II)	Tier 3	
Dermatological - Emollient Combinations Other - Drugs For The Skin		
ADVANCED SKIN CARE TOPICAL LOTION (glycerin/mineral oil/dimethicone/petrolatum,white)	Tier 3	
HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 3	
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 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT, CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Emollient Mixtures - Drugs For The Skin		
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (emollient combination no.47/emollient combination no.60)	Tier 3	
ATRAPRO HYDROGEL TOPICAL GEL (emollient combination no.60)	Tier 3	
AVO CREAM TOPICAL EMULSION (emollient combination no.10)	Tier 3	
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 3	
CERACADE TOPICAL EMULSION (emollient combination no.103)	Tier 3	
CERAMAX TOPICAL CREAM (emollient combination no.101)	Tier 3	
CERAMAX TOPICAL LOTION (emollient combination no.101)	Tier 3	
DEXERYL TOPICAL CREAM (emollient combination no.104)	Tier 3	
DRY SKIN THERAPY(WITH LANOLIN) TOPICAL LOTION (lanolin/mineral oil)	Tier 3	
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 3	
EMULSION SB TOPICAL EMULSION (emollient combination no.32)	Tier 3	
ENTTY TOPICAL SPRAY,NON-AEROSOL (palm oil/hyaluronate sodium)	Tier 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE (emollient combination no.32)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUCERIN ADVANCED REPAIR TOPICAL CREAM (emollient combination no.119)	Tier 3	
EUCERIN INTENSIVE REPAIR TOPICAL LOTION (emollient combination no.110)	Tier 3	
GOLD BOND THERAPEUTIC FOOT TOPICAL CREAM (emollient combination no.120)	Tier 3	
HALUCORT TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 3	
HAPRODERM TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 3	
HPR PLUS TOPICAL CREAM (emollient combination no.53)	Tier 3	
HPR PLUS TOPICAL FOAM (emollient combination no.53)	Tier 3	
HPR TOPICAL FOAM (emollient combination no.44)	Tier 3	
HYGIENIC CLEANSING LOTION TOPICAL LOTION (mineral oil/lanolin oil/propylene glycol)	Tier 3	
HYLATOPICPLUS TOPICAL CREAM (emollient combination no.53)	Tier 3	
INTENSE DRY SKIN THERAPY TOPICAL LOTION (emollient combination no.110)	Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (emollient combination no.60)	Tier 3	
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
LOYON TOPICAL SPRAY,NON-AEROSOL (dicaprylyl carbonate/dimethicone)	Tier 3	
LUXAMEND TOPICAL CREAM (emollient combination no.10)	Tier 3	
MINERIN CREME TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 3	
MOISTURIZING CREAM TOPICAL CREAM (glycerin/dimethicone/petrolatum,white/water)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOITURIZING LOTION TOPICAL LOTION (vit E acetate (d-alpha tocoph)/glycerin/dimethicone/water)	Tier 3	
NEOSALUS TOPICAL CREAM (emollient combination no.47)	Tier 3	
NEOSALUS TOPICAL FOAM (emollient combination no.38)	Tier 3	
NEOSALUS TOPICAL LOTION (emollient combination no.47)	Tier 3	
NUTRASEB TOPICAL CREAM (emollient combination no.107)	Tier 3	
ORGANIC NIPPLE BALM TOPICAL OINTMENT (sunflower/olive/beeswax/coconut/shea butter/marigold/argan)	Tier 3	
PRESERA TOPICAL FOAM (emollient combination no.80)	Tier 3	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 3	
PRUCLAIR TOPICAL CREAM (vitamin E acet (dl,tocopheryl)/grape/hyaluronic acid)	Tier 3	
PRUMYX TOPICAL CREAM (emollient combination no.35)	Tier 1	
SEBUDERM TOPICAL GEL (emollient combination no.60)	Tier 3	
SONAFINE TOPICAL EMULSION (emollient combination no.10)	Tier 3	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 3	
ULTRA MOISTURE TOPICAL LOTION (emollient combination no.40)	Tier 3	
vitamin e-safflower oil topical oil	Tier 3	
vitamin e-vitamins a and d topical cream	Tier 3	
XCLAIR TOPICAL CREAM (hyaluronate sodium/vit E/emollient no.12/allantoin/shea tree)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Emollients - Drugs For The Skin		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
glycerin topical liquid	Tier 3	
glycerin topical solution 99.5 %	Tier 3	
KERASTAT TOPICAL CREAM (keratin)	Tier 3	
KERASTAT TOPICAL GEL 5 % (keratin)	Tier 3	
LANOLIN (HPA) TOPICAL CREAM 100 % (modified lanolin)	Tier 3	
PURELAN TOPICAL CREAM (lanolin)	Tier 3	
RADIAGEL TOPICAL GEL (emollient base)	Tier 3	
urea topical cream 10 %, 20 %	Tier 3	
urea topical lotion 10 %	Tier 3	
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (collagenase Clostridium histolyticum)	Tier 3	PA
Dermatological - Eyelid Cleansers - Drugs For The Skin		
ACUICYN TOPICAL SPRAY,NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 3	
AVENOVA TOPICAL SPRAY,NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 3	
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED (eyelid cleanser combination no.8)	Tier 3	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED (eyelid cleanser combination no.10)	Tier 3	
VISTA MEIBO EYELID CLEANSING TOPICAL FOAM (eyelid cleanser combination no.11)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTA MEIBO EYELID CLEANSING TOPICAL PADS, MEDICATED (eyelid cleanser combination no.12)	Tier 3	
Dermatological - Glucocorticoid - Drugs For The Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (hydrocortisone)	Tier 1	
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical ointment 0.1 %	Tier 3	
diflorasone diacetate/emollient base (Apexicon E Topical Cream 0.05 %)	Tier 3	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 %	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 % (fluocinolone acetonide)	Tier 3	
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clocortolone pivalate topical cream 0.1 %	Tier 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (flurandrenolide)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 % (flurandrenolide)	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
desonide topical cream 0.05 %	Tier 1	
desonide topical gel 0.05 %	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	Tier 1	
desoximetasone topical gel 0.05 %	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	Tier 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days
diflorasone topical cream 0.05 %	Tier 3	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diflorasone topical ointment 0.05 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in 120 days; QL (180 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1	
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	Tier 1	
FLUOVIX PLUS TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 3	
FLUOVIX TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurandrenolide topical cream 0.05 %	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days
flurandrenolide topical lotion 0.05 %	Tier 1	
flurandrenolide topical ointment 0.05 %	Tier 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 %	Tier 1	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
halobetasol propionate topical cream 0.05 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halobetasol propionate topical foam 0.05 %	Tier 3	ST: Must meet any of the following requirements: Clobetasol Propionate, Clobetasol Propionate/emollient, or Halobetasol Propionate in 120 days; QL (100 GM per 1 FILL)
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (halcinonide)	Tier 3	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 3	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
hydrocortisone butyrate topical cream 0.1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyrate topical lotion 0.1 %	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone topical cream 1 %, 2.5 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone valerate topical cream 0.2 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone valerate topical ointment 0.2 %	Tier 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
HYDROXYM TOPICAL GEL 2 % (hydrocortisone)	Tier 3	
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 3	ST: Must meet the following requirement: Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)	Tier 3	ST: Must meet any of the following requirements: 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) in 120 days; QL (160 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone/salicylic acid/sulfur/shampoo no. 1)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (betamethasone dipropionate)	Tier 3	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 2	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide topical ointment 0.05 %	Tier 3	QL (430 GM per 30 days)
triamcinolone acetonide (Trianex Topical Ointment 0.05 %)	Tier 3	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4" (triamcinolone acetonide/gauze bandage/silicone, adhesive)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide (Triderm Topical Cream 0.1 %)	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days)
VERDESO TOPICAL FOAM 0.05 % (desonide)	Tier 3	ST: Must meet the following requirement: Fluocinolone Acetonide 0.01% body oil in 120 days
Dermatological - Glucocorticoid Combinations Other - Drugs For The Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (triamcinolone acetonide/pentoxifylline)	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol propionate/levocetirizine dihydrochloride)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol propionate/niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol propionate/niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol propionate/niacinamide)	Tier 3	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol propionate/calcipotriene)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUOXIA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone acetonide/niacinamide)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin		
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLLIENT 0.05 % (fluticasone propionate/emollient combination no.65)	Tier 3	
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 % (triamcinolone acetonide/dimethicone)	Tier 3	
FLUOPAR TOPICAL KIT 0.1-5 % (fluocinonide/dimethicone)	Tier 3	
MOMETACURE TOPICAL KIT 0.1-5 % (mometasone furoate/dimethicone)	Tier 3	
NOXIPAK TOPICAL KIT 0.01-20 % (fluocinolone acetonide/urea/silicone, adhesive)	Tier 3	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)	Tier 3	
QUINIXIL TOPICAL CREAM 0.1-5 % (mometasone furoate/dimethicone)	Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 3	QL (1 EA per 30 days)
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 3	QL (375 GM per 30 days)
TOVET KIT TOPICAL COMBO PACK 0.05 % (clobetasol propionate/emollient combination no.65)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WHYTEDERM TDPAK TOPICAL KIT 0.1-2 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 3	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 % (triamcinolone acetonide/dimethicone/silicone, adhesive)	Tier 3	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (hydrocortisone acetate/pramoxine HCI)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCI)	Tier 3	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
hydrocortisone-pramoxine topical cream 2.35-1 %	Tier 3	
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 % (hydrocortisone acetate/pramoxine HCI)	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone acetate/pramoxine HCI)	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (hydrocortisone acetate/pramoxine HCI)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (hydrocortisone acetate/pramoxine HCI)	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone acetate/pramoxine HCI)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs For The Skin		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (clobetasol propionate/skin cleanser combination no.28)	Tier 3	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 % (hydrocortisone/skin cleanser)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser comb no.28)	Tier 3	
XILAPAK TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser no.10/silicone, tape)	Tier 3	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx - Drugs For The Skin		
VEREGEN TOPICAL OINTMENT 15 % (sinecatechins)	Tier 3	ST: Must meet the following requirements: Imiquimod and Podofilox in 365 days; QL (30 GM per 1 FILL)
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin		
imiquimod topical cream in metered-dose pump 3.75 %	Tier 3	PA
imiquimod topical cream in packet 3.75 %	Tier 3	PA
imiquimod topical cream in packet 5 %	Tier 1	QL (2 EA per 1 day)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % (imiquimod)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator - Interferons - Drugs For The Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (interferon alfa-n3)	Tier 3	KP
Dermatological - Immunomodulator Combinations - Drugs For The Skin		
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (imiquimod/tretinoin/salicylic acid)	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod/levocetirizine dihydrochloride/niacinamide)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod/tretinoin/levocetirizine dihydrochloride)	Tier 3	
Dermatological - Insect Repellents - Drugs For The Skin		
BULLFROG MOSQUITO COAST TOPICAL AEROSOL,SPRAY 20 %- SPF 30 (aminoprop ethy/oxybenzone/octinoxate/octocrylene/octyl salic)	Tier 3	
CUTTER ALL FAMILY TOPICAL AEROSOL, SPRAY 7 % (diethyltoluamide)	Tier 3	
CUTTER ALL FAMILY TOPICAL TOWELETTE 7.15 % (diethyltoluamide)	Tier 3	
CUTTER BACKWOODS DRY TOPICAL AEROSOL,SPRAY 25 % (diethyltoluamide)	Tier 3	
CUTTER SKINSATIONS TOPICAL AEROSOL,SPRAY 7 % (diethyltoluamide)	Tier 3	
CUTTER SKINSATIONS TOPICAL SPRAY,NON-AEROSOL 7 % (diethyltoluamide)	Tier 3	
OFF ACTIVE TOPICAL AEROSOL,SPRAY 15 % (diethyltoluamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OFF DEEP WOODS TOPICAL TOWELETTE 25 % (diethyltoluamide)	Tier 3	
RANGER READY REPELLENT TOPICAL SPRAY WITH PUMP 20 % (icaridin)	Tier 3	
REPEL SPORTSMEN TOPICAL AEROSOL,SPRAY 29 % (diethyltoluamide)	Tier 3	
REPEL TOPICAL TOWELETTE 30 % (diethyltoluamide)	Tier 3	
SAWYER CONTROLLED RELEASE TOPICAL LOTION, EXTENDED RELEASE 20 % (diethyltoluamide)	Tier 3	
Dermatological - Keratolytic Combinations Other - Drugs For The Skin		
METDRAY TOPICAL GEL 17-2 % (salicylic acid/ibuprofen)	Tier 3	
NENDRUX TOPICAL GEL 40-5 % (salicylic acid/lidocaine)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (lactic acid/urea)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % (urea/emollient combination no.65)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (salicylic acid/urea)	Tier 3	
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin		
cantharidin in acetone topical solution 0.7 %	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 % (salicylic acid)	Tier 3	
PODOCON TOPICAL LIQUID 25 % (podophyllum resin)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
podofilox topical gel 0.5 %	Tier 1	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
RAYASAL TOPICAL CREAM 5.9 % (salicylic acid)	Tier 3	
RYNODERM TOPICAL CREAM 37.5 % (urea)	Tier 3	
SALICATE TOPICAL LIQUID 10 % (salicylic acid)	Tier 3	
salicylic acid topical cream 6 %	Tier 1	
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	Tier 1	
salicylic acid topical foam 6 %	Tier 1	
salicylic acid topical gel 6 %	Tier 3	
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical ointment 3 %	Tier 3	
salicylic acid topical shampoo 6 %	Tier 1	
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %	Tier 3	
SALIMEZ FORTE TOPICAL CREAM 10 % (salicylic acid)	Tier 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
SALYNTRA TOPICAL GEL 6 % (salicylic acid)	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 % (trichloroacetic acid)	Tier 3	
trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (urea)	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	Tier 1	
urea topical cream 39.5 %	Tier 3	
urea topical cream 41 %	Tier 3	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (salicylic acid)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (cantharidin)	Tier 3	PA
Dermatological - Keratoplastic Tar Products - Drugs For The Skin		
coal tar topical solution 20 %	Tier 3	
Dermatological - Liver Derivative Complex - Drugs For The Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (liver extract (beef-pork))	Tier 3	KP
Dermatological - Local Anesthetic Combinations - Drugs For The Skin		
ALADERM PLUS TOPICAL SPRAY,NON-AEROSOL (lidocaine HCl/palm oil)	Tier 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (tetracaine/benzocaine/butamben)	Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (tetracaine/benzocaine/butamben)	Tier 3	
DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 % (lidocaine/prilocaine)	Tier 3	
ELEMAR TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (lidocaine/tetracaine/benzocaine)	Tier 3	
ILIDERM TOPICAL SPRAY,NON-AEROSOL (lidocaine HCI/palm oil)	Tier 3	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
lidocaine-prilocaine topical kit 2.5-2.5 %	Tier 3	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 % (lidocaine/skin cleanser combination no.37)	Tier 3	
LMR PLUS TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 3	
MENTHO-CAINE TOPICAL KIT, OINTMENT AND SPRAY 5-8 % (lidocaine/menthol)	Tier 3	
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 % (lidocaine/prilocaine/methyl salicylate/menthol)	Tier 3	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 % (lidocaine/methyl salicylate/menthol)	Tier 3	
WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 % (lidocaine HCl/methyl salicylate/menthol)	Tier 3	
Dermatological - Local Anesthetic Gas Combinations - Drugs For The Skin		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCI/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs For The Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	
Dermatological - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For The Skin		
HYFTOR TOPICAL GEL 0.2 % (sirolimus)	Tier 3	PA
Dermatological - Miscellaneous Single Agents - Drugs For The Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (baclofen)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (gabapentin)	Tier 3	
sodium chloride topical solution 0.9 %	Tier 1	
Dermatological - Nsaid And Local Anesthetic Combination - Drugs For The Skin		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 % (diclofenac sodium/lidocaine/methyl salicylate/camphor)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Nsaid Combinations - Drugs For The Skin		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 3	
CAPSINAC TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
DERMACINRX LEXITRAL TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
DICLAREAL TOPICAL COMBO PACK 2-0.025 % (diclofenac sodium/capsaicin)	Tier 3	
DICLOFEX DC TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 3	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 3	
DICLOSAICIN TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
DICLOTRAL TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
DICLOTREX II TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	Tier 3	
DICLOTREX TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	Tier 3	
DIMENTHO TOPICAL KIT 1.5-10 % (diclofenac sodium/menthol/kinesiology tape)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DITHOL TOPICAL COMBO PACK 1.5-10 % (diclofenac sodium/menthol)	Tier 3	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 3	
ICLOFENAC CP TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 % (diclofenac sodium/methyl salicylate/menthol/camphor)	Tier 3	
LEXITRAL PHARMAPAK II TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 3	
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac sodium/hyaluronate sodium/niacinamide)	Tier 3	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 3	
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5- 0.025 % (diclofenac sodium/capsaicin)	Tier 3	
ZICLOPRO TOPICAL COMBO PACK, SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 3	
Dermatological - Nsaid Single Agents - Drugs For The Skin		
CLOFENAX TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 %	Tier 1	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	Tier 3	PA
DICLOFONO TOPICAL GEL IN PACKET 1.6 % (diclofenac sodium)	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)	Tier 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (ketoprofen, micronized)	Tier 3	
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	Tier 3	ST: Must meet the following requirement: Diclofenac Epolamine patch in 120 days; QL (1 EA per 1 day)
PENNSAID TOPICAL SOLUTION IN PACKET 2 % (diclofenac sodium)	Tier 3	PA
PROFINAC TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 3	
VENNGEL ONE TOPICAL KIT 1 % (diclofenac sodium)	Tier 3	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 3	
Dermatological - Photodynamic Therapy Agents Topical - Drugs For The Skin		
AMELUZ TOPICAL GEL 10 % (aminolevulinic acid HCl)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (aminolevulinic acid HCI)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Protectant Combinations - Drugs For The Skin		
JUVAZIN TOPICAL GEL (dimethicone/dimethicone crosspolymer/trimethylsiloxysilicate)	Tier 3	
PR CREAM TOPICAL CREAM (protectives combination no.2/ceramides 1,3,6-II)	Tier 1	
PROSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 3	
RADIAPLEXRX TOPICAL GEL (hyaluronate sodium/allantoin/aloe vera extract)	Tier 3	
RECEDO TOPICAL GEL (polydimethylsiloxanes/silicon dioxide)	Tier 3	
SCARSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol)	Tier 3	
Dermatological - Protectants - Drugs For The Skin		
benzoin (bulk) topical tincture	Tier 3	
DERMELLE TOPICAL GEL (dimethicone)	Tier 3	
DERPIXA TOPICAL GEL (dimethicone)	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (zinc oxide)	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 3	
STRATAMARK TOPICAL GEL (dimethicone)	Tier 3	
STRATATRIZ TOPICAL GEL (dimethicone)	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (petrolatum, white)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zinc oxide topical ointment 20 %	Tier 3	
zinc oxide topical paste 25 %	Tier 3	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs For The Skin		
tazarotene topical cream 0.1 %	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 3	ST: Must meet the following requirement: generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
AVEIDA TOPICAL GEL 1-1 % (ivermectin/metronidazole)	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 3	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
brimonidine topical gel with pump 0.33 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 3	
DAZOMON TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 3	
EPSOLAY TOPICAL CREAM 5 % (benzoyl peroxide)	Tier 3	ST: Must meet the following requirement: generic topical Metronidazole in 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 3	
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical gel 0.75 %, 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
NORITATE TOPICAL CREAM 1 % (metronidazole)	Tier 3	ST: Must meet the following requirement: Generic Metronidazole 0.75% (gel, lotion, cream) in 120 days
RHOFADE TOPICAL CREAM 1 % (oxymetazoline HCI)	Tier 3	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 3	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 3	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 1	ST: Must meet the following requirement: Finacea gel or foam in 120 days
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 3	
ZILXI TOPICAL FOAM 1.5 % (minocycline HCI)	Tier 3	ST: Must meet the following requirement: generic topical Metronidazole in 120 days; QL (30 GM per 30 days)
Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin		
CETAPHIL DAILY FACIAL CLEANSER TOPICAL CLEANSER (skin cleanser combination no.44)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CETAPHIL GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.42)	Tier 3	
GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.43)	Tier 3	
GENTLE SKIN CLEANSER(WITH SLS) TOPICAL CLEANSER (skin cleanser combination no.10)	Tier 3	
Dermatological - Sunscreens - Drugs For The Skin		
CERAVE AM TOPICAL LOTION 30 SPF (homosalate/meradimate/octinoxate/octocrylene/zinc oxide)	Tier 3	
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs For The Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
ANASTIA TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 3	
ASTERO TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 3	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (lidocaine HCI)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (lidocaine HCl)	Tier 3	
DERMALID TOPICAL COMBO PACK 5 % (lidocaine/elastic bandage)	Tier 3	
lidocaine HCI (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 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 3	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine hcl topical lotion 3 %	Tier 3	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	Tier 1	
lidocaine-tetracaine topical cream 7-7 %	Tier 3	
lidocaine (Lidocan Iii Topical Adhesive Patch, Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch, Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch, Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (lidocaine HCl)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOPURE PATCH TOPICAL COMBO PACK 5 % (lidocaine/kinesiology tape)	Tier 3	
LIDORX TOPICAL GEL WITH PUMP 3 % (lidocaine HCl)	Tier 3	
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM (lidocaine/transparent dressing)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine)	Tier 3	
MOXICAINE TOPICAL KIT 5 % (lidocaine)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (lidocaine/tetracaine)	Tier 3	
PROXIVOL TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 3	
REGENECARE TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 % (vitamin E/lidocaine/aloe vera/collagen)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (lidocaine)	Tier 3	
XYLIDERM TOPICAL KIT 5 % (lidocaine/kinesiology tape)	Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 3	
ZILOVAL TOPICAL KIT 5 % (lidocaine)	Tier 3	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (lidocaine)	Tier 3	ST: Must meet the following requirement: Lidocaine 5% patch in 120 days; QL (90 EA per 30 days)
Dermatological - Topical Local Anesthetic		
Esters - Drugs For The Skin		
ANACAINE TOPICAL OINTMENT 10 % (benzocaine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Topical Local Anesthetic Others - Drugs For The Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (ketamine HCI)	Tier 3	
Dermatological - Topical Local Anesthetics And Combinations - Drugs For The Skin		
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (lidocaine/emollient combination no.102)	Tier 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (lidocaine/dimethicone)	Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (lidocaine/prilocaine)	Tier 3	
Dermatological Antipruritics - Antihistamines - Drugs For The Skin		
doxepin topical cream 5 %	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
Dermatological Antipruritics Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 3	
Dermatological Irritants-Counter-Irritant Combinations - Drugs For The Skin		
CHEST RUB (WITH PINE OIL) TOPICAL OINTMENT (eucalyptus oil/lavender oil/pine needle oil/beeswax)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
methyl salicylate oil	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyl salicylate topical liquid	Tier 3	
QUTENZA TOPICAL KIT 8 % (capsaicin/skin cleanser)	Tier 3	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 3	
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 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (human regenerative tissue matrix)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (human regenerative tissue matrix)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (human regenerative tissue matrix)	Tier 3	
Nail Protectives - Drugs For The Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm)	Tier 3	
GENADUR TOPICAL LIQUID (carbitol/equisetum ext/ethanol/hydroxypropyl chitosan/msm)	Tier 3	
Ovine (Sheep) Skin Dressings, Non-Living - Drugs For The Skin		
KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 " (tissue matrix, keratin-based, ovine derived)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Porcine Skin Dressings, Non-Living - Drugs For The Skin		
MATRISTEM MICROMATRIX TOPICAL POWDER 100 MG, 20 MG, 200 MG, 30 MG, 60 MG (extracellular matrix (ecm), porcine derived)	Tier 3	
MATRISTEM TOPICAL SHEET 10 X 15 CM, 3 X 3 1/2 CM, 3 X 7 CM, 7 X 10 CM (extracellular matrix (ECM),porcine derived,fenestrated)	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM (extracellular matrix (ecm), porcine derived)	Tier 3	
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 3	
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 3	
XCELLISTEM TOPICAL POWDER 250 MG (extracellular matrix (ecm), porcine derived)	Tier 3	
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 3	
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 3	
EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 3	
LICE-BEDBUG-MITE BEDDING AEROSOL,SPRAY 0.5 % (permethrin)	Tier 3	
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
spinosad topical suspension 0.9 %	Tier 1	
ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skin Replacement, Live Tissue Dressings - Drugs For The Skin		
APLIGRAF TOPICAL DISK (cultured skin substitute,human and bovine)	Tier 3	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 3	
Wound Care - Cleanser Combinations - Drugs For The Skin		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
DELUO TOPICAL SPRAY,NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
EPICYN TOPICAL SPRAY,NON-AEROSOL (hypochlorous acid/sodium chloride/sodium phosphate)	Tier 3	
HYCLODEX TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water)	Tier 3	
HYPOCYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.009 % (hypochlorous acid/sod chlor/sod sulfate/sod phosphate,mono)	Tier 3	
MICROCYN TOPICAL SPRAY,NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
Wound Care - Cleansers - Drugs For The Skin		
SIMPLY SALINE WOUND WASH TOPICAL AEROSOL,SPRAY 0.9 % (sodium chloride)	Tier 3	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (sodium chloride irrigating solution/hypochlorous acid)	Tier 3	
Wound Care - Dressings - Drugs For The Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (silver/silicone/foam bandage)	Tier 3	
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " (silver)	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " (silver)	Tier 3	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (silver)	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " (silver)	Tier 3	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 " (silver/foam bandage)	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 " (foam bandage)	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" (silver sulfadiazine/foam bandage)	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (silver/calcium alginate)	Tier 3	
KERAGEL TOPICAL GEL (gel dressing)	Tier 3	
KERAGELT TOPICAL GEL (gel dressing)	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 % (honey)	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (alginate dressing/carboxymethylcellulose)	Tier 3	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 % (honey)	Tier 3	
MEDIHONEY (HONEY) TOPICAL PASTE 100 % (honey)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (honey/hydrocolloid dressing)	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (silver/calcium alginate)	Tier 3	
PROTYL AG TOPICAL GEL 1 % (collagen, hydrolysate (bovine)/silver oxide)	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (dressing, collagen/silver)	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 3	
DERMULCERA TOPICAL OINTMENT (balsam peru/castor oil)	Tier 3	
FILSUVEZ TOPICAL GEL 10 % (birch bark extract)	Tier 3	PA
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 3	
NUSURGEPAK SURGICAL PREP TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 3	
PS1 ACIURGY PACK TOPICAL KIT 2-4-10-70 % (mupirocin/chlorhexid/povid/norflur/pentafl/alcoh/gauze/silic)	Tier 3	
PS2 ACIURGY PACK TOPICAL KIT 2-4-10-70 % (mupirocin/chlorhexidine/povidone/alcohol/gauze/silicone)	Tier 3	
RAYASORE KIT TOPICAL KIT 1-10 % (silver sulfadiazine/povidone-iodine/alginate dressing)	Tier 3	
VENELEX TOPICAL OINTMENT (balsam peru/castor oil)	Tier 3	
VENELEX TOPICAL OINTMENT IN PACKET (balsam peru/castor oil)	Tier 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 3	
Diagnostic Agents		
Diagnostic Radiopharmaceuticals - Endocrine		
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction		
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	PA
Eating Disorder Therapy - Drugs For Eating Disorders		
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders		
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days

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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 3	ST: Must meet the following requirements: Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL 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		
acetylcarnitine oral capsule 500 mg	Tier 3	
CARNITEX ORAL CAPSULE 340 MG (levocarnitine tartrate)	Tier 3	
L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG (levocarnitine tartrate)	Tier 3	
L-CARNITINE ORAL CAPSULE 500 MG (levocarnitine)	Tier 3	
levocarnitine oral tablet 330 mg	Tier 1	
levocarnitine tartrate oral capsule 500 mg	Tier 3	
Amino Acid-Amino Acid Combinations, Oral -	1	
Drugs For Nutrition		
XYMOBOLX ORAL POWDER (amino acids)	Tier 3	
Amino Acids, Single Ingredient, Oral (Non- Injectable) - Drugs For Nutrition	1	
arginine (I-arginine) oral capsule 500 mg	Tier 3	

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arginine hcl (I-arginine) oral tablet 1,000 mg ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine) glutamine oral powder 100 % L-CARNOSINE ORAL CAPSULE 500 MG (carnosine)	Tier 3 Tier 3 Tier 3	PA
glutamine oral powder 100 %		PA
	Tier 3	
L-CARNOSINE ORAL CAPSULE 500 MG (carnosine)		
	Tier 3	
L-GLUTAMINE ORAL CAPSULE 750 MG (glutamine)	Tier 3	
L-GLUTAMINE ORAL TABLET 1,000 MG (glutamine)	Tier 3	
lysine hcl oral capsule 500 mg	Tier 3	
lysine hcl oral tablet 500 mg	Tier 3	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660 MG (arginine oxoglurate)	Tier 3	
taurine oral capsule 1,000 mg	Tier 3	
B-Complex Vitamin Combinations - Drugs For Nutrition B ACTIV ORAL CAPSULE 680 MCG DFE (vitamin B		
complex/methyltetrahydrofolate glucosamine)	Tier 3	
b complex-vitamin c-folic acid oral tablet 400 mcg	Tier 3	
BALANCED B-50 COMPLEX (FOLIC) ORAL TABLET 50 MCG (vitamin B complex/folic acid)	Tier 3	
b-complex with vitamin c oral tablet	Tier 3	
FOLIKA-BC ORAL TABLET 1 MG-60 MG- 300 MCG (vitamin B complex/folic acid/ascorbic acid/biotin)	Tier 3	
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG-23.9 MG-3 MG (B comp/C/folic acid/zinc sulfate/cupric sulfate/vitamin E ac)	Tier 3	
MYNEPHRON ORAL CAPSULE 1 MG (vitamin B complex and vitamin C no.20/folic acid)	Tier 3	
NEPHRO VITAMINS ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)	Tier 3	
NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG (vit B complex and vit C no.24/ferrous fumarate/folic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)	Tier 3	
TM-VITE RX ORAL TABLET 1,000 MCG (vitamin B complex and vitamin C combination no.22/folic acid)	Tier 3	
ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (vit B complex/folic acid/choline bitartrate/inositol/herbs)	Tier 3	
vit b comp-folic-choline-inosi oral capsule 400 mcg-25 mg- 100 mg	Tier 3	
WESCAPS ORAL CAPSULE 1 MG (vitamin B complex and vitamin C no.20/folic acid)	Tier 3	
B-Complex Vitamins - Drugs For Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 1	KP
B-COMPLEX INJECTION INJECTION SOLUTION 100-2- 100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 1	KP
vitamin b complex oral capsule	Tier 3	
vitamin b complex oral tablet	Tier 3	
vitamin b complex oral tablet, disintegrating	Tier 3	
Bioflavonoid Combinations - Drugs For Nutrition		
ACTIFLOVIT ORAL TABLET 200-100 MG (bioflavonoid, lemon/vitamin B comp and C)	Tier 3	
ascorbate calcium-bioflavonoid oral tablet 500-250 mg	Tier 3	
BIO C 1:1 ORAL CAPSULE 500-500 MG (ascorbic acid/bioflavonoids)	Tier 3	
DIOVASC ORAL CAPSULE 500 MG (hesperidin/diosmin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIPO-FLAVONOID ORAL TABLET 500 MG (inositol/choline bitart/bioflavonoid,lemon/vit B complex C)	Tier 3	
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 3	
Dietary Product - Sweeteners - Drugs For Nutrition		
DANDLELION KISSES ORAL DROPS 24 % (sucrose)	Tier 3	
saccharin powder	Tier 3	
Diluents - Insulin Diluting Solutions - Drugs For Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (diluent,insulin aspart combination no.1)	Tier 3	KP
Diluents - Others - Drugs For Nutrition		
STERILE HYDROGEL FOR JELMYTO INTRA- PYELOCALYCEAL SOLUTION (diluent for mitomycin (hydroxypropyl,poloxam,polyethyl))	Tier 3	
Diluents - Sodium Chloride - Drugs For Nutrition		
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	KP
sodium chloride 0.9 % injection solution	Tier 1	KP
sodium chloride injection syringe 0.9 %	Tier 1	KP
Diluents - Vaccine Diluents - Drugs For Nutrition		
DILUENT FOR ROTARIX ORAL SYRINGE (diluent for oral live rotavirus vaccine (calcium carbonate))	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (patiromer calcium sorbitex)	Tier 3	PA
Geriatric Vitamins - Drugs For Nutrition		
ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML (vitamin B complex/zinc sulfate/manganese sulfate)	Tier 3	
Irrigation Solutions - Drugs For Nutrition		
lactated ringers irrigation solution	Tier 3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 3	
ringer's irrigation solution	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
sodium chloride tablet, soluble 1,000 mg	Tier 3	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb)	Tier 3	
water for irrigation, sterile irrigation solution	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents - Drugs For Nutrition		
RENACARB ORAL TABLET, DELAYED RELEASE (DR/EC) 260-470 MG (magnesium carbonate/sodium bicarbonate)	Tier 3	
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
calcium acetate oral tablet 667 mg	Tier 3	
calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)	Tier 3	
calcium citrate oral tablet 200 mg (950 mg)	Tier 3	
OSSOPAN MD ORAL CAPSULE 200 MG CALCIUM- 1.25 MCG (calcium combination no.35/vitamin D3/magnesium malate)	Tier 3	
OSSOPAN-1100 ORAL CAPSULE 275 MG CALCIUM (1,100 MG) (hydroxyapatite)	Tier 3	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Tier 3	
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
BONEUP (CALCIUM ASCORBATE) ORAL CAPSULE 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D3/magnesium oxide/ascorbate cal/vit K2/minerals)	Tier 3	
BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG (calcium/vit D3/magnesium oxide/vit C/vit K2/minerals)	Tier 3	
calc carb-mag ox-d3-zinc gluc oral tablet 333 mg-133 mg- 1.67 mcg-5 mg	Tier 3	
calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium 26-vit d3-magnesium 15 oral capsule 167 mg calcium- 1.67 mcg-83 mg	Tier 3	
calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg	Tier 3	
calcium no.38-d3-mag-boron oral liquid 500 mg-12.5 mcg - 20 mg/15 ml	Tier 3	
calcium phos-d3-magnesium-zinc oral tablet,chewable 100 mg-25 mcg- 17 mg-1.67 mg	Tier 3	
calcium-d3-zinc-copper-mangan oral tablet 325 mg-12.5 mcg -2.75 mg	Tier 3	
calcium-magnesium-vit d3-boron oral capsule 400 mg-133 mg- 6.67 mcg-1 mg	Tier 3	
calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg- 12.5 mcg-40 mcg	Tier 3	
CALTRATE-D3 PLUS MINERALS ORAL TABLET,CHEWABLE 600 MG-20 MCG- 40 MG-0.25 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide)	Tier 3	
OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (calcium malate/magnesium malate, amino acid chelate)	Tier 3	
OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (hydroxyapatite/vitamin D3/vitamin K2/choline/silicon)	Tier 3	
OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (hydroxyapatite/vitamin D3/choline/silicon)	Tier 3	
OSTEOPRIME PLUS CALC-MAGNESIUM ORAL TABLET 200 MG-5 MCG-75 MG-200 MCG DFE (calcium no.39/vit D3/magnesium/folate/vit K1/vit K2/minerals)	Tier 3	
ULTRA BONEUP ORAL TABLET 200 MG-8.3 MCG- 83.3 MG-8.3 MG (calcium/vit D3/magnesium oxide/collagen/vit C/vit K2/mineral)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D2/magnesium oxide/ascorbate calcium/vit K2/min)	Tier 3	
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition		
ALIVE CALCIUM-VITAMIN D3 ORAL TABLET, CHEWABLE 260 MG CALCIUM- 25 MCG-50 MG (calcium phosphate, tribasic/vitamin D3/herbal complex no.293)	Tier 3	
calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)	Tier 3	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg- 10 mcg (400 unit)	Tier 3	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)	Tier 3	
calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)	Tier 3	
calcium citrate-vitamin d3 oral tablet,chewable 500 mg-12.5 mcg (500 unit)	Tier 3	
calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit), 250 mg-12.5 mcg (500 unit)	Tier 3	
CALTRATE 600 PLUS D ORAL TABLET, CHEWABLE 600 MG-20 MCG (800 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 3	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 3	
UPCAL D ORAL POWDER IN PACKET 500 MG-12.5 MCG /5 GRAM (calcium citrate/cholecalciferol (vitamin D3))	Tier 3	

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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 3	
Minerals And Electrolytes - Electrolytes And Dextrose - Drugs For Nutrition		
ELLIOTTS B (PF) INTRATHECAL SOLUTION 73-19-8-3 MG/10 ML (chemo therapy diluent,e-lytes and dextrose, buffered no.1/PF)	Tier 3	KP
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 3	
potassium iodide oral solution 1 gram/ml	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 1	
XYMODINE ORAL CAPSULE 7,500-5,000 MCG (potassium iodide/iodine)	Tier 3	
Minerals And Electrolytes - Iron - Drugs For Nutrition		
ACCRUFER ORAL CAPSULE 30 MG (ferric maltol)	Tier 3	PA
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 3	ST: Must meet the following requirements: Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
FERGON ORAL TABLET 225 MG (27 MG IRON) (ferrous gluconate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRETTS IPS ORAL CAPSULE 18 MG (iron succinyl-protein complex)	Tier 3	
ferrous fumarate oral tablet 324 mg (106 mg iron)	Tier 3	
ferrous gluconate oral tablet 324 mg (37.5 mg iron)	Tier 3	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	Tier 3	
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml	Tier 3	
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	Tier 3	
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml	Tier 3	
ferrous sulfate oral tablet 325 mg (65 mg iron)	Tier 3	
ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron)	Tier 3	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)	Tier 3	
HEMATEX ORAL TABLET 150 MG IRON (iron polysaccharide complex)	Tier 3	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 3	
iron bisglycinate chelate oral capsule 28 mg iron, 29 mg iron	Tier 3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid)	Tier 3	
NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 3	
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 3	
polysaccharide iron complex oral capsule 150 mg iron	Tier 3	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON) (ferrous sulfate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) (ferrous sulfate)	Tier 3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (ferric pyrophosphate citrate)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (ferric pyrophosphate citrate)	Tier 3	
Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition		
BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 3	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1 MG-12 MCG (iron asp gly/ascorbic acid/folate no.1/vit B12/zinc/succinic)	Tier 3	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (iron bisgly,aspart,fumarate/vit C/folate/B12/biotin/cupric)	Tier 3	
GENTLE IRON ORAL CAPSULE 28 MG IRON-60MG -400 MCG-8 MCG (iron bis-glycinate chelate/ascorbic acid/folic acid/vit B12)	Tier 3	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 3	
HEMATOGEN ORAL CAPSULE 66 MG IRON- 250 MG-10 MCG (ferrous fumarate/ascorbic acid/cyanocobalamin)	Tier 3	
HEMATRON-AF ORAL TABLET 150 MG-1,700 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper)	Tier 3	
IRON FOLATE PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vitB comp with C no.9)	Tier 3	
IRON FOLATE-F ORAL CAPSULE 125-1-40-3 MG (iron fumarate,polysac comp/folic acid/vitamin C/niacinamide)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
iron,carbonyl-vitamin c oral tablet 100-250 mg	Tier 3	
MAXFE (FOLATE) ORAL TABLET 160 MG-1,700 MCG DFE-60 MCG (iron carb,glycinate/folate/B12/mag ascorbate/biotin/zinc)	Tier 3	
PROTECT IRON LIQUID ORAL LIQUID 100 MG IRON-250 MG/5 ML (iron polysaccharide complex/ascorbic acid/vitamin B complex)	Tier 3	
TULIVITE ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 3	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (iron bisglycinate/C/methylfolate/B12/L. acidoph,plant/inulin)	Tier 3	
Minerals And Electrolytes - Magnesium - Drugs For Nutrition		
MAGMIND ORAL CAPSULE 48 MG MAGNESIUM (667 MG) (magnesium L-threonate)	Tier 3	
magnesium chloride oral tablet 64 mg magnesium	Tier 3	
magnesium citrate oral capsule 100 mg	Tier 3	
magnesium citrate oral tablet,chewable 83.3 mg	Tier 3	
magnesium citrate,mag oxide oral capsule 250 mg	Tier 3	
MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (magnesium carb,citrate,oxide)	Tier 3	
magnesium glycinate oral capsule 100 mg magnesium	Tier 3	
magnesium oral tablet 200 mg	Tier 3	
magnesium oxide oral capsule 400 mg magnesium	Tier 3	
magnesium oxide oral tablet 250 mg magnesium, 300 mg magnesium	Tier 3	
magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg magnesium	Tier 3	
magnesium oxide oral tablet,chewable 200 mg magnesium	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIMAG 125 ORAL CAPSULE 125 MG MAGNESIUM (magnesium malate, magnesium amino acid chelate)	Tier 3	
OPTIMAG NEURO ORAL POWDER 200 MG MAGNESIUM/SCOOP (magnesium malate, threonate, amino acid chelate)	Tier 3	
SLOWMAG MUSCLE RECOVERY ORAL TABLET, CHEWABLE 85 MG (magnesium citrate)	Tier 3	
Minerals And Electrolytes - Magnesium Combinations - Drugs For Nutrition		
MAGNESIUM OPTIMIZER ORAL TABLET 50-25-175-1 MG (magnesium malate/potassium citrate/taurine/pyridoxal)	Tier 3	
Minerals And Electrolytes - Multiple Minerals - Drugs For Nutrition		
MINREX ORAL CAPSULE 25-100 MG (minerals/potassium glycinate/betaine hydrochloride)	Tier 3	
Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition		
BIOLYTE ORAL LIQUID (electrolytes/dextrose/multivit/amino/ginger/milk thistle)	Tier 3	
CERASPORT ENDURANCE ORAL POWDER IN PACKET 400 MG-160 MG/42 GRAM (sodium chloride/potassium chloride/sodium citrate/rice/whey)	Tier 3	
CERASPORT EX1 ORAL POWDER 200 MG-100 MG- 20 KCAL/6 GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 3	
CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG-120 KCAL/31GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 3	
electrolytes-dextrose oral packet	Tier 3	
electrolytes-dextrose oral solution	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSURE RAPID HYDRATION ORAL POWDER IN PACKET 30 MEQ-10 MEQ- 25 MEQ-11 GRAM (sodium/potassium/chloride/dextrose)	Tier 3	
HYDRALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 3	
HYDRALYTE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000-300 MG (electrolytes/dextrose/ascorbic acid/elderberry fruit)	Tier 3	
KINDERLYTE HERBAL IMMUNITY ORAL POWDER IN PACKET 270 MG-25 MCG- 140 MG-50 MG (electrolytes/dextr/vit C/vit D3/turmeric rt xt/elderberry fr)	Tier 3	
ORALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 3	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (sodium/potassium/chloride/dextrose)	Tier 3	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 3	
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 3	
potassium, sodium phosphates oral powder in packet 280- 160-250 mg	Tier 3	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)	Tier 3	
Minerals And Electrolytes - Potassium Combinations - Drugs For Nutrition		
mag citrate-potassium citrate oral capsule 70-99 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarbonate/citric acid)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarbonate/citric acid)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
POKONZA ORAL PACKET 10 MEQ (potassium chloride)	Tier 3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
potassium citrate oral capsule 99 mg	Tier 3	
potassium gluconate oral tablet 595 mg (99 mg)	Tier 3	
Minerals And Electrolytes - Sodium Chloride, Oral - Drugs For Nutrition		
sodium chloride oral solution 234 mg/ml (4 meq/ml)	Tier 3	
sodium chloride tablet,soluble 1,000 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Trace Minerals - Drugs For Nutrition		
chromium picolinate oral tablet 200 mcg	Tier 3	
selenium oral tablet 50 mcg	Tier 3	
Minerals And Electrolytes - Zinc - Drugs For Nutrition		
IS-ZC 50 ORAL TABLET 50 MG (zinc oxide-zinc citrate)	Tier 3	
PEPCIX ORAL TABLET, CHEWABLE 16 MG (polaprezinc (zinc carnosine))	Tier 3	
zinc citrate oral tablet,chewable 11 mg, 16.7 mg	Tier 3	
zinc gluconate oral tablet 50 mg	Tier 3	
zinc glycinate oral capsule 20 mg, 30 mg	Tier 3	
zinc glycinate oral tablet,chewable 7.5 mg	Tier 3	
zinc sulfate oral capsule 50 mg zinc (220 mg)	Tier 3	
zinc sulfate oral tablet 50 mg zinc (220 mg)	Tier 3	
Minerals And Electrolytes - Zinc Combinations - Drugs For Nutrition		
ascorbic acid-zinc oxide oral capsule 90-50 mg	Tier 3	
vit c-zinc gluc,cit-echin purp oral lozenge 100-23-20 mg	Tier 3	
ZINC BALANCE ORAL CAPSULE 15-1 MG (zinc methionine sulfate/copper gluconate)	Tier 3	
Multivitamin And Mineral Combinations - Drugs For Nutrition		
ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG (multivit-calc-min/ferrous fumarate/folic acid/vit K1/lutein)	Tier 3	
ACTIVNUTRIENTS (NO IRON) ORAL CAPSULE 100 MCG DFE (multivit with minerals/methyltetrahydrofolate glucosamine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIVNUTRIENTS CHEWABLE ORAL TABLET,CHEWABLE 0.75 MG- 85 MCG DFE (multivitamin-minerals no.98/ferric glycinate/m-hydrofolate)	Tier 3	
ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM (multivit with minerals/methyltetrahydrofolate glucosa/vit K2)	Tier 3	
ACTIVNUTRIENTS ORAL CAPSULE 1.25 MG IRON- 100 MCG DFE (multivit with min/iron bis-gly/methyltetrahydrofolate gluc)	Tier 3	
ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/leucovorin calc,m-folate glucosamine)	Tier 3	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,zinc,copper 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 3	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 3	
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 3	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG (multivit with minerals/folic acid/lutein/herbal comp no.329)	Tier 3	
ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG (multivit-min/folic acid/K1/resveratrol/lutein/herbal no.293)	Tier 3	
ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML (multivitamin-minerals/folic/vitamin K/herbal no.332)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE MAX3 POTENCY ORAL TABLET 133.3 MCG DFE-40 MCG (multivitamin-min/methyltetrahydrofolate/vit K/herbal no.335)	Tier 3	
ALIVE MEN'S 50 PLUS MULTIVIT ORAL TABLET, CHEWABLE 120 MCG-150 MCG -50 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 3	
ALIVE MEN'S 50 PLUS MV (VIT K) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 3	
ALIVE MEN'S 50 PLUS ULTRA ORAL TABLET 800 MCG DFE- 120 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.328)	Tier 3	
ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 3	
ALIVE MEN'S GUMMY ORAL TABLET, CHEWABLE 120 MCG- 50 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 3	
ALIVE MEN'S MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.330)	Tier 3	
ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG (multivitamin-min/methyltetrahydrofolate/vitamin K/herbal 334)	Tier 3	
ALIVE PREMIUM ADULT ORAL TABLET, CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 3	
ALIVE PREMIUM MEN'S ORAL TABLET, CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 3	
ALIVE PREMIUM PRENATAL ORAL TABLET, CHEWABLE 120 MCG-25 MG- 66.7 MG (multivitamin, minerals no.45/folic acid/dha/herbal no.293)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE PREMIUM WOMEN'S 50 PLUS ORAL TABLET, CHEWABLE 80 MCG-166.7 MCG-66.7 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 3	
ALIVE PREMIUM WOMEN'S ORAL TABLET, CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 3	
ALIVE WOMEN'S 50 PLUS (BLEND) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 3	
ALIVE WOMEN'S 50 PLUS GUMMY ORAL TABLET,CHEWABLE 120 MCG-150 MCG -37.5 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 3	
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON-240 MCG-120 MCG (multivit,calcium,minerals/iron/folic acid/vit K/herb no.293)	Tier 3	
ALIVE WOMEN'S GUMMY VITAMIN ORAL TABLET, CHEWABLE 120 MCG- 37.5 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 3	
ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG (multivit-min/iron/methyltetrahydrofolate/vit K/herb 333)	Tier 3	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 3	
CENTRUM ADULT 50 PLUS ORAL TABLET, CHEWABLE 80 MCG (multivitamin with minerals/folic acid)	Tier 3	
CENTRUM ADULTS ORAL TABLET, CHEWABLE 12 MCG (multivitamin with minerals/folic acid)	Tier 3	
CENTRUM CHEWABLES ORAL TABLET, CHEWABLE 8 MG-400 MCG- 80 MCG (multivitamin with minerals/iron, carbonyl/folic acid/vit K1)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRUM MINIS ADULTS 50 PLUS ORAL TABLET 200- 15-150-125 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 3	
CENTRUM MINIS MEN 50 PLUS ORAL TABLET 150-30-300-150 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 3	
CENTRUM MINIS WOMEN 50 PLUS ORAL TABLET 4 MG IRON-200 MCG-25 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 3	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML (multivitamin with minerals/ferrous gluconate)	Tier 3	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 3	
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG-250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 3	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG (mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha)	Tier 3	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 3	
CULTURELLE PROBIOTIC-MULTIVIT ORAL TABLET, CHEWABLE 1 BILLION CELL- 1 GRAM (multivitamin with minerals/B. coagulans/B. subtilis/inulin)	Tier 3	
DAILY GUMMIES ORAL TABLET, CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
DAYAVITE ORAL TABLET 1-75-10 MG (multivitamin with minerals no.90/folic acid/ALA/coQ10)	Tier 3	
DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG (multivitamin-minerals no.73/ferrous fumarate/folic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX MULTITAM ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 3	
DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON-500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON-1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX VENEXA ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 3	
DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX VENTRIXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 3	
DERMACINRX VITRAMYN ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 3	
DERMACINRX VITRANOL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX VITRANOL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 3	
DERMACINRX VITREXATE FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX VITREXATE ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 3	
DERMACINRX ZINTREXYL-C ORAL TABLET 9 MG IRON-500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 3	
DIABETIC MULTIVITAMIN ORAL TABLET, CHEWABLE 120 MCG (multivitamin with minerals/folic acid)	Tier 3	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 3	
ESTROVEN MENOPAUSE ORAL TABLET 400 MCG-40 MG- 40 MG-100 MG (multivitamin, min/folic acid/black cohosh/isoflavones/jujube)	Tier 3	
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 3	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)	Tier 3	
FOLAGENT DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 3	
FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 3	
FOLAMED DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 3	
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.81/folic acid/vit K1/ubidecarenone)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.82/folic acid/vit K1/ubidecarenone)	Tier 3	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 3	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 3	
IMMUNERX ORAL CAPSULE 250 MCG (multivitamin with minerals no.88/folic acid)	Tier 3	
KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 3	
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) (multivitamin with minerals/ferrous gluconate)	Tier 3	
LIVITA FOR ADULT ORAL LIQUID 1,700 MCG DFE- 500 MG/15 ML (multivitamin with min no.103/levomefolate calcium/inulin)	Tier 3	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 3	
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 3	
MEN'S DAILY GUMMIES ORAL TABLET, CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET, CHEWABLE 120 MCG, 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI PRO ORAL CAPSULE 32 MG IRON-1 MG -315 MG (multivit-mins no.85/iron/folic acid/dha/Lactobacillus casei)	Tier 3	
multivit with min-folic acid oral tablet,chewable 120 mcg, 200 mcg	Tier 3	
multivit,calc,min-fa-k1-lycop oral tablet 240 mcg-30 mcg-300 mcg	Tier 3	
MULTIVITAMIN GUMMIES ORAL TABLET, CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 3	
multivit-min-ferrous fumarate oral tablet 15 mg iron	Tier 3	
MVW MODULATOR FORMUL MULTIVIT ORAL CAPSULE 6,000 MCG-400MG -37.5 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 3	
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 3	
NEOVITE ORAL TABLET 1-100-1 MG (multivit-minerals no.67/folic acid/alpha lipoic acid/lutein)	Tier 3	
NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG (levomefolate calc/niacinamide/copper/zinc/selenium/chromium)	Tier 3	
NUMAQULA VITAMIN ORAL TABLET 333 MCG-3 MG- 0.67 MG (multivitamin with minerals/folic acid/lutein/zeaxanthin)	Tier 3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 3	
ONE A DAY MEN COMPLETE ORAL TABLET 240-25-300 MCG (multivitamin,calcium,minerals/folic acid/vitamin D3/lycopene)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG (multivitamin with minerals/folic acid)	Tier 3	
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 3	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (multivitamin with minerals/ferrous sulfate)	Tier 3	
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON (multivitamin/ferrous sulfate)	Tier 3	
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG (multivit with minerals/folic acid/calcium carbonate/vit K1)	Tier 3	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 3	
ONE-A-DAY MEN VITACRAVES ORAL TABLET, CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
ONE-A-DAY MEN'S 50 PLUS ORAL TABLET 400-370 MCG (multivitamin with minerals/folic acid/lycopene)	Tier 3	
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG-300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 3	
ONE-A-DAY TRIPLE IMMUNE SUPPRT ORAL TABLET 400-370 MCG (multivitamin with minerals/folic acid/lycopene)	Tier 3	
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET, CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
ONE-A-DAY WOMEN'S 50 PLUS ORAL TABLET 0.4 MG (multivitamin with minerals/folic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG IRON- 400 MCG (multivitamin with minerals/ferrous fumarate/folic acid)	Tier 3	
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG (multivitamin-minerals/folic acid/co Q10/lycopene/lutein)	Tier 3	
OPTIFAST ORAL TABLET, CHEWABLE 120-30 MCG (multivitamin, calcium, minerals/folic acid/phytonadione(vit K))	Tier 3	
PHLEXY-VITS ORAL POWDER IN PACKET 15 MG- 700 MCG (multivitamin with minerals/ferrous sulfate/folic acid)	Tier 3	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 3	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin)	Tier 3	
PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 3	
REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG (multivitamin with minerals/iron succinyl-protein/folic acid)	Tier 3	
SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 3	
SPECTRAVITE MEN 50 PLUS ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 3	
SPECTRAVITE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)	Tier 3	
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (multivitamin/ferrous sulfate/folic acid)	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 3	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)	Tier 3	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)	Tier 3	
VITAJOY ADULT MULTI ORAL TABLET, CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
VITREXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 3	
VITREXYL PLUS IRON ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 3	
VITRUM 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 3	
WELLFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 3	
WESCAP-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 3	
WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG (multivitamin,calcium,minerals/folic acid/phytonadione(vit K))	Tier 3	
WOMENS DAILY GUMMIES ORAL TABLET, CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 3	
WOMEN'S MULTIVITAMIN COLLAGEN ORAL TABLET, CHEWABLE 200 MCG- 25 MG (multivitamin with minerals/folic acid/collagen, hydrolyzed)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET, CHEWABLE 120 MCG (multivitamin with minerals/folic acid)	Tier 3	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 3	
Multivitamins - Drugs For Nutrition		
ADEK GUMMIES PLUS ZINC ORAL TABLET, CHEWABLE 2,400 MCG-18.75 MCG-67MG-400MCG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 3	
CENTRUM ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 3	
CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 3	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 3	
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 3	
DAVIMET-M ORAL TABLET, CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)	Tier 3	
DERMACINRX DAVIMET ORAL TABLET, CHEWABLE 1,000 MCG (multivitamin combination no.58/folic acid)	Tier 3	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 3	
HI-D ADEK GUMMIES PLUS ZINC ORAL TABLET, CHEWABLE 2,400 MCG-62.5 MCG-67 MG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 3	
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 3	
multivitamin oral tablet	Tier 3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (multivit 42/iron carbonyl,b-g che/methyltetrahydrofolate/dha)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG (multivitamin comb no.42/iron,carbonyl/levomefolate/dha)	Tier 3	
ONE DAILY MULTIVITAMIN ORAL TABLET (multivitamin)	Tier 3	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 3	
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 3	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 3	
PRENATE AM ORAL TABLET 1-500 MG (multivit no.38/methyltetrahydfolate glucos,folic acid/ginger)	Tier 3	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG (multivitamin no.36/methyltetrahydrofolate gluc, folic acid)	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (multivitamin no.45/iron fumarate/folate comb no.6/dha)	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (multivitamin no.46/iron fumarate/folate comb. no.6/dha)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 3	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 3	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 3	
TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
THEREMS MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 3	
WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 3	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 3	
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 3	
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Lipid Others - Drugs For Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)	Tier 3	PA
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)	Tier 3	
medium chain triglycerides oral oil 14 gram-130 kcal/15 ml	Tier 3	
Nutritional Product - Medical Condition Specific Formulation - Drugs For Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 3	PA
ribose oral powder 10 kcal /2 gram (scoop)	Tier 3	
Nutritional Product - Methionine-Free Specific Formulation - Drugs For Nutrition		
HCU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 3	
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 3	
Nutritional Product - Msud Specific Formulation - Drugs For Nutrition		
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for MSUD with iron)	Tier 3	
VILACTIN AA PLUS 15 PE ORAL POWDER IN PACKET 37.6 GRAM-375 KCAL/100 GRAM (nutritional therapy for MSUD with iron)	Tier 3	
Nutritional Product - Nutritional Therapy - Drugs For Nutrition		
ALFAMINO JUNIOR ORAL POWDER 14 GRAM-480 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 3	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (nutritional therapy for impaired digestive function)	Tier 3	
ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM-KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 3	
ENSURE SURGERY PERIOP BUNDLE ORAL LIQUID 0.08 GRAM- 1.4 KCAL/ML (nut.tx.compromised immune system, reg-maltodextrin-fructose)	Tier 3	
GLUCERNA HUNGER SMART ORAL LIQUID (nutritional therapy, glucose intolerance,lactose-free,soy)	Tier 3	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (nutritional therapy, glucose intolerance,soy)	Tier 3	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 3	
IMPACT ADVANCED RECOVERY ORAL LIQUID 0.1 GRAM-1.12 KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 3	
NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 3	
OPTICLEANSE GHI ORAL POWDER IN PACKET 26 GRAM-210 KCAL (nutritional therapy for impaired digestive function)	Tier 3	
PEPTAMEN JUNIOR PHGG ORAL LIQUID 0.036 GRAM- 1.2 KCAL/ML (nutritional therapy for impaired digestive function)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM (nutritional supplement)	Tier 3	
RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (nutritional therapy, impaired renal function)	Tier 3	
RESTORE FUSION RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 3	
RESTORE RENAL SUPPORT ORAL POWDER 2 GRAM- 100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 3	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 3	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 3	
Nutritional Product - Phenylketonuria (Pku) Specific Formulation - Drugs For Nutrition		
GLYTACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM (nutritional therapy for PKU no.64)	Tier 3	
NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU), no.38)	Tier 3	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 3	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (nutritional therapy for phenylketonuria (PKU) with iron no.1)	Tier 3	
Nutritional Product - Propionic Acidemia Specific Formulation - Drugs For Nutrition		
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for propionic acidemia with iron)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Protein Replacements - Drugs For Nutrition		
GI PROTECT ORAL POWDER 2 GRAM-25 KCAL /SCOOP (whey protein concentrate)	Tier 3	
IGG 2000 CWP ORAL POWDER 4 GRAM-20 KCAL /5 GRAM (whey protein concentrate)	Tier 3	
IGG PURE ORAL POWDER 8 GRAM-40 KCAL /SCOOP (whey protein concentrate)	Tier 3	
LIQUACEL ORAL LIQUID 16-100 GRAM-KCAL/30 ML (amino acids/protein hydrolysate)	Tier 3	
NEW ZEALAND WHEY PROTEIN ORAL POWDER 15 GRAM-70 KCAL/16.9 GRAM (whey protein isolate)	Tier 3	
PROCEL SINGLES ORAL POWDER IN PACKET 5 GRAM-26 KCAL (whey protein concentrate)	Tier 3	
PROSOURCE ORAL PACKET 7.5 GRAM (calcium caseinate/whey)	Tier 3	
whey protein, conc-isolate oral powder 30 gram- 170 kcallscoop, 30 gram- 180 kcallscoop	Tier 3	
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 3	
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 3	
Pediatric Vitamins - Drugs For Nutrition		
CHILDREN'S MULTIVITAMIN ORAL TABLET, CHEWABLE (pediatric multivitamin no.42)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUMMY DINOS ORAL TABLET, CHEWABLE (pediatric multivitamin no.76)	Tier 3	
INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.212)	Tier 3	
pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml	Tier 3	
PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG-10-MCG-5 MG/ML (pediatric multivitamin no.197)	Tier 3	
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG - 400 UNIT/ML (vitamin A palmitate/ascorbic acid/cholecalciferol (vit D3))	Tier 3	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (pediatric multivitamin no.171)	Tier 3	
vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml	Tier 3	
Pediatric Vitamins And Mineral Combinations - Drugs For Nutrition		
ALIVE KIDS CHEWABLE ORAL TABLET, CHEWABLE 75-15 MG (pediatric multivit no.235/herbal no.293/bioflavonoids, cit)	Tier 3	
ALIVE PREMIUM KIDS ORAL TABLET, CHEWABLE 66.5 MG (pediatric multivitamin no.204/herbal complex no.293)	Tier 3	
CHILDREN'S MULTIVIT (W LUTEIN) ORAL TABLET,CHEWABLE 50 MCG (pediatric multivitamin no.233/lutein)	Tier 3	
CHILDREN'S MULTIVITAMIN GUMMY ORAL TABLET, CHEWABLE (pediatric multivitamin no.209)	Tier 3	
CHILDREN'S MULTIVITAMIN ORAL TABLET, CHEWABLE (pediatric multivitamin no.42)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET, CHEWABLE 5 BILLION CELL (pediatric multivitamin no.193/Lactobacillus rhamnosus GG)	Tier 3	
CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET, CHEWABLE 500 MILLION CELL (pediatric multivitamin no.210/Bacillus subtilis/lutein)	Tier 3	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET, CHEWABLE 10 MG IRON (pediatric multivitamin no.227/ferrous sulfate)	Tier 3	
FLINTSTONES IMMUNITY SUPPORT ORAL TABLET, CHEWABLE 10 MG IRON (pediatric multivitamin no.239/ferrous sulfate)	Tier 3	
FLINTSTONES WITH EXTRA IRON ORAL TABLET, CHEWABLE 18 MG IRON (pediatric multivitamin no.226/ferrous sulfate)	Tier 3	
GENADEK ORAL DROPS 19 MCG-500 MCG /ML (pediatric multivitamin no.196/vitamin D3/vit K1)	Tier 3	
HI-D DROP ORAL DROPS 76-1,000 MCG/ML (pediatric multivitamin no.216/vitamin D3/vit K1)	Tier 3	
INFANT-TODDLER MULTIVIT-IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.207/ferrous sulfate)	Tier 3	
JUST 4 KIDZ MULTIVIT-PROBIOTIC ORAL TABLET, CHEWABLE 1.25 MG (pediatric multivitamin no.200/Bacillus coagulans)	Tier 3	
KIDS MULTI ZERO ORAL TABLET, CHEWABLE (pediatric multivitamin no.229)	Tier 3	
KIDS MULTIVITAMIN-MINERALS ORAL TABLET, CHEWABLE (pediatric multivitamin no.238)	Tier 3	
LIVITA FOR CHILDREN ORAL LIQUID (pediatric multivitamin no.245)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
pedi multivit no.194-iron sulf oral drops 10 mg iron/ml	Tier 3	
PEDIATRIC POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.197/ferrous sulfate)	Tier 3	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML (pediatric multivitamin no.160/ferrous sulfate)	Tier 3	
Pediatric Vitamins With Fluoride Combinations		
- Drugs For Nutrition		
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET, CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins no.17 with sodium fluoride)	Tier 3	
MULTI-VIT-FLOR ORAL TABLET, CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.228 with sodium fluoride)	Tier 3	
MULTIVIT-FLUORIDE (METAFOLIN) ORAL TABLET, CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.219 with sodium fluoride)	Tier 3	
POLY-VI-FLOR (ARCOFOLIN) ORAL TABLET, CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.175 with fluoride)	Tier 3	
POLY-VI-FLOR DROPS (ARCOFOLIN) ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)	Tier 3	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)	Tier 3	
POLY-VI-FLOR IRON DROP(ARCOFO) ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML (pediatric multivitamin no.220/sodium fluoride/iron sulfate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLY-VI-FLOR W-IRON(ARCOFOLIN) ORAL TABLET, CHEWABLE 0.5 MG FLUORIDE -10 MG IRON (pediatric multivitamin no.175 with fluoride and iron)	Tier 3	
Prenatal Vitamins And Minerals - Drugs For Nutrition		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (prenatal vit no.100/iron sod EDTA, ps cplex/folic acid/omega3)	Tier 3	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3)	Tier 3	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (prenatal vitamins no.83/iron fumarate/folate combo no.6/dha)	Tier 3	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamin no.52/iron/folic acid/omega-3/dha)	Tier 3	
COMPLETENATE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.14/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s)	Tier 3	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 3	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (prenatal vitamins no.108/iron,carbonyl/folic acid)	Tier 3	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (prenatal vits with calcium no.65/iron polysacchar/folic acid)	Tier 3	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 3	
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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG (prenatal vitamin no.55/iron fumarate, bisglycinate/folic acid)	Tier 3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG (prenatal vitamins no.175/ferrous fumarate/folic acid)	Tier 3	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.154/ferrous fumarate/folic acid)	Tier 3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (prenatal vit no.175/iron fum/folic acid/dha/Schiz. algal oil)	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG - 120 MG-180 MG (prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa)	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (prenatal vits with calcium no.87/iron bisgly/folic acid/dha)	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (prenatal vitamin no.86/iron bis-glycinate/folic acid)	Tier 3	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (prenatal vits no.53/iron fum/folic acid/docusate calcium/dha)	Tier 3	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (prenatal no56/iron carbonyl,asparto glycinate/folic acid/dha)	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid)	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron, carb/folic acid/docusate/omega-3)	Tier 1	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha)	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron, carbonyl/levomefolate calcium)	Tier 3	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (prenatal vitamins no.127/iron, carbonyl/folic acid/docusate)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 3	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa)	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG (prenatal vit with calcium no.40/iron fumarate/folate no.1)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (prenatal vit no.19/iron bg HCl, sucprot/folic acid/omega-3)	Tier 3	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)	Tier 3	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (prenatal vit 55/iron bisgly HCl, sucprot/folic acid/omega-3)	Tier 3	
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 3	
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (prenatal vit no.174/iron/folic acid/omega-3/dha/epa/fish oil)	Tier 3	
PRENA1 CHEW ORAL TABLET, CHEW, IR - DR, BIPHASE 1.4 MG (prenatal vitamins combination no.42/folic acid)	Tier 3	
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (prenatal vit no.71/iron fumsodium feredetate/folic acid/dha)	Tier 3	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (prenatal vits no.105/iron amino acid chelate/folic acid/dha)	Tier 3	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (prenatal vits with calcium no.80/iron fum/folic acid/dss/dha)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (prenatal vit with calcium no.69/iron/folic acid/docusate/dha)	Tier 1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.37/ferrous fumarate/folic acid)	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	Tier 3	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vits no.115/iron fumarate/folic acid/docusate sod.)	Tier 1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 3	
PRENATAL 19 ORAL TABLET, CHEWABLE 29 MG IRON-1 MG (prenatal vits with calcium no.115/iron fumarate/folic acid)	Tier 3	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (prenatal vit no.173/iron bisglycinate/folate no.11)	Tier 3	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish)	Tier 3	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vits with calcium 95/ferrous fumarate/folic acid)	Tier 3	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 3	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (PNV no.72/ferrous fumarate/folic acid/omega-3/dha)	Tier 3	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (prenatal vits with calcium no.72/iron,carbonyl/folic acid)	Tier 3	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.180/ferrous fumarate/folic acid)	Tier 3	
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (prenatal vitamins no.159/ferrous fumarate/folic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 3	
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 3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (prenatal vits no.114/ferrous aspart glycinate/folate no.1)	Tier 3	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (prenatal vitamins no.36/ferrous fumarate/folate comb. no.6)	Tier 3	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (prenatal vitamins no.68/iron fumarate/folate no.6/dha)	Tier 3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vits no.87/iron carbasp.glycinate/folate no.1/dha)	Tier 3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (prenatal vitamins no.85/iron asparto glycin/folate no.1/dha)	Tier 3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (prenatal vitamins no.69/iron fumarate/folate comb no.6/dha)	Tier 3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77/ferrous asparto glycinate/folic acid)	Tier 3	
PRIMACARE ORAL CAPSULE 30-1-300 MG (prenatal vits no.118/iron asparto glycinate/folate no.6/dha)	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (prenatal vits no.65/iron fumarate,polysac complex/folic acid)	Tier 3	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (prenatal vitamins no.66/iron,carbonyl/folic acid/dha)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vit no.128/iron polysaccharide complex/folic acid)	Tier 3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (prenatal vitamins no.33/iron polysach complex/folic acid/dha)	Tier 3	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vitamin no.13/iron polysaccharides/folate comb no.1)	Tier 3	
SE-NATAL 19 CHEWABLE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (prenatal vits with calcium 118/ferrous fumarate/folic acid)	Tier 3	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium 103/ferrous fumarate/folic acid)	Tier 3	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (prenatal vitamin 27 with calcium/ferrous fumarate/folic acid)	Tier 3	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (prenatal vits with calcium no.73/ferrous fumarate/folic acid)	Tier 3	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha)	Tier 3	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/dha)	Tier 3	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/docusate/dha)	Tier 3	
VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG (prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa)	Tier 3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG- 200 MG (prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha)	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG (prenatal vits with calcium no.10/ferrous fumarate/folic acid)	Tier 3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (prenatal vits with calcium no.10/ferrous fum/folic acid/dha)	Tier 3	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vits no.26/iron polysaccharide cplex/folic acid/dha)	Tier 3	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha)	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha)	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamin no.52/iron/folic acid/omega-3/dha)	Tier 3	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 3	
WESTGEL DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha)	Tier 3	
Prenatal Vitamins With Low Or No Iron (Less Than 27 Mg) - Drugs For Nutrition		
AZESCO ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 3	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (prenatal vitamins no.164/ferrous gluconate/folate combo no.6)	Tier 3	
ONE-A-DAY PRENATAL ORAL TABLET, CHEWABLE 400 MCG- 25 MG (prenatal vitamins no.167/folic acid/docosahexaenoic acid)	Tier 3	
PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.163/iron bis-glycinate/folate no.10)	Tier 3	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET, CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (prenatal vitamins no.178/folic acid/omega3/dha/epa/fish oil)	Tier 3	
ZALVIT ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 3	
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 3	
Sodium Chloride Flushes - Drugs For Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	KP
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	KP
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	KP
sodium chloride 0.9 % (flush) injection syringe	Tier 1	KP
sodium chloride 0.9 % injection solution	Tier 1	KP
Sodium Chloride Solutions, Concentrated - Drugs For Nutrition		
sodium chloride oral solution 234 mg/ml (4 meq/ml)	Tier 3	
Sodium Chloride, Parenteral - Drugs For Nutrition sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	KP
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	KP
sodium chloride 0.9 % intravenous piggyback	Tier 1	KP
Vitamin C Combinations - Drugs For Nutrition		
EMERGEN-C ELDERBERRY ORAL TABLET, CHEWABLE 133.3-16.7 MG (ascorbic acid/multivit with minerals/elderberry fruit)	Tier 3	
SAMBUCUS ELDERBERRY VITAMIN C ORAL LOZENGE 250-12.5 MG (ascorbic acid/ascorbate sodium/elderberry fruit)	Tier 3	
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)	Tier 3	
VITAMIN C POWDER BLEND ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)	Tier 3	
Vitamin D And Folic Acid Combinations - Drugs For Nutrition		
CHOLECAL DF ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX DOTREMIN ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
DERMACINRX FOLDITAM ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
DERMACINRX FOLIXAPURE ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
DERMACINRX FOLTAMIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
DERMACINRX FOLTREXYL ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
DERMACINRX PUREFOLTIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
FOLIC D3 ORAL CAPSULE 94.38 MCG(3,775 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
OSTACHOL ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 3	
Vitamin E Combinations - Drugs For Nutrition		
FAMIL-E ORAL CAPSULE 41-250-38 MG (vitamin E/vitamin E mixed/tocotrienol)	Tier 3	
XCELLENT E ORAL CAPSULE 33.5-125-25 MG (vitamin E/vitamin E mixed/tocotrienol)	Tier 3	
Vitamins - A - Drugs For Nutrition		
A-25 (VIT A PALMITATE) ORAL CAPSULE 7,500 MCG (25,000 UNIT) (vitamin A palmitate)	Tier 3	
beta carotene oral capsule 7,500 mcg (25,000 unit)	Tier 3	
vitamin a oral capsule 3,000 mcg (10,000 unit)	Tier 3	
vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B Preparation Combinations - Drugs For Nutrition		
B COMPLEX-VITAMIN C ORAL TABLET, CHEWABLE 20 MG-5 MG- 2 MG-75 MCG (niacin/calcium pantothen/B6/biotin/folic ac/B12/inosit/vit C)	Tier 3	
b12-methyltetrahydrofolate-b6 oral tablet,chewable 1,000mcg-680mcg dfe-1.5 mg, 5,000 mcg-1,360 mcg dfe-2.5 mg	Tier 3	
B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG (thiamine HCl/riboflavin/niacinamide/cyanocobalamin/papain)	Tier 3	
cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml	Tier 3	
METHYL PROTECT ORAL CAPSULE 1,000 MCG-3,400 MCG DFE-10 MG (mecobalamin/folate no.11/pyridoxal/vit B2/betaine)	Tier 3	
NUFOLA ORAL CAPSULE 25 MG-3,500 MCG DFE-1 MG-300 MG (pyridoxal phosphate/levomefolate calcium/mecobalamin/ALA)	Tier 3	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 3	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 3	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCI/Ca phos dibasic & tribasic/ginger)	Tier 3	
Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition		
benfotiamine oral capsule 150 mg	Tier 3	
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	KP
thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
thiamine mononitrate (vit b1) oral tablet 100 mg	Tier 3	
thiamine mononitrate (vit b1) oral tablet 50 mg	Tier 3	
Vitamins - B-12 And Folic Acid Combinations - Drugs For Nutrition		
CELEBRATE B-12 QUICK-MELT ORAL TABLET, DISINTEGRATING 1,000-200 MCG (cyanocobalamin/mecobalamin/folic acid)	Tier 3	
DENOVO PLUS B12 ORAL CAPSULE 25,000 MCG DFE-2,000 MCG (methyltetrahydrofolate calcium/mecobalamin)	Tier 3	
LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (mecobalamin/levomefolate calcium/turmeric root extract)	Tier 3	
me-thfolate glucos-mecobalamin oral tablet, disintegrating 1,000 mcg dfe- 2,500 mcg	Tier 3	
vitamin b12-folic acid oral tablet, disintegrating 2,500-400 mcg	Tier 3	
Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition		
ADENO-HYDROXO B12 ORAL TABLET,DISINTEGRATING 2,500 MCG (hydroxocobalamin acetate/cobamamide)	Tier 3	
B12 ACTIVE ORAL TABLET, CHEWABLE 1,000 MCG (mecobalamin)	Tier 3	
B12 SUBLINGUAL LOZENGE 5,000-100 MCG (cyanocobalamin/cobamamide)	Tier 3	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	KP
cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray	Tier 3	
cyanocobalamin (vitamin b-12) oral liquid 1,000 mcg/15 ml	Tier 3	
cyanocobalamin (vitamin b-12) oral lozenge 2,000 mcg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyanocobalamin (vitamin b-12) oral lozenge 500 mcg	Tier 3	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg	Tier 3	
cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg	Tier 3	
cyanocobalamin (vitamin b-12) oral tablet,chewable 500 mcg	Tier 3	
cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg	Tier 3	
cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg	Tier 3	
cyanocobalamin (vitamin b-12) sublingual tablet 3,000 mcg	Tier 3	
cyanocobalamin-cobamamide sublingual tablet 5,000-100 mcg	Tier 3	
cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml	Tier 3	
cyanocobalamin (vitamin B-12) (Dodex Injection Solution 1,000 Mcg/Ml)	Tier 1	KP
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 1	KP
mecobalamin (vitamin b12) injection recon soln 10,000 mcg	Tier 1	KP
mecobalamin (vitamin b12) oral lozenge 1,000 mcg	Tier 3	
mecobalamin (vitamin b12) oral tablet,chewable 1,000 mcg	Tier 3	
mecobalamin (vitamin b12) oral tablet,chewable 2,500 mcg, 5,000 mcg, 500 mcg	Tier 3	
mecobalamin (vitamin b12) oral tablet, disintegrating 5,000 mcg	Tier 3	
VITAMIN B-12 ORAL TABLET 1,000 MCG (cyanocobalamin (vitamin B-12))	Tier 3	
Vitamins - B-2, Riboflavin And Derivatives -		
Drugs For Nutrition		
riboflavin (vitamin b2) oral tablet 100 mg, 25 mg, 50 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition		
niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)	Tier 3	
niacin (inositol niacinate) oral capsule 500 mg	Tier 3	
niacin oral tablet 100 mg, 500 mg	Tier 3	
niacin oral tablet extended release 500 mg	Tier 3	
niacinamide oral tablet 500 mg	Tier 3	
Vitamins - B-5, Pantothenic Acid And Derivatives - Drugs For Nutrition		
calcium pantothenate oral capsule 500 mg	Tier 3	
pantethine oral capsule 450 mg	Tier 3	
Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition		
pyridoxine (vitamin b6) injection solution 100 mg/ml	Tier 1	KP
pyridoxine (vitamin b6) oral liquid 100 mg/2.5 ml	Tier 3	
pyridoxine (vitamin b6) oral tablet 10 mg	Tier 3	
pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg	Tier 3	
Vitamins - Bioflavonoids - Drugs For Nutrition		
quercetin oral capsule 500 mg	Tier 3	
Vitamins - Biotin - Drugs For Nutrition	•	
biotin oral capsule 10,000 mcg, 5 mg	Tier 3	
biotin oral tablet 1 mg, 10 mg	Tier 3	
biotin oral tablet,chewable 2,500 mcg	Tier 3	
biotin oral tablet,chewable 5,000 mcg	Tier 3	
biotin oral tablet, disintegrating 10,000 mcg, 5,000 mcg	Tier 3	
HAIR, SKIN AND NAILS (BIOTIN) ORAL TABLET, CHEWABLE 10,000 MCG (biotin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAJOY BIOTIN ORAL TABLET, CHEWABLE 2,500 MCG (biotin)	Tier 3	
Vitamins - C, Ascorbic Acid And Derivatives - Drugs For Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (ascorbic acid)	Tier 3	KP
ascorbic acid (vitamin c) injection solution 500 mg/ml	Tier 1	KP
ascorbic acid (vitamin c) oral capsule 1,000 mg	Tier 3	
ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg	Tier 3	
ascorbic acid (vitamin c) oral tablet,chewable 125 mg, 250 mg, 500 mg	Tier 3	
ascorbic acid(vitamin c)(bulk) granules 100 %	Tier 3	
ascorbic acid-ascorbate sodium oral tablet,chewable 94 mg	Tier 3	
BUFFERED C POWDER ORAL POWDER IN PACKET 3,000 MG (ascorbic acid/minerals)	Tier 3	
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (ascorbate calcium/ascorbyl palmitate)	Tier 3	
LIQUID C ORAL LIQUID 500 MG/5 ML (ascorbic acid)	Tier 3	
VITAJOY DAILY C ORAL TABLET, CHEWABLE 125 MG (ascorbic acid)	Tier 3	
VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG (ascorbic acid)	Tier 3	
XCELLENT C ORAL CAPSULE 750-7.5 MG (ascorbate calcium, magnesium, potassium/black pepper extract)	Tier 3	
Vitamins - D And K Combinations - Drugs For Nutrition		
DECARA K ORAL CAPSULE 1,250-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOSOKAP ORAL TABLET 137.5-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 3	
K-RIGHT ORAL CAPSULE 50-500-1,500 MCG (cholecalciferol (vit D3)/vitamin K1/MK4/MK7)	Tier 3	
vitamin d2-vitamin k1 oral drops 20-120 mcg/4 drops	Tier 3	
vitamin d3-vitamin k2 oral capsule 125 mcg (5,000 unit)-100 mcg, 125-90 mcg, 250 mcg (10,000 unit)-45 mcg	Tier 3	
Vitamins - D Derivatives - Drugs For Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)	Tier 3	
cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)	Tier 3	
cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml), 25 mcg/drop (1000 unit/drop)	Tier 3	
cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)	Tier 3	
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)	Tier 3	
cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)	Tier 3	
cholecalciferol (vitamin d3) oral tablet,chewable 25 mcg (1,000 unit)	Tier 3	
cholecalciferol (vitamin d3) oral tablet,chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)	Tier 3	
cholecalciferol (vitamin d3) oral tablet, disintegrating 125 mcg (5,000 unit), 50 mcg (2,000 unit)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) (cholecalciferol (vitamin D3))	Tier 3	
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin D3))	Tier 3	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)	Tier 3	
OSTEO-VIT3 ORAL DROPS 1,250 MCG/3 ML (cholecalciferol (vitamin D3))	Tier 3	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin D3))	Tier 3	
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 3	
Vitamins - E - Drugs For Nutrition		
vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)	Tier 3	
vitamin e (dl, acetate) oral capsule 90 mg (200 unit)	Tier 3	
vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml	Tier 3	
vitamin e acetate (bulk) liquid 125 unit/ml	Tier 3	
Vitamins - Folic Acid And Derivatives - Drugs For Nutrition		
folic acid injection solution 5 mg/ml	Tier 1	KP
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	PV	
HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (folic acid/thiamine/riboflavin/niacin/pyridoxine/B12/C/zinc)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyltetrahydrofolate glucos oral capsule 1,700 mcg dfe, 680 mcg dfe, 8,500 mcg dfe	Tier 3	
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 3	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 3	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 3	
Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
K1-1000 ORAL CAPSULE 1,000 MCG (phytonadione (vit K1))	Tier 3	
MK-7 ORAL CAPSULE 180 MCG, 90 MCG (vitamin K2)	Tier 3	
phytonadione (vitamin k1) injection solution 10 mg/ml	Tier 1	KP
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	Tier 1	KP
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vit K1))	Tier 1	KP
phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/MI)	Tier 1	KP
vitamin k2 (mk-4) oral tablet 100 mcg	Tier 3	
vitamin k2 oral capsule 100 mcg, 45 mcg	Tier 3	
vitamin k2 oral drops 90 mcg/0.5 ml	Tier 3	

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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 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
Menopausal Symptoms Suppressant- Neurokinin 3 (Nk3) Receptor Antagonist		
VEOZAH ORAL TABLET 45 MG (fezolinetant)	Tier 3	PA
Endocrine - Hormones		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs - Drugs For Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs For Women		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	
mifepristone oral tablet 200 mg	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	Tier 3	PA
RECORLEV ORAL TABLET 150 MG (levoketoconazole)	Tier 3	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 3	PA; KP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (glucagon)	Tier 3	ST: Must meet any of the following requirements: Glucagon Emergency Kit, Gvoke, or Zegalogue in 120 days
diazoxide oral suspension 50 mg/ml	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon HCl)	Tier 1	KP
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	
glucose oral tablet,chewable 2 gram	Tier 3	
glucose oral tablet,chewable 4 gram	Tier 3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	KP
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	KP
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 2	KP
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 2	KP
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (glucagon)	Tier 2	KP
INSTA-GLUCOSE (WITH DEXTRIN) ORAL GEL 24 GRAM/31 GRAM (dextrose/dextrin/maltose)	Tier 3	
SWEET CHEEKS ORAL GEL IN SYRINGE 1.2 GRAM /3 ML (40 %) (dextrose)	Tier 3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (dasiglucagon HCI)	Tier 2	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (dasiglucagon HCl)	Tier 2	KP	
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones			
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 3	PA	
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 3	PA	
Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones			
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (inotersen sodium)	Tier 3	PA; KP	
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (eplontersen sodium)	Tier 3	PA; KP	
Androgen - Single Agents - Drugs For Men			
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (testosterone)	Tier 3	PA	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (testosterone undecanoate)	Tier 3	PA	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (testosterone undecanoate)	Tier 3	PA	
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA	
methyltestosterone oral capsule 10 mg	Tier 1	PA	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (testosterone)	Tier 3	PA	
TESTOPEL IMPLANT PELLET 75 MG (testosterone)	Tier 3	KP	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA; KP	
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA; KP	
testosterone implant pellet 100 mg, 200 mg, 50 mg	Tier 1	KP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (testosterone undecanoate)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (testosterone enanthate)	Tier 3	PA; KP
Antidiuretic And Vasopressor Hormones - Hormones		
desmopressin injection solution 4 mcg/ml	Tier 1	KP
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)	Tier 3	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG (desmopressin acetate)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG (desmopressin acetate)	Tier 3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (desmopressin acetate)	Tier 3	QL (3.8 GM per 30 days)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antihyperglycemic - Amylin Analog-Type - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (pramlintide acetate)	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (pramlintide acetate)	Tier 2	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 1	ST: Must meet any of the following requirements: Janumet XR, or Januvia in 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	Tier 2	
saxagliptin oral tablet 2.5 mg, 5 mg	Tier 1	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
TRADJENTA ORAL TABLET 5 MG (linagliptin)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days	
Antihyperglycemic - Dopamine Receptor Agonists - Drugs For Diabetes			
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	Tier 3	ST: Must meet any of the following requirements: Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER in 180 days	
Antihyperglycemic - Dual Gip And Glp-1 Receptor Agonists - Drugs For Diabetes			
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (tirzepatide)	Tier 2	PA; KP	
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	
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 2	PA	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (semaglutide)	Tier 2	PA; KP	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 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	РА	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 3	PA
mifepristone oral tablet 300 mg	Tier 3	PA
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	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 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCI)	Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 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 HCI)	Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 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 3	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (ertugliflozin pidolate/sitagliptin phosphate)	Tier 3	
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Sulfonylurea And Biguanide Combinations - Drugs For Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet 2.5 mg	Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations - Drugs For Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione - Drugs For Diabetes		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide - Drugs For Diabetes		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCI)	Tier 2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCI)	Tier 2	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin HCl)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (linagliptin/metformin HCl)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	Tier 1	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 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		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs For Menopause And Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)	Tier 3	PA; KP
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 3	PA; KP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss		
teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)	Tier 3	PA; KP
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations - Drugs For Menopause And Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (alendronate sodium/cholecalciferol (vitamin D3))	Tier 2	
Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss		
alendronate oral solution 70 mg/75 ml	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (alendronate sodium)	Tier 3	ST: Must meet 2 of the following requirements: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in 365 days; QL (4 EA per 28 days)
ibandronate oral tablet 150 mg	Tier 1	
risedronate oral tablet 150 mg	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 3	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cinacalcet oral tablet 90 mg	Tier 3	QL (4 EA per 1 day)
Calcitonins - Drugs For Menopause And Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	KP
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
Estrogen And Progestin With Antimineralocorticoid Activity, Combination - Drugs For Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone/estradiol)	Tier 3	
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations - Drugs For Women		
DUAVEE ORAL TABLET 0.45-20 MG (estrogens, conjugated/bazedoxifene acetate)	Tier 2	
Estrogen-Androgen - Drugs For Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens, esterified/methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens, esterified/methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens, esterified/methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens, esterified/methyltestosterone)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs For Women		
estradiol/norethindrone acetate (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIJUVA ORAL CAPSULE 0.5-100 MG (estradiol/progesterone)	Tier 3	ST: Must meet the following requirements: Duavee or Premarin in 120 days; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (estradiol/progesterone)	Tier 3	ST: Must meet the following requirements: Duavee or Premarin in 120 days; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045- 0.015 MG/24 HR (estradiol/levonorgestrel)	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (estradiol/norethindrone acetate)	Tier 2	QL (2 EA per 7 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate-ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Estrogens - Drugs For Women		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	KP
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)	Tier 3	ST: Must meet the following requirement: Alora or Estradiol in 120 days; QL (52 GM per 30 days)
estradiol implant pellet 10 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 6 mg	Tier 1	KP
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	Tier 1	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	KP
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 3	ST: Must meet the following requirement: Alora or Estradiol in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (estradiol)	Tier 3	ST: Must meet the following requirement: Alora or Estradiol in 120 days; QL (16.2 ML per 30 days)
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (estrogens, esterified)	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (estradiol)	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type - Drugs For Women		
CRINONE VAGINAL GEL 8 % (progesterone, micronized)	Tier 3	ST: Must meet the following requirement: Endometrin in 120 days
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 3	
clomiphene citrate oral tablet 50 mg	Tier 1	
Follicle-Stimulating And Luteinizing Hormones - Drugs For Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	KP; ST: Must meet any of the following requirements: Gonal-F RFF, Gonal-F RFF Redi-ject, or Gonal-F in 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (follitropin alfa, recombinant)	Tier 3	KP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin alfa, recombinant)	Tier 3	KP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin alfa, recombinant)	Tier 3	KP
Glucocorticoid Salt Combinations - Drugs For Inflammation		
BETALOAN SUIK KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa)	Tier 3	
Glucocorticoids - Drugs For Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (vamorolone)	Tier 3	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (hydrocortisone)	Tier 3	PA
cortisone oral tablet 25 mg	Tier 1	
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 3	PA
dexamethasone (Dexabliss Oral Tablets, Dose Pack 1.5 Mg (39 Tabs))	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)	Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone sodium phosphate)	Tier 3	
DMT SUIK KIT 10 MG/ML (dexamethasone/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 3	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 3	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (budesonide)	Tier 3	PA
HEMADY ORAL TABLET 20 MG (dexamethasone)	Tier 3	QL (2 EA per 1 day)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone oral tablet 5 mg	Tier 3	ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (prednisone)	Tier 3	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML (hydrocortisone sodium succinate/PF)	Tier 3	KP
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sodium succinate)	Tier 3	KP
dexamethasone (Taperdex Oral Tablets, Dose Pack 1.5 Mg (21 Tabs), 1.5 Mg (49 Tabs))	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (27 TABS) (dexamethasone)	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG (budesonide)	Tier 3	PA
TRILOAN II SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (dexamethasone)	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
Gonadotropin Inhibitor Pituitary Suppressants - Drugs For Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs For Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	Tier 3	KP
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (tesamorelin acetate)	Tier 3	PA; KP
Growth Hormones - Drugs For Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (somatropin)	Tier 3	PA; KP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)	Tier 3	PA; KP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (somatropin)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (somatropin)	Tier 3	PA; KP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (somatrogonghla)	Tier 3	PA; KP
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 3	PA; KP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (somatropin)	Tier 3	PA; KP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 3	PA; KP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)	Tier 3	PA; KP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)	Tier 3	PA; KP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 3	PA; KP
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 3	PA; KP
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 3	PA; KP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Human Chorionic Gonadotropin (Hcg) - Drugs For Women		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 3	KP; ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (chorionic gonadotropin, human)	Tier 2	KP
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)	Tier 2	KP
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 3	KP; ST: Must meet the following requirement: Novarel or Ovidrel in 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	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 3	ST: Must meet the following requirement: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 3	ST: Must meet the following requirement: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Human Insulins - Intermediate Acting - Drugs For Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	
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 3	ST: Must meet the following requirement: Humulin N in 120 days
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 3	ST: Must meet the following requirement: Humulin N in 120 days
Human Insulins - Rapid Acting - Drugs For Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (insulin regular, human)	Tier 3	PA
Human Insulins - Short Acting - Drugs For Diabetes		
HUMULIN R REGULAR U-100 INSULN 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	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (insulin regular, human in 0.9 % sodium chloride)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin regular, human)	Tier 3	ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 3	ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days
Insulin Analogs - Fixed Combinations - Drugs For Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (insulin lispro protamine and insulin lispro)	Tier 2	
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(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro)	Tier 2	
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	Tier 3	ST: Must meet any of the following requirements: Humalog Mix 75-25 in 120 days
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	Tier 3	ST: Must meet any of the following requirements: Humalog Mix 75-25 in 120 days
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin Analogs - Long Acting - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 3	ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin detemir)	Tier 3	ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin detemir)	Tier 3	ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-aglr)	Tier 3	ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine-yfgn)	Tier 2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	Tier 2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine,human recombinant analog)	Tier 2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	ST: Must meet the following requirement: Lyumjev in 120 days
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin glulisine)	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glulisine)	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (insulin aspart (niacinamide))	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (insulin aspart (niacinamide)/pump cartridge)	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart (niacinamide))	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)	Tier 2	
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
insulin aspart u-100 subcutaneous solution 100 unit/ml	Tier 3	ST: Must meet the following requirement: Lyumjev in 120 days
insulin lispro subcutaneous insulin pen 100 unit/ml	Tier 1	
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	Tier 1	
insulin lispro subcutaneous solution 100 unit/ml	Tier 1	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro-aabc)	Tier 2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (insulin lispro-aabc)	Tier 3	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
DM2 COMBO PACK, TABLET AND STRIP 500 MG (metformin HCl/blood sugar diagnostic)	Tier 3	
metformin oral solution 500 mg/5 ml	Tier 1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	
metformin oral tablet 625 mg	Tier 3	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	Tier 3	
metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	Tier 3	ST: Must meet the following requirement: Metformin HCL in 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML (metformin HCI)	Tier 3	ST: Must meet the following requirement: Metformin IR tablets/solution or ER tablets in 120 days
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)	Tier 3	PA; KP
Leptin Hormone Analogs - Hormones	<u> </u>	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 3	KP; QL (1 EA per 1 day)
Lhrh (Gnrh) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs For Women		
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (histrelin acetate)	Tier 3	KP
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (nafarelin acetate)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Lhrh (Gnrh) Antagonists - Drugs For Women		
cetrorelix subcutaneous kit 0.25 mg	Tier 3	KP
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 Ml)	Tier 3	KP; ST: Must meet the following requirement: Cetrorelix Acetate in 120 days
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 3	KP; ST: Must meet the following requirement: Cetrorelix Acetate in 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)	Tier 2	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type - Drugs For Women		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST: Must meet the following requirements: Paroxetine HCL or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
Mineralocorticoids - Drugs For Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs For Women		
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Progestins - Drugs For Women		
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	KP
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs For Women		
cabergoline oral tablet 0.5 mg	Tier 1	
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss raloxifene oral tablet 60 mg	PV	\$0 COPAY IF QUANTITY 1
Somatostatic Agents - Drugs For Growth		III I D/(I
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG (octreotide acetate)	Tier 3	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 3	KP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 3	KP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide diaspartate)	Tier 3	PA; KP
Thyroid Hormones - Animal Source (Porcine) - Drugs For Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid,pork)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (thyroid,pork)	Tier 3	ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets in 120 days
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid,pork)	Tier 1	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (levothyroxine sodium)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (levothyroxine sodium)	Tier 3	ST: Must meet the following requirement: Generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (levothyroxine sodium)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (levothyroxine sodium)	Tier 3	PA
Enzymes - Vitamins And Minerals		
Enzymes - Vitamins And Minerals		
bromelains oral tablet 500 mg	Tier 3	
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (hyaluronidase, human recombinant)	Tier 3	KP
Fdb Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (homeopathic drugs)	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 3	
CRALONIN ORAL DROPS (homeopathic drugs)	Tier 3	
EYE ORAL TABLET, SOLUBLE (homeopathic drugs)	Tier 3	
LAMIOFLUR ORAL DROPS (homeopathic drugs)	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 3	
POPULUS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 3	
PSORINOHEEL ORAL DROPS (homeopathic drugs)	Tier 3	
RENEEL ORAL TABLET, SOLUBLE (homeopathic drugs)	Tier 3	
SABAL-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 3	
VERTIGOHEEL ORAL DROPS (homeopathic drugs)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERTIGOHEEL ORAL TABLET, SOLUBLE (homeopathic drugs)	Tier 3	
Gastrointestinal Therapy Agents		
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML (fecal microbiota, live-jslm)	Tier 3	PA
VOWST ORAL CAPSULE (fecal microbiota spores, live-brpk)	Tier 3	PA
Gastric Acid Secretion Reducer - Potassium- Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (vonoprazan fumarate)	Tier 3	PA
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antacid - Calcium - Drugs For Ulcers And Stomach Acid		
PRELIEF ORAL TABLET 65 MG (calcium glycerophosphate)	Tier 3	
Antacid - Magnesium - Drugs For Ulcers And Stomach Acid		
magnesium oxide oral tablet 400 mg (241.3 mg magnesium)	Tier 3	
Antacid Combinations Other - Drugs For Ulcers And Stomach Acid		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (calcium phosphate, tribasic/melatonin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea		
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs For Diarrhea		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG (crofelemer)	Tier 2	ST: Must meet the following requirement: Antiretrovirals in 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs For Diarrhea		
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	Tier 3	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs For Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG (difenoxin HCl/atropine sulfate)	Tier 3	ST: Must meet the following requirement: Diphenoxylate HCL/Atropine in 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 3	

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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 3	
Antidiarrheal Opioid Agents - Drugs For Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antiemetic - Anticholinergics - Drugs For Vomiting And Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
Antiemetic - Antihistamines - Drugs For Vomiting And Nausea		
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
meclizine oral tablet 50 mg	Tier 3	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 3	QL (60 EA per 30 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (drlec) 10-10 mg	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	KP
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	Tier 3	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 1 FILL)
granisetron hcl oral tablet 1 mg	Tier 1	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
ondansetron oral tablet, disintegrating 4 mg, 8 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (granisetron)	Tier 3	QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea		
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (aprepitant)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (rolapitant HCI)	Tier 3	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 And 5- Ht3 Recept Antagonist Comb - Drugs For Vomiting And Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (netupitant/palonosetron HCl)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	Tier 3	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 3	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml)	Tier 1	
Digestive Enzyme Mixtures - Drugs For The Stomach		
BEVITROL ORAL CAPSULE 9,000-112,500- 112,500 UNIT (lipase/protease/amylase)	Tier 3	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (lipase/protease/amylase)	Tier 2	
GASTRACID ORAL CAPSULE 100-350-300-20 MG (pepsin/glutamic acid/betaine HCl/gentian root extract)	Tier 3	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500-61,500 UNIT, 16,800- 56,800-98,400 UNIT, 2,600-8,800-15,200 UNIT, 21,000- 54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200- 14,200-24,600 UNIT (lipase/protease/amylase)	Tier 3	
PANXYME PH ORAL CAPSULE 10.2-10-45 MG (lipase/protease/amylase)	Tier 3	
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT, 4,000-14,375-15,125 UNIT, 8,000-28,750-30,250 UNIT (lipase/protease/amylase)	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (lipase/protease/amylase)	Tier 2	
Digestive Enzymes - Drugs For The Stomach		
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT (lactase)	Tier 3	
lactase oral tablet 3,000 unit, 9,000 unit	Tier 3	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 3	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	Tier 3	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 3	PA
ursodiol oral capsule 200 mg, 400 mg	Tier 3	PA
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2- Receptor Antagonists - Drugs For Ulcers And Stomach Acid		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (rabeprazole sodium)	Tier 3	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 1	QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (esomeprazole magnesium)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (omeprazole magnesium)	Tier 3	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days
rabeprazole oral capsule, delayed rel sprinkle 10 mg	Tier 1	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor And Antacid Comb - Drugs For Ulcers And Stomach Acid		
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML (omeprazole/sodium bicarbonate)	Tier 3	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 ML per 1 day)
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg	Tier 3	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	Tier 3	ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
Gastrointestinal Antiflatulents - Drugs For The Stomach		
activated charcoal oral capsule 260 mg	Tier 3	
activated charcoal oral capsule 280 mg	Tier 3	
BEANAID ORAL CAPSULE 300 UNIT (alpha-D-galactosidase)	Tier 3	
BEANO ORAL TABLET 400 UNIT (alpha-D-galactosidase)	Tier 3	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (alpha-D-galactosidase)	Tier 3	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (metoclopramide HCI)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps		
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps		
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG (glycopyrrolate)	Tier 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	Tier 1	KP
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
glycopyrrolate oral tablet 1.5 mg	Tier 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate/PF)	Tier 3	KP
Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps		
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
Gi Antispasmodic And Benzodiazepine Combinations - Drugs For Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
Gi Antispasmodic Combinations Other - Drugs For Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
H. Pylori Therapy - Bismuth And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (omeprazole/clarithromycin/amoxicillin trihydrate)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (omeprazole magnesium/amoxicillin trihydrate/rifabutin)	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker And Antibiotics - Drugs For The Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (vonoprazan fumarate/amoxicillin trihydrate)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (vonoprazan fumarate/amoxicillin trihydrate/clarithromycin)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 3	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (1 EA per 1 day)
Ibs Agent - Mixed Opioid Receptor Agonist And Antagonist - Drugs For Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 3	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
Ibs Agent - Selective Partial 5-Ht4 Receptor Agonists - Drugs For Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (tegaserod hydrogen maleate)	Tier 3	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (2 EA per 1 day); Age (Max 64 Years

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ibs Agent - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitor - Drugs For Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (tenapanor HCI)	Tier 3	PA
Inflammatory Bowel Agent - Interleukin-12 And II-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 3	PA; KP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 3	PA; KP
Inflammatory Bowel Agent - Interleukin-23 (II-23) Inhibitor, Mc Ab - Drugs For Inflammatory Bowel Disease		T
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (mirikizumab-mrkz)	Tier 3	PA; KP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (risankizumab-rzaa)	Tier 3	PA; KP
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	Tier 3	ST: Must meet the following requirement: Mesalamine DR in 120 days
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1	
mesalamine oral capsule, extended release 500 mg	Tier 1	
mesalamine oral capsule, extended release 24hr 0.375 gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (mesalamine)	Tier 2	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease		
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	ST: Must meet the following requirement: Balsalazide Disodium in 120 days
budesonide rectal foam 2 mg/actuation	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (hydrocortisone acetate)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG (budesonide)	Tier 3	PA
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 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (upadacitinib)	Tier 3	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	Tier 3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (tofacitinib citrate)	Tier 3	PA
Inflammatory Bowel Agent - Sphingosine 1- Phosphate Receptor Modulator - Drugs For Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (etrasimod arginine)	Tier 3	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 3	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 3	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 3	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-afzb)	Tier 3	PA; KP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-afzb)	Tier 3	PA; KP
adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml	Tier 3	PA; KP
adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-adbm subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 3	PA; KP
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml	Tier 3	PA; KP
adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 3	PA; KP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML (adalimumab-atto)	Tier 3	PA; KP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-atto)	Tier 3	PA; KP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; KP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; KP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; KP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 3	PA; KP
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	Tier 3	PA; KP
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	Tier 3	PA; KP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 3	PA; KP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 3	PA; KP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML (adalimumab-adaz)	Tier 3	PA; KP
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 3	PA; KP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 3	PA; KP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 2	PA; KP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 2	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	Tier 3	PA; KP
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	Tier 3	PA; KP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	Tier 3	PA; KP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-aqvh)	Tier 3	PA; KP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 3	PA; KP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 3	PA; KP
Intestinal Flora Modifiers - Drugs For Diarrhea		
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)	Tier 3	
acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)- 100 mg	Tier 3	
acidophilus-pectin, citrus oral tablet 25 million cell -100 mg	Tier 3	
ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL (Lactobacillus combination no.9)	Tier 3	
ADVANCED PROBIOTIC ORAL CAPSULE 625 MG (10 BILLION CELL) (L.acidophilus/L.casei/L.lactis/L.rhamnosus/B.lactis/B.longum)	Tier 3	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZO DUAL PROTECTION ORAL CAPSULE 5 BILLION CELL- 15 MG (L.crispatus/L.gasseri/L.jensenii/L.rhamnosus/bacteriophag es)	Tier 3	
BACICAP ORAL CAPSULE 20 BILLION CELL (Lactobacillus acidophilus,paracasei,plantarum/B.animalis)	Tier 3	
BACID WITH LACTOSPORE ORAL CAPSULE 1 BILLION CELL (Bacillus coagulans)	Tier 3	
bacillus coagulan, subtilis-xos oral tablet, chewable 1 billion cell- 40 mg	Tier 3	
BILAC ORAL CAPSULE 33 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
BIOMEPRO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 3	
BIOMEPRO ORAL LIQUID 100 BILLIION CELL/104 ML (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 3	
CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET, CHEWABLE 1.5 BILLION CELL (L. acidophilus/L. rhamnosus/B. breve/S. thermophilus)	Tier 3	
CHILDREN'S PROBIOTIC ORAL TABLET, CHEWABLE 5 BILLION CELL (L.acidophilus, casei, rhamnosus/B.breve, longum)	Tier 3	
CLAIRVEE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 5 BILLION CELL- 400 MCG DFE (L. acidophilus/L. rhamnosus/levomefolate sodium/lactoferrin)	Tier 3	
CULTURELLE ABDOMINAL SUPP-CMFT ORAL POWDER IN PACKET 2 BILLION CELL- 4 GRAM (Bacillus coagulans/fucosyllactose)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)	Tier 3	
CULTURELLE BABY DIGESTIVE CALM ORAL DROPS 2 BILLION CELL/5 DROPS (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 3	
CULTURELLE BABY HEALTH DEVELOP ORAL POWDER IN PACKET 2 BILLION CELL- 50 MG-300 MG (L. rhamnosus/B. animalis/dha/fucosyllactose/vitamin D3)	Tier 3	
CULTURELLE BABY PROBIOTIC-DHA ORAL DROPS 2.5 B CELL- 70 MG/0.5 ML (Lactobacillus rhamnosus GG/Bifidobacterium animalis/dha)	Tier 3	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG, 12 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 3	
CULTURELLE GUMMY ORAL TABLET, CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 3	
CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 3	
CULTURELLE KIDS 4 IN 1 IMMUNE ORAL TABLET, CHEWABLE 5 BILLION CELL- 90 MG-20 MCG (L. rhamnosus/ascorbic acid/vitamin D3/zinc oxide/elderberry)	Tier 3	
CULTURELLE KIDS GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-1 GRAM (Lactobacillus rhamnosus/Bifidobac animalis/fucosyllactose/D3)	Tier 3	
CULTURELLE KIDS GUMMY ORAL TABLET, CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 3	
CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET, CHEWABLE 5 BILLION CELL- 90 MG-1.88 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE KIDS PROBIO-FIBER ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM (Lactobacillus rhamnosus GG/fiber)	Tier 3	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 3	
CULTURELLE KIDS PROBIOTICS ORAL TABLET, CHEWABLE 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 3	
CULTURELLE METABOLISM-WT MGMT ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus rhamnosus/Bifido animalis/vit B6/vit B12)	Tier 3	
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 3	
CULTURELLE PRENATAL PROBIOTIC ORAL TABLET, CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 3	
CULTURELLE PROBIOTIC-PREBIOTIC ORAL TABLET, CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 3	
CULTURELLE TOTAL BALANCE ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)	Tier 3	
CULTURELLE WOMEN'S WELLNESS ORAL TABLET, CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 3	
DAILY PROBIOTIC (4 STRAINS) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)	Tier 3	
DAILY PROBIOTIC (S. BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 3	
DERMACINRX LACTEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX PROBINATE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
DERMACINRX PROBISOL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
DERMACINRX PROBITRAN ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
DERMACINRX PROBITROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
DERMACINRX PROMEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (Bacillus coagulans/digestive enzymes combo no.10)	Tier 3	
DIGEST PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 3	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET, CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 3	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (Bacillus coagulans/protease/amylase/lipase)	Tier 3	
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET, CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 3	
DIGESTIVE ADVANTAGE LACTOS SUP ORAL CAPSULE 500 MILLION CELL-3,000 UNIT (Bacillus coagulans/lactase)	Tier 3	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum)	Tier 3	
ENFAMIL DUAL PROBIOTICS-VIT D ORAL DROPS 2.5BILLION CELL -10 MCG/6 DROPS (Lactobacillus rhamnosus/Bifidobacterium animalis/vitamin D3)	Tier 3	
ENVIVE ORAL CAPSULE 12 BILLION CELL (L.acidoph,paracasei, B.lactis)	Tier 3	
EVIVO WITH MCT OIL FEEDING TUBE LIQUID 0.04 GRAM (8 BILL CELL/0.5ML (Bifidobacterium infantis)	Tier 3	
FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL, 5 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 3	
FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 3	
FLORASAVE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10 BILLION CELL -15 MG (Lactobacillus no.65/Bifidobac no.7/B.subtilis/bacteriophages)	Tier 3	
FLORASTORBABY ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 3	
FLORASTORKIDS ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 3	
FLORASTORSELECT GUT BOOST ORAL CAPSULE 250-300 MG (Saccharomyces boulardii/inulin)	Tier 3	
FLORASTORSELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG (Saccharomyces boulardii/vitamin C/vitamin D3/zinc gluconate)	Tier 3	
FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL (Lactobacillus reuteri/Bifidobacterium infantis/FOS)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTIFY OPT ADV (L. SALIVARUS) ORAL CAPSULE, DELAYED RELEASE (DR/EC) 100 BILLION CELL-75 MG (Lactobacillus no.83/Bifido animal, bifid, infant/inulin/acacia)	Tier 3	
FORTIFY OPTIMA ADVANCED CARE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 60 BILLION CELL-75 MG (Lactobacillus combo no.20/Bifido no.9/inulin/acacia)	Tier 3	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/B.animalis/B.bifidum/B.infantis)	Tier 3	
FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 50 BILLION CELL (L.acidophilus, gasseri/Bifidobact animalis, bifidum, infantis)	Tier 3	
FORTIFY PROBIOTIC 50 PLUS ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.21/Bifidobacterium combo no.7/inulin)	Tier 3	
FORTIFY PROBIOTIC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.51/Bifido animalis, bifidum/inulin)	Tier 3	
FORTIFY WOMEN PROBIO(L.SALIV.) ORAL CAPSULE, DELAYED RELEASE(DR/EC) 50 BILLION CELL-50 MG (Lactobacillus combo no.32/Bifidobacterium animalis/inulin)	Tier 3	
FORTIFY WOMEN PROBIOTIC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 BILLION CELL -50 MG (Lactobacillus combo no.51/Bifidobacterium animalis/inulin)	Tier 3	
IDEAL BOWEL SUPPORT ORAL CAPSULE 10 BILLION CELL (Lactobacillus plantarum)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFANT PROBIOTIC ORAL DROPS 1 BILLION CELL/0.5 ML (Bifidobacterium infantis)	Tier 3	
JARRO-DOPHILUS ALLERGEN FREE ORAL CAPSULE 10 BILLION CELL (L.acidoph,paracasei,plantarum,rhamn-B.animalis,breve)	Tier 3	
JARRO-DOPHILUS BABY ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (Lactobacillus casei/L. rhamnosus/Bifido no.4/GOS)	Tier 3	
JARRO-DOPHILUS BABY PROBIOTIC ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (L.casei,rhamnosus/Bifidobacterium breve,infantis,longum/GOS)	Tier 3	
JARRO-DOPHILUS DIGEST SURE ORAL TABLET 5 BILLION CELL- 188 MG (L.acidophilus,plantarum,rhamnosus/B.animalis,breve/enzy mes)	Tier 3	
JARRO-DOPHILUS EPS ORAL CAPSULE, DELAYED RELEASE(DR/EC) 25 BILLION CELL, 5 BILLION CELL, 50 BILLION CELL (Lactobac no.19/Bifidobac breve, longum/Lactoc lactis/P. acidi)	Tier 3	
JARRO-DOPHILUS GUT CALM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 8 BILLION CELL (Lactobac. plantarum/S. boulardii/Pediococcus acidilactici)	Tier 3	
JARRO-DOPHILUS KIDS ORAL TABLET, CHEWABLE 500 MILLION CELL-50 MG (L.acidophilus, plantarum/B.animalis, breve/FOS/inulin)	Tier 3	
JARRO-DOPHILUS PLUS FOS ORAL CAPSULE 3.4 BILLION CELL-210 MG (Lactobacillus no.33/Bifido animalis,longum/FOS/inulin)	Tier 3	
JARRO-DOPHILUS PRENATAL ORAL CAPSULE, DELAYED RELEASE (DR/EC) 6 BILLION CELL (L. crispatus, gasseri, jensenii, rhamnosus/B. infantis)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARRO-DOPHILUS ULTRA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 50 BILLION CELL (L.acidop, casei, helv, paracas, plant, rham, sal/B.anim, long, bre v)	Tier 3	
JARRO-DOPHILUS WOMEN ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 3	
lactobacillus acidophilus oral capsule 500 million cell	Tier 3	
lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)	Tier 3	
lactobacillus acidophilus oral tablet 1 billion cell	Tier 3	
lactobacillus acidoph-l.bulgar oral tablet 1 million cell	Tier 3	
MAGE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15 BILLION CELL -15 MG (L. acidoph, rhamn/Bifido animalis/B. subtilis/bacteriophages)	Tier 3	
MVW COMPLETE FORM PROBIOT MINI ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 BILLION CELL -15 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophag)	Tier 3	
NEWFLORA ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 3	
OMNI-BIOTIC AB-10 ORAL POWDER IN PACKET 5 BILLION CELL (L.acid,parac,plant,rhamn,saliv- B.anim,bifid,long-E.faecium)	Tier 3	
OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL (L.acidoph,casei,salivar/B.animalis/Lactococ.lactis/E.faeciu m)	Tier 3	
OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL (L.acidophil,brevis,casei,sal/B.anim,bifid/Lactococcus lactis)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL (Bifidobacterium animalis, bifidum/Lactococcus lactis)	Tier 3	
OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL (L.acido,casei,para,plant,sali/B.anim,bif/Lactococcus lactis)	Tier 3	
ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
PREBIOMAX ORAL TABLET, CHEWABLE 1.4 GRAM (xylooligosaccharides)	Tier 3	
PRIMADOPHILUS BIFIDUS ORAL CAPSULE, DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus, rhamnosus/Bifidobact.breve, longum)	Tier 3	
PRIMADOPHILUS ORIGINAL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 3	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
PROBACAP ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 3	
PROBICHEW ORAL TABLET, CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)	Tier 3	
PROBIO DEFENSE ORAL CAPSULE 2 BILLION CELL- 2 MG-12.5 MCG (L. helveticus,rhamnosus/B. longum/zinc yeast/selenium yeast)	Tier 3	
PROBIOMAX 350 DF ORAL POWDER IN PACKET 350 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 3	
PROBIOMAX COMPLETE DF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 45 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOMAX DAILY DF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 BILLION CELL (Lactobacillus acidophilus, plantarum/Bifido animalis, longum)	Tier 3	
PROBIOMAX DF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 100 BILLION CELL (Lactobacillus acidophilus, plantarum/Bifido animalis, longum)	Tier 3	
PROBIOMAX IG 26 DF ORAL CAPSULE 500 MILLION CELL-500 MG (Bacillus coagulans/hyperimmune egg)	Tier 3	
PROBIOMAX LEAN DF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10 BILLION CELL (Bifidobacterium animalis)	Tier 3	
PROBIOMAX PLUS DF ORAL POWDER IN PACKET 40 BILLION CELL -1.5 GRAM (L.acidophilus,plantarum/B.animalis,longum/S.boulardii/larc h)	Tier 3	
PROBIOMAX SB DF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 35 BILLION CELL (L.acidophilus/L.plantarum/B.animalis/B.longum/S.boulardii)	Tier 3	
PROBIONEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/h erb)	Tier 3	
PROBIOTIC (B. COAGULANS) ORAL TABLET, CHEWABLE 1 BILLION CELL, 2.5 BILLION CELL (Bacillus coagulans)	Tier 3	
PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 3	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET, CHEWABLE 2 BILLION CELL- 5 MCG (Bacillus coagulans/cholecalciferol (vit D3))	Tier 3	
PROBIOTIC ACIDOPHILUS(14-STRN) ORAL TABLET, CHEWABLE 3 BILLION CELL (Lactobacillus no.66/Bifidobacterium no.4/S.thermophilus)	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOTIC YEAST SUPPORT ORAL CAPSULE, DELAYED RELEASE (DR/EC) 5.02 BILLION CELL (Lactobacillus crispatus/Kluyveromyces marxianus)	Tier 3	
PROBIOTIC-IMMUNE ORAL TABLET, CHEWABLE 1 BILLION CELL- 45 MG-25 MCG (Bacillus coagulans, subtilis/vitamin C/vit D3/zinc gluconate)	Tier 3	
PROBIZEN ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
PROMELLA ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
REJUVAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 3	
REPHRESH PRO-B ORAL CAPSULE 5 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 3	
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL (Saccharomyces boulardii)	Tier 3	
REVITAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 3	
saccharomyces boulardii oral capsule 250 mg	Tier 3	
saccharomyces boulardii-yeast oral capsule,delayed release(dr/ec) 5 billion cell- 200 mg	Tier 3	
SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (Lactobacillus combination no.4)	Tier 3	
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (Bifidobacterium animlis/Bifidobacterium infantis/S. thermoph)	Tier 3	
TRUBIOTICS BABY ORAL DROPS 3 BILLION CELL /0.27 ML (Bifidobacterium animalis)	Tier 3	
TRUBIOTICS GUMMY ORAL TABLET, CHEWABLE 1.5BILLION CELL -7.5 MCG-1.8 G (Bacillus subtilis/cholecalciferol (vit D3)/inulin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUBIOTICS KIDS CHEWABLE ORAL TABLET,CHEWABLE 6 BILLION CELL (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 3	
TRUBIOTICS KIDS GUMMY ORAL TABLET, CHEWABLE 1.5 BILLION CELL-1.8 GRAM (Bacillus subtilis/inulin/ascorbic acid)	Tier 3	
TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
ULTIMATE FLORA BABY PROBIOTIC ORAL POWDER 4 BILLION CELL/GRAM (Lactobacillus rhamnosus/Bifido bifidum,breve,infantis,longum)	Tier 3	
ULTRAFLORA WOMEN'S ORAL CAPSULE 2 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 3	
UP4 PROBIOTICS ADULT 50 PLUS ORAL CAPSULE 25 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 3	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 3	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (Lactobacillus acidophilus/Bifidobacterium animalis/vit D2)	Tier 3	
UP4 PROBIOTICS MEN'S ORAL CAPSULE 50 BILLION CELL -90 MG-30 MCG (Lactobac no.21/Bifidobac no.7/vit C/vit D3/vit B6/vit B12)	Tier 3	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET, CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 3	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (Lactobacillus combination no.51/Bifidobacterium combo no.4)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (L.acidophilus/L.gasseri/L.plant/L.rham/B.animalis/cranberry)	Tier 3	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET, CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 3	
VISBIOME ORAL DROPS 0.5 BILLION CELL/DROP (Lactobacillus no.2/Bifidobacterium no.1/S.thermophilus)	Tier 3	
WELLPRO-31 ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
XYBIOTIC ORAL CAPSULE 15 BILLION CELL -1,000 MCG-25MG (L. acidophilus/Bacillus coagulans/folic acid/inulin)	Tier 3	
YUM-YUM DOPHILUS ORAL TABLET, CHEWABLE 2.5 BILLION CELL-50 MG, 500 MILLION CELL-50 MG (L.acidophilus, plantarum/B.animalis, breve/FOS/inulin)	Tier 3	
Irritable Bowel Syndrome (lbs) Agents - Drugs For Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 3	PA
ZELNORM ORAL TABLET 6 MG (tegaserod hydrogen maleate)	Tier 3	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxative - Bulk Forming - Drugs To Prevent Constipation		
BENEFIBER CLEAR SF (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/3.5 GRAM (wheat dextrin)	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 3	
FIBERWELL ORAL TABLET, CHEWABLE 2.5 GRAM (polydextrose)	Tier 3	
HYFIBER FOR KIDS ORAL LIQUID 6 GRAM/15 ML (fructooligosaccharides/polydextrose)	Tier 3	
KONSYL DAILY FIBER (STEVIA) ORAL POWDER IN PACKET 3.5 GRAM (psyllium husk/sweetleaf)	Tier 3	
KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM (psyllium husk)	Tier 3	
NUTRISOURCE FIBER ORAL PACKET (guar gum)	Tier 3	
NUTRISOURCE FIBER ORAL POWDER (guar gum)	Tier 3	
PREBIOTIC FIBER (FOS) ORAL TABLET, CHEWABLE 2.5 GRAM (fructooligosaccharides)	Tier 3	
PREBIOTIC FIBER ORAL TABLET, CHEWABLE 2 GRAM (inulin)	Tier 3	
PREBIOTIC INULIN-FOS ORAL POWDER 3 GRAM/ 3.8GRAM (SCOOP) (fructooligosaccharides/inulin)	Tier 3	
psyllium husk oral capsule 0.4 gram	Tier 3	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk/aspartame)	Tier 3	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 3	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM (psyllium husk)	Tier 3	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 3	
SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk/aspartame)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
KRISTALOSE ORAL PACKET 20 GRAM (lactulose)	Tier 3	ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (2 EA per 1 day)
lactulose oral packet 10 gram	Tier 3	ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)
lactulose oral solution 10 gram/15 ml	Tier 1	
lactulose oral solution 20 gram/30 ml	Tier 1	
sorbitol solution 70 %	Tier 3	
Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation	,	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	PV	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; 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)	PV	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	PV	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	PV	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	PV	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13- 1.6 gram	PV	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (354 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (peg 3350/sodium sulfate,chloride/potassium chlor/magnesium)	PV	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (sodium sulfate/potassium chloride/magnesium sulfate)	PV	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (24 EA per 1 FILL)
Laxative - Stimulant - Drugs To Prevent Constipation		
SENOKOT KIDS ORAL TABLET, CHEWABLE 8.7 MG (senna leaf extract)	Tier 3	
SENOKOT ORAL TABLET, CHEWABLE 8.7 MG (senna leaf extract)	Tier 3	
SENOKOT-CHAMOMILE ORAL TEA 1,400 MG- 1,100 MG (senna leaf/herbal complex no.324)	Tier 3	
Laxative - Stimulant And Saline/Osmotic Combinations - Drugs To Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML (sodium picosulfate/magnesium oxide/citric acid)	PV	\$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (320 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (sodium picosulfate/magnesium oxide/citric acid)	PV	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND AGE 45 TO 75 YEARS; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid		
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog - Drugs For The Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA; KP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA; KP
Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach		
glutamine oral powder 100 %	Tier 3	
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 3	KP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 3	KP

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		Coverage
Prescription Drug Name	Drug Tier	Requirements and Limits
Genitourinary Therapy - Drugs For The Urinary System		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb - Drugs For The Prostate		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
Bph Agent- 5-Alpha-Reductase And Phosphodiesterase-5 (Pde5) Inhibitors - Drugs For The Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (finasteride/tadalafil)	Tier 3	
Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	Tier 3	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (cysteamine bitartrate)	Tier 3	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (cysteamine bitartrate)	Tier 3	PA
G.U. Irrigants - Anti-Infective - Drugs For The Urinary System		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	Tier 1	
G.U. Irrigants - Drugs For The Urinary System		
acetic acid irrigation solution 0.25 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glycine urologic solution irrigation solution 1.5 %	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (citric acid/gluconolactone/magnesium carbonate)	Tier 3	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
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 3	
tiopronin oral tablet 100 mg	Tier 3	
tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg	Tier 3	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
GEMTESA ORAL TABLET 75 MG (vibegron)	Tier 3	ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML (mirabegron)	Tier 3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Oxalosis Agent - Oxalate Inhibitor, Small Interfering Rna Directed - Drugs For The Urinary System		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (nedosiran sodium)	Tier 3	KP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (nedosiran sodium)	Tier 3	KP
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
Phosphate Binders - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 3	ST: Must meet the following requirements: Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (lanthanum carbonate)	Tier 3	ST: Must meet the following requirements: Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	QL (6 EA per 1 day)
Phosphate Binders - Iron-Based - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 3	ST: Must meet the following requirements: Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
VELPHORO ORAL TABLET, CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs For The Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan)	Tier 3	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 3	PA
Prostatic Hypertrophy Agent - Alpha-1- Adrenoceptor Antagonists - Drugs For The Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
Prostatic Hypertrophy Agent - Type Ii 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
finasteride oral tablet 5 mg	Tier 1	
Prostatic Hypertrophy Agent-Sel.Cgmp Phosphodiesterase Type5 Inhibitor - Drugs For The Prostate		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA
Prostatic Hypertrophy Agent-Type I And Ii 5- Alpha Reductase Inhibitors - Drugs For The Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs For Infections		
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Acidifier - Phosphates - Drugs For Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (sodium phosphate,monobasic/potassium phosphate,monobasic)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG (potassium phosphate, monobasic)	Tier 3	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)	Tier 3	
Urinary Alkalinizer - Citrates - Drugs For Infections		
LITHOLYTE ORAL POWDER IN PACKET 10 MEQ (potassium citrate/magnesium citrate/sodium bicarbonate)	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (citric acid/sodium citrate)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
potassium citrate-citric acid oral solution 1,100-334 mg/5 ml	Tier 3	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	Tier 1	
sodium citrate-citric acid oral solution 500-334 mg/5 ml	Tier 3	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML (sodium/potassium/potassium citrate/sodium citrate/cit ac)	Tier 3	
Urinary Analgesics - Drugs For Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Methenamine And Salts - Drugs For Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 3	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs For Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	
nitrofurantoin oral suspension 50 mg/5 ml	Tier 3	
Urinary Antibacterials Other - Drugs For Infections		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Urinary Anti-Infective Methenamine-Antispas- Analg Combinations - Drugs For Infections		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin)	Tier 3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 3	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
Urinary Anti-Infective Methenamine- Antispasmodic Combinations - Drugs For Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs For The Bladder		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	
solifenacin oral tablet 10 mg, 5 mg	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (solifenacin succinate)	Tier 3	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder		
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	
flavoxate oral tablet 100 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (oxybutynin chloride)	Tier 3	ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (oxybutynin)	Tier 3	ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (colchicine)	Tier 3	ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
Gout And Hyperuricemia - Antimitotic- Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 3	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
allopurinol oral tablet 200 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
febuxostat oral tablet 40 mg, 80 mg	Tier 1	ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
Hyperuricemia Tx - Urat1 Inhibitor And Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (lesinurad/allopurinol)	Tier 3	ST: Must meet the following requirement: Allopurinol in 120 days; QL (1 EA per 1 day)
Hematological Agents		
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (daprodustat)	Tier 3	PA
Pnh - Complement Factor B Inhibitors		
FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)	Tier 3	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 3	PA; KP
CABLIVI INJECTION RECON SOLN 11 MG (caplacizumabyhdp)	Tier 3	PA; KP
Agents To Treat Paroxysmal Nocturnal Hemoglobinuria (Pnh) - Drugs For The Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)	Tier 3	PA; KP
FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticoagulants - Citrate-Based - Drugs To Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 3	
ACD-A SOLUTION (citrate dextrose solution)	Tier 3	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram- mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (sodium chloride/sodium citrate)	Tier 3	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Anticoagulants - Coumarin - Drugs To Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Anti-Inhibitor Coagulation Complex - Drugs To Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (anti-inhibitor coagulant complex)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Blood Cell And Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	Tier 3	PA
C1 Esterase Inhibitor Agents - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 3	PA; KP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 3	PA; KP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 3	PA; KP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 3	PA; KP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 3	PA; KP
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (apixaban)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (apixaban)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (apixaban)	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (edoxaban tosylate)	Tier 3	ST: Must meet the following requirements: Eliquis and Xarelto in 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA; KP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (darbepoetin alfa in polysorbate 80)	Tier 3	PA; KP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (epoetin alfa)	Tier 3	PA; KP
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 3	PA; KP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa)	Tier 3	PA; KP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfaepbx)	Tier 3	PA; KP
Factor Ix Preparations - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (factor IX recombinant, Fc fusion protein)	Tier 3	KP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 3	KP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX recombinant, albumin fusion protein)	Tier 3	KP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant, threonine 148)	Tier 3	KP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX complex, prothrombin cplx conc(pcc) no.4, 3-factor)	Tier 3	KP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX (human) recombinant, pegylated)	Tier 3	KP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 3	KP
Factor Vii Preparations - Drugs To Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor VIIa (recombinant))	Tier 3	KP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (coagulation factor VIIa recombinant-jncw)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor Viii Preparations (Ahf) - Drugs To Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 3	KP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length, peg)	Tier 3	KP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor VIII recomb, single-chn, B-dom truncated)	Tier 3	KP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von Willebrand factor,human)	Tier 3	KP
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rFVIII Fc-VWF-XTEN,BDD-ehtl)	Tier 3	KP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (FVIII) recombinant, Fc fusion protein)	Tier 3	KP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-dom truncated peg-exei)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 3	KP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 3	KP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 3	KP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 3	KP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 3	KP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-domain deleted pegaucl)	Tier 3	KP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 3	KP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 3	KP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 3	KP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII recombinant, B-domain truncated)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (antihemophilic factor VIII rec HEK cell, B-domain deleted)	Tier 3	KP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII, recombinant porcine sequence)	Tier 3	KP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII, human recombinant)	Tier 3	KP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 3	KP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb,B-domain deleted)	Tier 3	KP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb,B-domain deleted)	Tier 3	KP
Factor Viii-Mimetic Agent, Monoclonal Antibody - Drugs For The Blood		
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 3	PA; KP
Factor X Preparations - Drugs To Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor Xiii Preparations - Drugs To Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)	Tier 3	KP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)	Tier 3	KP
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-jmdb)	Tier 3	PA; KP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-pbbk)	Tier 3	PA; KP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (tbo-filgrastim)	Tier 3	PA; KP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (tbo-filgrastim)	Tier 3	PA; KP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)	Tier 3	PA; KP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim)	Tier 3	PA; KP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim)	Tier 3	PA; KP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim)	Tier 3	PA; KP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim-aafi)	Tier 3	PA; KP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-aafi)	Tier 3	PA; KP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-apgf)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-ayow)	Tier 3	PA; KP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (eflapegrastim-xnst)	Tier 3	PA; KP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-fpgk)	Tier 3	PA; KP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 3	PA; KP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 3	PA; KP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 3	PA; KP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)	Tier 3	PA; KP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-bmez)	Tier 3	PA; KP
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)	Tier 3	PA; KP
Hematorheologic Agents - Drugs For The Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hemostatic Systemic- Von Willebrand Factor (Vwf) Preparations - Drugs To Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (von Willebrand factor (recombinant))	Tier 3	KP
Hemostatic Topical Agents - Drugs To Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (ferric subsulfate)	Tier 3	
AVITENE FLOUR TOPICAL POWDER (microfibrillar collagen)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (microfibrillar collagen)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (microfibrillar collagen)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (microfibrillar collagen)	Tier 3	
GELFILM IMPLANT FILM (gelatin)	Tier 3	
GEL-FLOW NT TOPICAL SYRINGE (gelatin sponge,absorbable)	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (gelatin sponge,absorbable/porcine skin)	Tier 3	
GELFOAM TOPICAL SPONGE 4 (gelatin sponge,absorbable/porcine skin)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (ferric subsulfate)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (thrombin (recombinant))	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (recombinant))	Tier 3	
SURGIFLO TOPICAL SYRINGE (gelatin sponge,absorbable)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (microfibrillar collagen)	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic)	Tier 3	
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 3	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (microfibrillar collagen)	Tier 3	
Hemostatic Topical Combinations - Drugs To Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " (fibrinogen/thrombin (human plasma derived))	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT (thrombin(human plasma derived)/gelatin matrix, bovine)	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (fibrinogen/thrombin (human plasma derived))	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 3	
Heparin Flush Formulations - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 1	KP
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	KP
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	KP
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 1	KP
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	KP
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	KP
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Heparins - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 1	KP
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	KP
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	KP
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	KP
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	KP
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	KP
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	KP
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 1	KP
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	KP
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	KP
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	KP
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	KP
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	KP
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	KP
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 3	KP; QL (24 ML per 30 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)	Tier 3	KP; QL (18 ML per 30 days)
Plasma Proteins Which Facilitate Anticoagulation - Drugs For The Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (plasminogen, human-tvmh)	Tier 3	PA; KP
Platelet Aggregation Inhib - Cyclopentyl- Triazolo-Pyrimidines (Cptps) - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Tier 2	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25- 200 mg	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase lii Inhibitors - Drugs For The Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT 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
aspirin oral tablet 325 mg	PV	
aspirin oral tablet,chewable 81 mg	PV	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	PV	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	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 3	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		
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
prasugrel oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhibitors-Salicylates And		
Proton Pump Inhib Comb - Drugs For The Blood		
aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin/omeprazole)	Tier 3	PA
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr - Drugs For The Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Platelet Aggregation Inhib-Protease- Activ.Receptor-1(Par-1) Antagonist - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	Tier 3	QL (1 EA per 1 day)
Pnh - Complement (C3) Inhibitors - Drugs For The Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)	Tier 3	PA; KP
Pyruvate Kinase (Pk) Activators - Drugs For The Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	Tier 3	PA
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (mitapivat sulfate)	Tier 3	PA
Sickle Cell Anemia Agents, Others - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 3	PA
SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)	Tier 3	ST: Must meet the following requirement: Droxia or Hydroxyurea in 365 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIKLOS ORAL TABLET 100 MG (hydroxyurea)	Tier 3	QL (2 EA per 1 day)
Sickle Hemoglobin (Hbs) Polymerization Inhibitor - Drugs For The Blood		
OXBRYTA ORAL TABLET 300 MG, 500 MG (voxelotor)	Tier 3	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (voxelotor)	Tier 3	PA
Thrombin Inhibitor - Selective Direct And Reversible - Drugs To Prevent Blood Clots		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate mesylate)	Tier 3	ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (dabigatran etexilate mesylate)	Tier 3	PA
Thrombopoietin Receptor Agonists - Drugs For The Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (eltrombopag choline)	Tier 3	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 3	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 3	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 3	PA
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	Tier 3	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 3	PA
Hepatobiliary System Treatment Agents		
Non-Alcoholic Steatohepatitis (Nash) Agents - Thr-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	Tier 3	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 3	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor - Drugs For The Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (odevixibat)	Tier 3	PA
BYLVAY ORAL PELLET 200 MCG, 600 MCG (odevixibat)	Tier 3	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	Tier 3	PA
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	ST: Must meet the following requirement: Generic Tacrolimus in 120 days
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus)	Tier 3	ST: Must meet the following requirement: Generic Tacrolimus in 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 3	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	
Immunosuppressive - Interleukin-6 (II-6) Receptor Inhibitors - Drugs For Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (satralizumab-mwge)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
Locomotor System		
Als Agents - Antisense Oligonucleotide (Aso)		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (tofersen)	Tier 3	KP
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)	Tier 3	PA
Friedreich Ataxia-Nuclear Factor Erythroid- Rel.Factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	Tier 3	PA
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs For Muscles, Ligaments, Tendons, And Bones		
dichlorphenamide oral tablet 50 mg	Tier 3	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 3	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 3	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (edaravone)	Tier 3	
Amyotrophic Lateral Sclerosis (Als) Agents - Benzathiazoles - Drugs For Nerves And Muscles		
EXSERVAN ORAL FILM 50 MG (riluzole)	Tier 3	PA
riluzole oral tablet 50 mg	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 3	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	
Antimyasthenic Agents Other - Drugs For Nerves And Muscles		
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	Tier 3	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (zilucoplan sodium)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Musculoskeletal Therapy Agent - Joint Tissue Replacement - Drugs For Muscles, Ligaments, Tendons, And Bones		
MACI IMPLANT SHEET 500,000 CELL/ CM2 (3CM X 5CM) (autologous cultured chondrocytes/collagen, porcine)	Tier 3	KP
Musculoskeletal Therapy Agent - Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)	Tier 3	PA; KP
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (hyaluronate sodium)	Tier 2	PA; KP
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (hyaluronate sod, cross-linked)	Tier 3	PA; KP
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (hyaluronate sodium)	Tier 3	PA; KP
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (hyaluronate sodium, modified, non-crosslinked)	Tier 3	PA; KP
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (hyaluronate sodium, stabilized)	Tier 3	PA; KP
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (hyaluronate sodium)	Tier 3	PA; KP
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (hylan G-F 20)	Tier 2	PA; KP
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (hylan G-F 20)	Tier 2	PA; KP
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	PA; KP
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)	Tier 3	QL (4 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	Tier 1	QL (8 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	Tier 3	QL (4 EA per 1 day)
orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	Tier 3	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)	Tier 1	KP
baclofen intrathecal syringe 50 mcg/ml (1 ml)	Tier 1	KP
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	Tier 1	PA
baclofen oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Tier 3	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg	Tier 3	QL (1 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
cyclobenzaprine oral tablet 7.5 mg	Tier 3	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG (cyclobenzaprine HCI/TENS unit electrodes)	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG (cyclobenzaprine HCI/TENS unit/TENS unit electrodes)	Tier 3	
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML), 50 MCG/ML (1 ML) (baclofen)	Tier 3	KP
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML (baclofen)	Tier 3	KP
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG (baclofen)	Tier 3	PA
metaxalone oral tablet 400 mg	Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 1,000 mg	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
tizanidine oral capsule 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	Tier 1	QL (9 EA per 1 day)
Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones	T. 4	
dantrolene oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb Drugs For Muscles, Ligaments, Tendons, And Bones		
CYCLOPAK KIT 5 MG-2.5 %- 2.5 % (cyclobenzaprine/lidocaine/prilocaine/glycerin)	Tier 3	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 % (cyclobenzaprine HCI/lidocaine/menthol)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb Drugs For Muscles, Ligaments, Tendons, And Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs For Nerves And Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (nusinersen sodium/PF)	Tier 3	KP
Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier - Drugs For Nerves And Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (risdiplam)	Tier 3	
Medical Supplies And Durable Medical Equipment (Dme)		
Medical Supplies And Dme - Epidural Administration Sets		
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (epidural administration set)	Tier 3	KP
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (epidural administration set)	Tier 3	KP

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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 Administration Sets - Medical Supplies And Durable Medical Equipment		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (blood administration set)	Tier 3	
Medical Supplies And Dme - Blood Coagulation Testing Supplies - Medical Supplies And Durable Medical Equipment		
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 3	
Medical Supplies And Dme - Blood Collection Needles - Medical Supplies And Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 3	
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	DME	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	DME	
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	DME	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	DME	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	DME	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	DME	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	DME	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	DME	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
BLU LINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	DME	
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	DME	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic) Tior 1 = Proferred Coperio Drugs I Tior 2 = Proferred Brand N	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	DME	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	DME	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	DME	
EASY STEP STRIP (blood sugar diagnostic)	DME	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASY TOUCH BLU LINK TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	DME	
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EASYMAX STRIP (blood sugar diagnostic)	DME	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name		Coverage Requirements and Limits
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	DME	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	DME	
EVENCARE G2 STRIP (blood sugar diagnostic)	DME	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	DME	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	DME	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	DME	
EVENCARE TEST STRIP (blood sugar diagnostic)	DME	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	DME	
EZ SMART TEST STRIP (blood sugar diagnostic)	DME	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	DME	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	DME	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	DME	
FORA D20 STRIP (blood sugar diagnostic)	DME	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA G20 STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	DME	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA V10 STRIP (blood sugar diagnostic)	DME	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	DME	
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	DME	
FORA V20 STRIP (blood sugar diagnostic)	DME	
FORA V30A STRIP (blood sugar diagnostic)	DME	
FORACARE GD20 STRIP (blood sugar diagnostic)	DME	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	DME	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE TEST STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	DME	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	DME	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	DME	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	DME	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	DME	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	DME	
GM100 STRIP (blood sugar diagnostic)	DME	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	DME	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	DME	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	DME	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	DME	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	DME	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	DME	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	DME	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	DME	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
OPTIUM EZ STRIP (blood sugar diagnostic)	DME	
OPTIUM TEST STRIP (blood sugar diagnostic)	DME	
OPTUMRX STRIP (blood sugar diagnostic)	DME	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	DME	
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	DME	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	DME	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	DME	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	DME	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	DME	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	DME	
PREMIUM V10 STRIP (blood sugar diagnostic)	DME	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	DME	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	DME	
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	DME	
QUINTET AC STRIP (blood sugar diagnostic)	DME	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
REFUAH PLUS STRIP (blood sugar diagnostic)	DME	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	DME	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RELION ULTIMA STRIP (blood sugar diagnostic)	DME	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	DME	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	DME	
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SMARTEST TEST STRIP (blood sugar diagnostic)	DME	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	DME	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	DME	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
TEST N'GO TEST STRIP (blood sugar diagnostic)	DME	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	DME	
TRUETRACK TEST STRIP (blood sugar diagnostic)	DME	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ULTRATRAK STRIP (blood sugar diagnostic)	DME	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	DME	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	DME	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	DME	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	DME	
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	DME	
Medical Supplies And Dme - Blood Glucose- Ketone Comb. Test Supplies - Medical Supplies And Durable Medical Equipment		
CARETOUCH KETONE-GLUCOSE MONIT DEVICE (blood ketone and glucose monitor)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (blood ketone and glucose monitor)	DME	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	DME	
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	DME	
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	DME	
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	DME	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	DME	
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	DME	
NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)	DME	
PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)	DME	
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)	DME	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Cervical Caps - Medical Supplies And Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	\$0 COPAY
Medical Supplies And Dme - Compression Stockings - Medical Supplies And Durable Medical Equipment		
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 3	
Medical Supplies And Dme - Conception Assistance Supplies - Medical Supplies And Durable Medical Equipment		
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 3	
Medical Supplies And Dme - Covid-19 Miscellaneous Testing Supplies - Medical Supplies And Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days)
BD VERITOR AT-HOME COVID19 TST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BD VERITOR SARS-COV-2, FLU A-B KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 3	
BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINAXNOW COVD AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 3	
BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CELLTRION DIATRUST COV-19 HOME KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
covid19 test adm.by pharmacist	Tier 3	
CUE COVID-19 HOME TEST KIT (COVID-19 molecular nucleic acid test assay)	Tier 3	
ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
EVERLYWELL COVID19 HOM COLLECT (COVID-19 test specimen collection)	Tier 3	
FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
MIDASPOT COVID19 ANTIBODY TEST KIT (COVID-19 IgG/IgM test cassette)	Tier 3	
OHC COVID-19 ANTIGEN HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 3	
QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)	Tier 3	
RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 3	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and
SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
Medical Supplies And Dme - Dental Supplies Other - Medical Supplies And Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (dental suction device/chlorhexidine/dental swab 1/mouthwash)	Tier 3	
Q-CARE RX Q4 KIT 0.12 % (dental suction device/chlorhexidine gl/dental swab comb no.1)	Tier 3	
Medical Supplies And Dme - Diaphragms - Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	\$0 COPAY
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	PV	\$0 COPAY
Medical Supplies And Dme - Digital Therapeutics, Software - Medical Supplies And Durable Medical Equipment		
ASPYRERX DIGITAL APP (90-DAY) (digital therapeutics,cognit. behavioral therapy for T2DM)	Tier 3	
ENDEAVORRX (digital therapeutics,cognit. behavioral therapy for ADHD)	Tier 3	
LUMINOPIA DIGITAL APP (30-DAY) (digital therapeutics,amblyopia)	Tier 3	
MAHANA IBS (digital therapeutics,cognit. behavioral therapy for IBS)	Tier 3	
NERIVIO DIGITAL APP (MIGRAINE) (digital therapeutic, remote electrical neuromodulator device)	Tier 3	
REGULORA IBS DIGITAL APP (digital therapeutics,cognit. behavioral therapy for IBS)	Tier 3	
Medical Supplies And Dme - Drug Application Supplies - Medical Supplies And Durable Medical Equipment		
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 3	
Medical Supplies And Dme - Feeding Tubes And Supplies - Medical Supplies And Durable Medical Equipment		
ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 3	
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 3	
Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment		
FC2 FEMALE CONDOM (condoms, female)	PV	\$0 COPAY
Medical Supplies And Dme - Gauze Bandages - Medical Supplies And Durable Medical Equipment		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36" (gauze bandage)	Tier 3	
Medical Supplies And Dme - Gauze Pads And Dressings - Medical Supplies And Durable Medical Equipment		
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 9 X 9 " (foam bandage)	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 3	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (bismuth tribromophenate/petrolatum,white)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment		
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	DME	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	DME	
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	DME	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	DME	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	DME	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	DME	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	DME	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	DME	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	DME	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	DME	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	DME	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	DME	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	DME	
ADJUSTABLE LANCING DEVICE (lancing device)	DME	
ADVANCED GLUCOSE METER (blood-glucose meter)	DME	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	DME	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	DME	
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
ADVOCATE LANCING DEVICE (lancing device)	DME	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	DME	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)	DME	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	DME	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	DME	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	DME	
ALKALINE BATTERIES (diabetic supplies,miscell)	DME	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	DME	
ALTERNATE SITE LANCING DEVICE (lancing device)	DME	
AQUA LANCE LANCING DEVICE (lancing device)	DME	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	DME	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	DME	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	DME	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	DME	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ASSURE PRISM MULTI METER (blood-glucose meter)	DME	
AUTO-LANCET MINI (lancing device)	DME	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	DME	
AUTOLET LANCING DEVICE (lancing device)	DME	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	DME	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	DME	
BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	DME	
BIOTEL CARE BGM-4 METER (blood-glucose meter)	DME	
blood glucose contrl hi,normal solution	DME	
blood glucose control, normal solution	DME	
blood glucose ctl high,nml,low solution	DME	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	DME	
blood-glucose meter	DME	
blood-glucose meter kit	DME	
BLU LINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	DME	
BLU LINK GLUCOSE MONITOR SYST (blood-glucose meter)	DME	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	DME	
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	DME	
CAREONE LANCING DEVICE (lancing device)	DME	
CAREONE ULTRA THIN LANCET (lancets)	DME	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	DME	
CARESENS LANCETS 30 GAUGE (lancets)	DME	
CARESENS N (blood-glucose meter)	DME	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	DME	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	DME	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	DME	
CONTOUR NEXT METER (blood-glucose meter)	DME	
CONTOUR NEXT ONE METER (blood-glucose meter)	DME	
DARIO BLOOD GLUCOSE MONITOR DEVICE (blood-glucose meter,for mobile device)	DME	
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	DME	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,continuous)	DME	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)	DME	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	DME	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	DME	
DROPLET GENTEEL LANCING DEVICE (lancing device)	DME	
DROPLET LANCETS 30 GAUGE (lancets)	DME	
DROPLET LANCING DEVICE (lancing device)	DME	
EASY COMFORT LANCETS 30 GAUGE (lancets)	DME	
EASY MINI EJECT LANCING DEVICE (lancing device)	DME	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	DME	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	DME	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	DME	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	
EASY TOUCH BLU LINK GLUC SYST (blood-glucose meter)	DME	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	DME	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	DME	
EASY TOUCH LANCING DEVICE (lancing device)	DME	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	DME	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	DME	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	DME	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	DME	
EASYGLUCO METER KIT (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	DME	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYMAX NG (blood-glucose meter)	DME	
EASYMAX NG KIT (blood-glucose meter)	DME	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	DME	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	DME	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	DME	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	DME	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	DME	
EVENCARE KIT (blood-glucose meter)	DME	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	DME	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE SOLUTION (blood glucose calibration control high and low)	DME	
EVERSENSE E3 SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	DME	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	DME	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EZ SMART LANCETS 28 GAUGE (lancets)	DME	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	DME	
EZ SMART SYSTEM KIT (blood-glucose meter)	DME	
FINGERSTIX LANCETS (lancets)	DME	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D20 KIT (blood-glucose meter)	DME	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA G20 KIT (blood-glucose meter)	DME	
FORA G30A (blood-glucose meter)	DME	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORA LANCING DEVICE (lancing device)	DME	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	DME	
FORA TEST N'GO VOICE METER (blood-glucose meter)	DME	
FORA TN'G VOICE METER (blood-glucose meter)	DME	
FORA V10 KIT (blood-glucose meter)	DME	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
FORA V20 KIT (blood-glucose meter)	DME	
FORA V30A (blood-glucose meter)	DME	
FORA V30A KIT (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORACARE LANCETS 30 GAUGE (lancets)	DME	
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	DME	
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORTISCARE T1 BLOOD GLUC SYS (blood-glucose meter)	DME	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	DME	
FREESTYLE FREEDOM KIT (blood-glucose meter)	DME	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	DME	
FREESTYLE INSULINX (blood-glucose meter)	DME	
FREESTYLE LANCETS 28 GAUGE (lancets)	DME	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash 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 READER (blood-glucose meter,continuous)	DME	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)	DME	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	DME	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	DME	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	DME	
FREESTYLE UNISTIK 2 (lancets)	DME	
GDRIVE KIT (blood-glucose meter)	DME	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
GE333 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
GLUCOCARD 01 METER KIT (blood-glucose meter)	DME	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD EXPRESSION (blood-glucose meter)	DME	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	DME	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	DME	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	DME	
GLUCOCARD SHINE METER (blood-glucose meter)	DME	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	DME	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD SHINE XL METER (blood-glucose meter)	DME	
GLUCOCARD VITAL KIT (blood-glucose meter)	DME	
GLUCOCOM AUTOLINK (diabetic supplies, miscell)	DME	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	DME	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
GM100 KIT (blood-glucose meter)	DME	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GOJJI LANCETS 30 GAUGE (lancets)	DME	
GOJJI LANCING DEVICE (lancing device)	DME	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	DME	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 3	PA
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	DME	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
HEALTHY ACCENTS AUTOLET (lancing device)	DME	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	DME	

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	Coverage Requirements and Limits
DME	
	DME

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDISENSE COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	DME	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	DME	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	DME	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	DME	
MICRO THIN LANCETS 33 GAUGE (lancets)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
MICRODOT LANCET 28 GAUGE (lancets)	DME	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	DME	
MICROLET LANCET (lancets)	DME	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINI LANCING DEVICE (lancing device)	DME	
MINIMED QUICK-SERTER (MMT-395) (diabetic supplies,miscell)	DME	
MOBILE LANCETS 30 GAUGE (lancets)	DME	
MONOLET LANCETS 21 GAUGE (lancets)	DME	
MONOLET THIN LANCETS 28 GAUGE (lancets)	DME	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	DME	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
MYGLUCOHEALTH KIT (blood-glucose meter)	DME	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	DME	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	DME	
NOVA SUREFLEX LANCETS (lancets)	DME	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	DME	
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
ON CALL EXPRESS METER (blood-glucose meter)	DME	
ON CALL EXPRESS METER KIT (blood-glucose meter)	DME	
ON CALL LANCET 30 GAUGE (lancets)	DME	
ON CALL LANCING DEVICE (lancing device)	DME	
ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL PLUS LANCET 30 GAUGE (lancets)	DME	
ON CALL PLUS LANCING DEVICE (lancing device)	DME	
ON CALL PLUS METER (blood-glucose meter)	DME	
ON CALL PLUS METER KIT (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL VIVID METER (blood-glucose meter)	DME	
ON CALL VIVID METER KIT (blood-glucose meter)	DME	
ON CALL VIVID PAL METER (blood-glucose meter)	DME	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	DME	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	DME	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	DME	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	DME	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ONETOUCH ULTRA2 METER (blood-glucose meter)	DME	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	DME	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	DME	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	DME	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	DME	
ON-THE-GO LANCETS 30 GAUGE (lancets)	DME	
OPTUMRX (blood-glucose meter)	DME	
OPTUMRX KIT (blood-glucose meter)	DME	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVAL TAPE (diabetic supplies,miscell)	DME	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	DME	
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low)	DME	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	DME	
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	DME	
POGO AUTOMATIC BLOOD GLUC SYS (blood-glucose meter)	DME	
PRECISION (blood-glucose meter)	DME	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	DME	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	DME	
PRECISION XTRA MONITOR (blood-glucose meter)	DME	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	DME	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	DME	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	DME	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	DME	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
PREMIUM V10 (blood-glucose meter)	DME	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	DME	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	DME	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	DME	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	DME	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	DME	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	DME	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
PRODIGY CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
PRODIGY LANCING DEVICE (lancing device)	DME	
PRODIGY POCKET METER KIT (blood-glucose meter)	DME	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	DME	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	DME	
PURE COMFORT LANCETS 30 GAUGE (lancets)	DME	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	DME	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
QUINTET AC (blood-glucose meter)	DME	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	DME	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED MINI LANCING DEVICE (lancing device)	DME	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	DME	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	DME	
RELION CONFIRM KIT (blood-glucose meter)	DME	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	DME	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
RELION PRIME METER (blood-glucose meter)	DME	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GD500 LANCING DEVICE (lancing device)	DME	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	DME	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	DME	
RIGHTEST GM700SB GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST MAX PLUS GLUCOSE MTR (blood-glucose meter)	DME	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SAFETY-LET LANCETS 30 GAUGE (lancets)	DME	
SINGLE-LET (lancets)	DME	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	DME	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	DME	
SMARTDIABETES VANTAGE (lancing device)	DME	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
SMARTEST EJECT KIT (blood-glucose meter)	DME	
SMARTEST LANCET (lancets)	DME	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	DME	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	DME	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	DME	
SMARTEST PROTEGE KIT (blood-glucose meter)	DME	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	DME	
SMARTEST TALKING METER KIT (blood-glucose meter)	DME	
SOFT TOUCH LANCETS (lancets)	DME	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	DME	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	DME	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	DME	
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	DME	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
SURE COMFORT LANCING PEN (lancing device)	DME	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	DME	
SUREFLEX LANCING DEVICE (lancing device)	DME	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	DME	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	DME	
SURE-PEN LANCING DEVICE (lancing device)	DME	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	DME	
SURE-TOUCH LANCET (lancets)	DME	
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
TELCARE LANCETS 30 GAUGE (lancets)	DME	
TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)	DME	
TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)	Tier 3	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
THIN LANCETS 26 GAUGE (lancets)	DME	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	DME	
TRUE COMFORT LANCET 30 GAUGE (lancets)	DME	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	DME	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
TRUEDRAW LANCING DEVICE (lancing device)	DME	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	DME	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	DME	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	DME	
ULTI-LANCE (lancing device)	DME	
ULTI-LANCE KIT (lancing device/lancets)	DME	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	DME	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	DME	
ULTIMA MONITOR (blood-glucose meter)	DME	
ULTRA FINE LANCETS 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA THIN II LANCETS 30 GAUGE (lancets)	DME	
ULTRA THIN LANCETS, 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (lancets)	DME	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	DME	
ULTRA TLC LANCETS (lancets)	DME	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	DME	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	DME	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	DME	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	DME	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ULTRATRAK ULTIMATE (blood-glucose meter)	DME	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	DME	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	DME	
UNILET GP LANCET (lancets)	DME	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	DME	
UNILET LANCETS 30 GAUGE (lancets)	DME	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	DME	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	DME	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	DME	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	DME	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	DME	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	DME	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	DME	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	DME	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	DME	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	DME	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	DME	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	DME	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	DME	
VIVAGUARD LANCET 30 GAUGE (lancets)	DME	
VIVAGUARD LANCING DEVICE (lancing device)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVESENSE AMP KIT (blood-glucose meter)	DME	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	DME	
WAVESENSE PRESTO (blood-glucose meter)	DME	
WAVESENSE PRESTO KIT (blood-glucose meter)	DME	
Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 3	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device, muscle toner, elt)	Tier 3	
Medical Supplies And Dme - Infant Diapers - Medical Supplies And Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 1 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 3	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	
Medical Supplies And Dme - Insulin Needles- Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment		
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	DME	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic disposable, 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 INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe, insulin U-500 with needle, disposable, 0.5 mL)	Tier 1	

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Prescription Drug Name		Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	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	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE NANO 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
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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" (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 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 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 5/32", 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 0.5 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	

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic, safety)	Tier 1	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (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	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	DME	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	DME	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	DME	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	DME	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	DME	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	DME	
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	Tier 1	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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Prescription Drug Name		Coverage Requirements and Limits
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	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	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 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 1/4", 1/2 ml 30 gauge x 15/64"	Tier 1	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic disposable, 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 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
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	

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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	
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 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"	Tier 1	
pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"	Tier 1	
pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"	Tier 1	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5/32" (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	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe- needle,safety,disposal unit,0.5 mL)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con.disp.unit)	Tier 1	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
SURE COMFORT 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 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	
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)	Tier 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	
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	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 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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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
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-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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (pen needle, diabetic disposable, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERIFINE 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 3/16", 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	
Medical Supplies And Dme - Iv Sets-Tubing - Medical Supplies And Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (intravenous catheter)	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)	Tier 3	
FILTERED EXTENSION SET INFUSION SET (intravenous administration extension set with filter)	Tier 3	
HI-VOLUME PUMPING CHAMBER SET (transfer sets)	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (intravenous administration set)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (intravenous administration extension set)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 3	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 3	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (intravenous administration set)	Tier 3	
TRANSFER SET (transfer sets)	Tier 3	
Medical Supplies And Dme - Male Condoms - Medical Supplies And Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	PV	\$0 COPAY
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
KIMONO LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
KIMONO MICROTHIN AQUA LUBE CON DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
KIMONO TEXTURED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
Medical Supplies And Dme - Male Erectile Dysfunction Aids - Medical Supplies And Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 3	
Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment		
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)	Tier 3	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
eua patient assessment	Tier 3	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 3	
PTS COLLECT CAPILLARY TUBE (medical supply, miscellaneous)	Tier 3	
RECONSTITUBE KIT (medical supply, miscellaneous)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPPOSITORY SHELL, SMALL DEVICE (suppository mold)	Tier 3	
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	KP
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	KP
TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)	Tier 3	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 3	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 3	
VIBRANT ORAL CAPSULE (vibrating transient device for constipation)	Tier 3	
VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)	Tier 3	
XENOVIEW EMPTY DELIVERY BAG (inhalation bag with mouthpiece)	Tier 3	
Medical Supplies And Dme - Nebulizers - Medical Supplies And Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 3	
AEROECLIPSE XL NEBULIZER (nebulizer)	Tier 3	
AERONEB GO NEBULIZER (nebulizer)	Tier 3	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 3	
ALTERA NEBULIZER HANDSET (nebulizer)	Tier 3	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 3	
AURA PORTANEB (nebulizer)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 3	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 3	
LC PLUS (nebulizer)	Tier 3	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)	Tier 3	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 3	
MINI PLUS NEBULIZER (nebulizer)	Tier 3	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 3	
PARI LC SPRINT SINUS (nebulizer)	Tier 3	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 3	
SIDESTREAM (nebulizer)	Tier 3	
SIDESTREAM NEBULIZER (nebulizer)	Tier 3	
SIDESTREAM PLUS (nebulizer)	Tier 3	
SINUSTAR NEBULIZER (nebulizer)	Tier 3	
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 3	
TRUNEB NEBULIZER (nebulizer)	Tier 3	
VIXONE NEBULIZER (nebulizer)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (nebulizer)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizer)	Tier 3	
Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment		
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (needles, safety)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (needles, disposable)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 26 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
blunt needle, disposable needle 18 x 1 1/2 "	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 SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, disposable, 1 mL)	Tier 1	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1" (needles, disposable)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 3	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (syringe, disposable, 10 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	

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Prescription Drug Name		Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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", 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 3	
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	
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	
filter needles needle 19 x 1 ", 19 x 1 1/2 "	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 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 NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1" (needles, safety)	Tier 3	
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	
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	

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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 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE (syringe with needle, disposable)	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 1/2", 3 ML 22 GAUGE X 1", 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	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1/2", 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 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 needles needle 18 gauge x 1 1/2"	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", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 5/8" (syringe, safety with needle, 3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2"	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	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 1/2", 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	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Medical Supplies And Dme - Parenteral Therapy Supplies - Medical Supplies And Durable Medical Equipment		
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (transfer device, closed system)	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR (connector luer lock, closed system)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALO CLOSED BAG ADAPTOR (infusion adapter, closed system)	Tier 3	
HALO CLOSED LINE ADAPTOR (connector luer lock, closed system)	Tier 3	
HALO CLOSED SYRINGE ADAPTOR (needle injector, luer lock, closed system)	Tier 3	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM (vial size converter, closed system)	Tier 3	
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 3	
I-PORT (injection ports)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 3	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 3	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 3	
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 3	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 3	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 3	
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	DME	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
ASTHMA CHECK METER DEVICE (peak flow meter)	DME	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	DME	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	DME	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	DME	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	DME	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	DME	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	DME	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	DME	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	DME	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	DME	
PIKO 1 DEVICE (peak flow meter)	DME	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	DME	
PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	DME	
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 3	
AERONEB GO (nebulizer accessories)	Tier 3	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 3	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 3	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 3	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 3	
MICROSPACER SPACER (inhaler, assist devices)	Tier 3	
nebulizer and compressor device	Tier 3	
NOSE CLIP (nebulizer accessories)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 3	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Scar Treatments - Medical Supplies And Durable Medical Equipment		
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 3	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 3	
DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)	Tier 3	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 3	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 3	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 3	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 3	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 3	
SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 3	
SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 3	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
SKARLITE TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 3	
SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 3	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 3	
Medical Supplies And Dme - Subcutaneous Administration Supply - Medical Supplies And Durable Medical Equipment		
INSUFLON INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 3	
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices - Medical Supplies And Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,automated dosing,BT with controller)	Tier 2	KP
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, subcut automated dosing, bluetooth)	Tier 2	KP
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 2	KP
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, subcut automated dosing, BT, G6/G7)	Tier 2	KP
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,radio freq)	Tier 2	KP
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 2	KP
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)	Tier 2	KP
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 10 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 15 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 20 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 25 units/day, disposable)	Tier 2	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 30 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 40 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 35 units/day, disposable)	Tier 2	KP
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 3	
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	PA
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 3	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Urinary Catheters And Related Devices - Medical Supplies And Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR (catheter)	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 3	
DOVER FOLEY CATHETER 24 FR (catheter)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR (catheter)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (urinary bag/catheter)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (catheter)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 3	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 3	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 3	
TOUCH-TROL 10 FR (catheter)	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)	Tier 3	
Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment		
KETONE CARE STRIP (urine acetone test strips)	DME	
KETONE URINE TEST STRIP (urine acetone test strips)	DME	
KETOSTIX STRIP (urine acetone test strips)	DME	
TRUEPLUS KETONE STRIP (urine acetone test strips)	DME	
Medical Supplies And Dme- Blood Collection Sets With Local Anesthetics - Medical Supplies And Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies And Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 3	
Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies - Medical Supplies And Durable Medical Equipment		
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 3	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 3	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
Tissue Bulking Implants - Anorectal - Medical Supplies And Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl)	Tier 3	KP
Tissue Bulking Implants - Ureteral - Medical Supplies And Durable Medical Equipment		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1) (dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl)	Tier 3	KP
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)	DME	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	DME	
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	DME	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	DME	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	DME	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	DME	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	DME	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	DME	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	DME	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	DME	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	DME	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	DME	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	DME	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	DME	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	DME	
ADJUSTABLE LANCING DEVICE (lancing device)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	DME	
ADVANCED GLUCOSE METER (blood-glucose meter)	DME	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	DME	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	DME	
ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days)
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
ADVOCATE LANCING DEVICE (lancing device)	DME	
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)	DME	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)	DME	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	DME	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 3	
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 3	
AEROECLIPSE XL NEBULIZER (nebulizer)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	DME	
AERONEB GO (nebulizer accessories)	Tier 3	
AERONEB GO NEBULIZER (nebulizer)	Tier 3	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 3	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 3	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	DME	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	DME	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	DME	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 3	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
ALKALINE BATTERIES (diabetic supplies,miscell)	DME	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle, disposable, 0.5 mL)	Tier 1	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle, disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle, disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle, disposable, 1 mL)	Tier 1	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 " (foam bandage)	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " (foam bandage)	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (foam bandage)	Tier 3	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (foam bandage)	Tier 3	
ALTERA NEBULIZER HANDSET (nebulizer)	Tier 3	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	DME	
ALTERNATE SITE LANCING DEVICE (lancing device)	DME	
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)	Tier 3	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (needles, safety)	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (needles, disposable)	Tier 3	
AQUA LANCE LANCING DEVICE (lancing device)	DME	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 3	
ASPYRERX DIGITAL APP (90-DAY) (digital therapeutics,cognit. behavioral therapy for T2DM)	Tier 3	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	DME	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
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)	DME	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	DME	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	DME	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	DME	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ASSURE PRISM MULTI METER (blood-glucose meter)	DME	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	DME	
ASTHMA CHECK METER DEVICE (peak flow meter)	DME	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	DME	
AURA PORTANEB (nebulizer)	Tier 3	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
AUTO-LANCET MINI (lancing device)	DME	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOLET LANCING DEVICE (lancing device)	DME	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR (catheter)	Tier 3	
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 AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic disposable, safety)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe, insulin U-500 with needle, disposable, 0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (intravenous catheter)	Tier 3	
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 LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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)	DME	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	DME	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 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 26 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 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, 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 ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD VERITOR AT-HOME COVID19 TST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BD VERITOR SARS-COV-2, FLU A-B KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)	Tier 3	
BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINAXNOW COVD AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 3	
BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	DME	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	DME	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 3	
BIOTEL CARE BGM-4 METER (blood-glucose meter)	DME	
blood glucose contrl hi,normal solution	DME	
blood glucose control, normal solution	DME	
blood glucose ctl high,nml,low solution	DME	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	DME	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
blood-glucose meter	DME	
blood-glucose meter kit	DME	
BLU LINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	DME	
BLU LINK GLUCOSE MONITOR SYST (blood-glucose meter)	DME	
BLU LINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
blunt needle, disposable needle 18 x 1 1/2 "	Tier 3	
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler,assist device with small mask)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (inhaler,assist device with large mask)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (inhaler,assist device with medium mask)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler,assist device with small mask)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler,assist device with small mask)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 3	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	DME	
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	DME	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	DME	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREONE LANCING DEVICE (lancing device)	DME	
CAREONE ULTRA THIN LANCET (lancets)	DME	
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 NEEDLE NEEDLE 21 GAUGE X 1" (needles, disposable)	Tier 3	
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)	DME	
CARESENS LANCETS 30 GAUGE (lancets)	DME	
CARESENS N (blood-glucose meter)	DME	
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	DME	
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	DME	
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CARESENS N VOICE (blood-glucose meter)	DME	
CARESOFT LANCING DEVICE (lancing device)	DME	
CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 3	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)	DME	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	DME	
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 KETONE-GLUCOSE MONIT DEVICE (blood ketone and glucose monitor)	DME	
CARETOUCH LANCING DEVICE (lancing device)	DME	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 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	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	DME	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 3	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	\$0 COPAY
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
CELLTRION DIATRUST COV-19 HOME KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 3	PA
CEQUR SIMPLICITY INSERTER (diabetic supplies, miscell)	DME	PA
CHEMSTRIP BG LOG BOOK (diabetic supplies, miscell)	DME	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
CHOICEDM CLARUS (blood-glucose meter)	DME	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	DME	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	DME	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	DME	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	DME	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	DME	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
CLEVER CHOICE MICRO (blood-glucose meter)	DME	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE PRO (blood-glucose meter)	DME	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	DME	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	DME	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 3	
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 3	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS (lancets)	DME	
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	DME	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 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" (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 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	DME	
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 5/32", 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)	DME	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)	DME	
COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 3	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	DME	
CONTOUR METER (blood-glucose meter)	DME	
CONTOUR METER KIT (blood-glucose meter)	DME	
CONTOUR NEXT EZ METER (blood-glucose meter)	DME	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	DME	
CONTOUR NEXT GEN METER (blood-glucose meter)	DME	
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	DME	
CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	DME	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	DME	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	DME	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	DME	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	DME	
CONTOUR NEXT METER (blood-glucose meter)	DME	
CONTOUR NEXT ONE METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	DME	
CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
covid19 test adm.by pharmacist	Tier 3	
CUE COVID-19 HOME TEST KIT (COVID-19 molecular nucleic acid test assay)	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36" (gauze bandage)	Tier 3	
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 3	
DARIO BLOOD GLUCOSE MONITOR DEVICE (blood-glucose meter,for mobile device)	DME	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	DME	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,continuous)	DME	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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 3	
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	DME	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	DME	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 3	
DOVER FOLEY CATHETER 24 FR (catheter)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
DROPLET GENTEEL LANCING DEVICE (lancing device)	DME	

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Prescription Drug Name		Coverage Requirements and Limits
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
DROPLET LANCETS 30 GAUGE (lancets)	DME	
DROPLET LANCING DEVICE (lancing device)	DME	
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 5/32" (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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	PV	\$0 COPAY
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 3	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 3	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 3	
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 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
EASY COMFORT LANCETS 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (syringe, disposable, 10 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)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	DME	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	DME	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	DME	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	DME	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
EASY STEP STRIP (blood sugar diagnostic)	DME	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	DME	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	
EASY TOUCH BLU LINK GLUC SYST (blood-glucose meter)	DME	
EASY TOUCH BLU LINK TEST STRIP STRIP (blood sugar diagnostic)	DME	
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 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 23 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", 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)	DME	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
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)	DME	
EASY TOUCH LANCING DEVICE (lancing device)	DME	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle,insulin disposible, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	DME	
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 mL)	Tier 1	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	DME	
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)	DME	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposible, 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)	DME	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	DME	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	DME	
EASYGLUCO METER KIT (blood-glucose meter)	DME	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	DME	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	DME	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EASYMAX NG (blood-glucose meter)	DME	
EASYMAX NG KIT (blood-glucose meter)	DME	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EASYMAX STRIP (blood sugar diagnostic)	DME	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	DME	
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)	Tier 3	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	DME	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	DME	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	DME	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	DME	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	DME	
EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)	DME	
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	DME	
EMBRACE LANCETS 30 GAUGE (lancets)	DME	
EMBRACE LANCING DEVICE (lancing device)	DME	
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)	DME	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	DME	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	DME	
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	DME	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	DME	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	DME	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	DME	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	DME	
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	DME	
ENDEAVORRX (digital therapeutics,cognit. behavioral therapy for ADHD)	Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT (feeder container with gravity set, ENFit)	Tier 3	
eua patient assessment	Tier 3	
EVENCARE G2 (blood-glucose meter)	DME	
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE G2 STRIP (blood sugar diagnostic)	DME	
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	DME	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	DME	
EVENCARE KIT (blood-glucose meter)	DME	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	DME	
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	DME	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	DME	
EVENCARE SOLUTION (blood glucose calibration control high and low)	DME	
EVENCARE TEST STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVERLYWELL COVID19 HOM COLLECT (COVID-19 test specimen collection)	Tier 3	
EVERSENSE E3 SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	DME	
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	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
EXTENDED RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	DME	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	DME	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
EZ SMART LANCETS 28 GAUGE (lancets)	DME	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	DME	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	DME	
EZ SMART SYSTEM KIT (blood-glucose meter)	DME	
EZ SMART TEST STRIP (blood sugar diagnostic)	DME	
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FC2 FEMALE CONDOM (condoms, female)	PV	\$0 COPAY
FEMALE CATHETER 14 FR (catheter)	Tier 3	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	\$0 COPAY
filter needles needle 19 x 1 ", 19 x 1 1/2 "	Tier 3	
FILTERED EXTENSION SET INFUSION SET (intravenous administration extension set with filter)	Tier 3	
FINGERSTIX LANCETS (lancets)	DME	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	DME	
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (blood ketone and glucose monitor)	DME	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	DME	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	DME	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	DME	
FORA D20 KIT (blood-glucose meter)	DME	
FORA D20 STRIP (blood sugar diagnostic)	DME	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	DME	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA G20 KIT (blood-glucose meter)	DME	
FORA G20 STRIP (blood sugar diagnostic)	DME	
FORA G30A (blood-glucose meter)	DME	
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	DME	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	DME	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORA LANCING DEVICE (lancing device)	DME	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	DME	
FORA TEST N'GO VOICE METER (blood-glucose meter)	DME	
FORA TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	DME	
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	DME	
FORA TN'G VOICE METER (blood-glucose meter)	DME	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORA V10 KIT (blood-glucose meter)	DME	
FORA V10 STRIP (blood sugar diagnostic)	DME	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	DME	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	DME	
FORA V20 KIT (blood-glucose meter)	DME	
FORA V20 STRIP (blood sugar diagnostic)	DME	
FORA V30A (blood-glucose meter)	DME	
FORA V30A KIT (blood-glucose meter)	DME	
FORA V30A STRIP (blood sugar diagnostic)	DME	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD20 STRIP (blood sugar diagnostic)	DME	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	DME	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORACARE LANCETS 30 GAUGE (lancets)	DME	
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	DME	
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	DME	
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
FORTISCARE T1 BLOOD GLUC SYS (blood-glucose meter)	DME	
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (transfer device, closed system)	Tier 3	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	DME	
FREESTYLE FREEDOM KIT (blood-glucose meter)	DME	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	DME	
FREESTYLE INSULINX (blood-glucose meter)	DME	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	DME	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	DME	
FREESTYLE LANCETS 28 GAUGE (lancets)	DME	
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 READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

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Drug Tier	Coverage Requirements and Limits
DME	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DME	
DME	
DME	
DME	
Tier 1	
Tier 1	
DME	
	DME Tier 2 DME DME DME DME DME DME DME DME DME DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GE333 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	DME	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
GLUCOCARD 01 METER KIT (blood-glucose meter)	DME	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	DME	
GLUCOCARD EXPRESSION (blood-glucose meter)	DME	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	DME	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	DME	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	DME	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD SHINE METER (blood-glucose meter)	DME	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	DME	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
GLUCOCARD SHINE XL METER (blood-glucose meter)	DME	
GLUCOCARD VITAL KIT (blood-glucose meter)	DME	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	DME	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	DME	
GLUCOCOM AUTOLINK (diabetic supplies, miscell)	DME	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	DME	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	DME	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
GM100 KIT (blood-glucose meter)	DME	
GM100 STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	DME	
GOJJI LANCETS 30 GAUGE (lancets)	DME	
GOJJI LANCING DEVICE (lancing device)	DME	
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	DME	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	DME	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	DME	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	DME	
GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 3	PA
HALO B-LOCK CLOSED LINE ADAPTR (connector luer lock, closed system)	Tier 3	
HALO CLOSED BAG ADAPTOR (infusion adapter, closed system)	Tier 3	
HALO CLOSED LINE ADAPTOR (connector luer lock, closed system)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALO CLOSED SYRINGE ADAPTOR (needle injector, luer lock, closed system)	Tier 3	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM (vial size converter, closed system)	Tier 3	
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	DME	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
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	
HEALTHY ACCENTS AUTOLET (lancing device)	DME	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic, safety)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	DME	
HI-VOLUME PUMPING CHAMBER SET (transfer sets)	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 3	
HYPOLANCE AST LANCING KIT (lancing device/lancets)	DME	
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 3	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 3	
ILET INSULIN PUMP (subcutaneous insulin pump)	Tier 3	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	DME	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	DME	
INCONTROL LANCING DEVICE (lancing device)	DME	
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)	DME	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	DME	

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Prescription Drug Name		Coverage Requirements and Limits
INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	DME	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
INFINITY METER KIT KIT (blood-glucose meter)	DME	
INFINITY STARTER KIT KIT (blood-glucose meter)	DME	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	DME	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 3	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	DME	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	DME	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	DME	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	DME	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	DME	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 3	
INSUL-CAP (diabetic supplies,miscell)	DME	
INSUL-EZE (diabetic supplies,miscell)	DME	
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	Tier 1	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 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 1/4", 1/2 ml 30 gauge x 15/64"		
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 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 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
INVACARE LANCETS 30 GAUGE (lancets)	DME	
I-PORT (injection ports)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 3	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (intravenous administration set)	Tier 3	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (blood administration set)	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (epidural administration set)	Tier 3	KP
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (epidural administration set)	Tier 3	KP
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	DME	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 3	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 3	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 3	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
KERAGEL TOPICAL GEL (gel dressing)	Tier 3	
KERAGELT TOPICAL GEL (gel dressing)	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 3	
KETONE CARE STRIP (urine acetone test strips)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KETONE URINE TEST STRIP (urine acetone test strips)	DME	
KETOSTIX STRIP (urine acetone test strips)	DME	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
KIMONO LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
KIMONO MICROTHIN AQUA LUBE CON DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
KIMONO TEXTURED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
lancets, 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	DME	
LANCETS, SUPER THIN (lancets)	DME	
LANCETS,THIN , 28 GAUGE (lancets)	DME	
LANCETS,ULTRA THIN (lancets)	DME	
lancing device	DME	
LANCING DEVICE WITH LANCETS (lancing device)	DME	
lancing device with lancets kit	DME	
LANCING SYSTEM (lancing device)	DME	
LANZO LANCING DEVICE KIT (lancing device/lancets)	DME	
LC PLUS (nebulizer)	Tier 3	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (urinary bag/catheter)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 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	
LUMINOPIA DIGITAL APP (30-DAY) (digital therapeutics,amblyopia)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1" (needles, safety)	Tier 3	
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 3	
MAHANA IBS (digital therapeutics,cognit. behavioral therapy for IBS)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (alginate dressing/carboxymethylcellulose)	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)	Tier 3	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (honey/hydrocolloid dressing)	Tier 3	
MEDISENSE COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	DME	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	DME	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	DME	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	DME	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	DME	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	
MICRO THIN LANCETS 33 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROAIR MESH NEBULIZER (nebulizer)	Tier 3	
MICROBORE EXTENSION SET INFUSION SET (intravenous administration extension set)	Tier 3	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	DME	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
MICRODOT LANCET 28 GAUGE (lancets)	DME	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic disposable, safety)	Tier 1	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	DME	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	DME	
MICROLET LANCET (lancets)	DME	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	DME	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	DME	
MICROSPACER SPACER (inhaler, assist devices)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIDASPOT COVID19 ANTIBODY TEST KIT (COVID-19 IgG/IgM test cassette)	Tier 3	
MINI LANCING DEVICE (lancing device)	DME	
MINI PLUS NEBULIZER (nebulizer)	Tier 3	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	DME	
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK-SERTER (MMT-395) (diabetic supplies,miscell)	DME	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MOBILE LANCETS 30 GAUGE (lancets)	DME	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 3	
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 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 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 29 GAUGE X 1/2" (syringe with needle,insulin disposable)	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 3	

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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 (syringe with needle, disposable)	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 1/2", 3 ML 22 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle, disposable, 6 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula, disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	

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Prescription Drug Name		Coverage Requirements and Limits
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 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 1/2", 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOLET LANCETS 21 GAUGE (lancets)	DME	
MONOLET THIN LANCETS 28 GAUGE (lancets)	DME	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	DME	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
MYGLUCOHEALTH KIT (blood-glucose meter)	DME	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	DME	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	DME	
nebulizer and compressor device	Tier 3	
NERIVIO DIGITAL APP (MIGRAINE) (digital therapeutic, remote electrical neuromodulator device)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 3	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 3	
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 3	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	DME	
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	DME	
NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)	DME	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	DME	
NOVA SUREFLEX LANCETS (lancets)	DME	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	DME	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 1	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 1	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	DME	
NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 3	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 3	
OHC COVID-19 ANTIGEN HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	\$0 COPAY
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,automated dosing,BT with controller)	Tier 2	KP
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, subcut automated dosing, bluetooth)	Tier 2	KP
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 2	KP
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, subcut automated dosing, BT, G6/G7)	Tier 2	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,radio freq)	Tier 2	KP
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 2	KP
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 2	KP
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 10 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 15 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 20 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 25 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 30 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 40 units/day, disposable)	Tier 2	KP
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 35 units/day, disposable)	Tier 2	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	
ON CALL EXPRESS METER (blood-glucose meter)	DME	
ON CALL EXPRESS METER KIT (blood-glucose meter)	DME	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	DME	
ON CALL LANCET 30 GAUGE (lancets)	DME	
ON CALL LANCING DEVICE (lancing device)	DME	
ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL PLUS LANCET 30 GAUGE (lancets)	DME	
ON CALL PLUS LANCING DEVICE (lancing device)	DME	
ON CALL PLUS METER (blood-glucose meter)	DME	
ON CALL PLUS METER KIT (blood-glucose meter)	DME	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	DME	
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	DME	
ON CALL VIVID METER (blood-glucose meter)	DME	
ON CALL VIVID METER KIT (blood-glucose meter)	DME	
ON CALL VIVID PAL METER (blood-glucose meter)	DME	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	DME	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	DME	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	DME	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	DME	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	DME	

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Prescription Drug Name		Coverage Requirements and Limits
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	DME	
ONETOUCH ULTRA2 METER (blood-glucose meter)	DME	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	DME	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	DME	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	DME	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	DME	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	DME	
ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ON-THE-GO LANCETS 30 GAUGE (lancets)	DME	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 3	
OPTIUM EZ STRIP (blood sugar diagnostic)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIUM TEST STRIP (blood sugar diagnostic)	DME	
OPTUMRX (blood-glucose meter)	DME	
OPTUMRX KIT (blood-glucose meter)	DME	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	DME	
OPTUMRX STRIP (blood sugar diagnostic)	DME	
OVAL TAPE (diabetic supplies,miscell)	DME	
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 3	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 3	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 3	
PARI LC SPRINT SINUS (nebulizer)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 3	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	DME	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/32", 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"	Tier 1	
pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"	Tier 1	
pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"	Tier 1	
PENTIPS 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	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	DME	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	DME	
PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	DME	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	DME	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 3	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 3	
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 3	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 3	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 3	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 3	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 3	
PIKO 1 DEVICE (peak flow meter)	DME	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low)	DME	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	DME	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	DME	
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 3	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	DME	
POGO AUTOMATIC BLOOD GLUC SYS (blood-glucose meter)	DME	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PRECISION (blood-glucose meter)	DME	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	DME	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	DME	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	DME	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	DME	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	DME	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	DME	
PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)	DME	
PRECISION XTRA MONITOR (blood-glucose meter)	DME	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	DME	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	DME	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	DME	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	DME	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	DME	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
PREMIUM V10 (blood-glucose meter)	DME	
PREMIUM V10 STRIP (blood sugar diagnostic)	DME	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	DME	
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 3	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	DME	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	DME	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	DME	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	DME	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 3	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 3	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 3	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	DME	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	DME	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
PRODIGY CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
PRODIGY INSULIN SYRINGE SYRINGE 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
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)	DME	
PRODIGY LANCING DEVICE (lancing device)	DME	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 3	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	DME	
PRODIGY POCKET METER KIT (blood-glucose meter)	DME	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	DME	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	DME	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 3	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 3	
PTS COLLECT CAPILLARY TUBE (medical supply, miscellaneous)	Tier 3	
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	DME	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (dressing, collagen/silver)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (lancets)	DME	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	DME	
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 3	
PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	DME	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	DME	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 3	
QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)	Tier 3	
QUINTET AC (blood-glucose meter)	DME	
QUINTET AC STRIP (blood sugar diagnostic)	DME	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	DME	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	

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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 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (intravenous administration set)	Tier 3	
RECONSTITUBE KIT (medical supply, miscellaneous)	Tier 3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
REFUAH PLUS STRIP (blood sugar diagnostic)	DME	
REGULORA IBS DIGITAL APP (digital therapeutics,cognit. behavioral therapy for IBS)	Tier 3	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED MINI LANCING DEVICE (lancing device)	DME	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	DME	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	DME	
RELION CONFIRM KIT (blood-glucose meter)	DME	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	DME	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	DME	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	DME	
RELION PRIME METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RELION ULTIMA STRIP (blood sugar diagnostic)	DME	
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " (hydrocolloid dressing)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 3	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	DME	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	DME	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GD500 LANCING DEVICE (lancing device)	DME	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	DME	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	DME	
RIGHTEST GM700SB GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	DME	
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	DME	
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	DME	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	DME	
RIGHTEST MAX PLUS GLUCOSE MTR (blood-glucose meter)	DME	
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	DME	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 3	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con.disp.unit)	Tier 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 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 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)	DME	
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SAFETY-LET LANCETS 30 GAUGE (lancets)	DME	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 3	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 3	
SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 3	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
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	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 3	
SIDESTREAM (nebulizer)	Tier 3	
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SIDESTREAM NEBULIZER (nebulizer)	Tier 3	
SIDESTREAM PLUS (nebulizer)	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 3	
SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILINOIN TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 3	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 3	
SINGLE-LET (lancets)	DME	
SINUSTAR NEBULIZER (nebulizer)	Tier 3	
SKARLITE TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 3	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	DME	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	DME	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SMARTDIABETES VANTAGE (lancing device)	DME	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
SMARTEST EJECT KIT (blood-glucose meter)	DME	
SMARTEST LANCET (lancets)	DME	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	DME	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	DME	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	DME	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST PROTEGE KIT (blood-glucose meter)	DME	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	DME	
SMARTEST TALKING METER KIT (blood-glucose meter)	DME	
SMARTEST TEST STRIP (blood sugar diagnostic)	DME	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 3	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 3	
SOFT TOUCH LANCETS (lancets)	DME	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	DME	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	DME	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	DME	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	DME	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	DME	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	DME	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 3	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 3	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 3	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	DME	
STRATACTX TOPICAL GEL (gel dressing)	Tier 3	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 3	
STRATAXRT TOPICAL GEL (gel dressing)	Tier 3	
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	DME	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	DME	
SUPPOSITORY SHELL, SMALL DEVICE (suppository mold)	Tier 3	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
SURE COMFORT LANCING PEN (lancing device)	DME	
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)	DME	
SUREFLEX LANCING DEVICE (lancing device)	DME	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	DME	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	DME	
SURE-PEN LANCING DEVICE (lancing device)	DME	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	DME	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	DME	
SURE-TOUCH LANCET (lancets)	DME	
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", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 3	
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 5/8" (syringe,safety with needle,3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle, disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	
syringe with needle syringe 1 ml 25 gauge x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2"	Tier 1	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 1	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	
SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 3	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 3	
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	KP
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 3	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	KP
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	DME	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	DME	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	DME	
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	DME	
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)	DME	
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	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
TELCARE LANCETS 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	DME	
TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)	DME	
TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)	Tier 3	
TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)	Tier 3	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 3	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)	Tier 3	
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 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle, disposable, 5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle, disposable, 3 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	DME	
TEST N'GO TEST STRIP (blood sugar diagnostic)	DME	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (honey)	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	DME	
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 3	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	DME	
TOUCH-TROL 10 FR (catheter)	Tier 3	
TRANSFER SET (transfer sets)	Tier 3	
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)	DME	
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 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 METRIX AIR GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	DME	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	DME	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	DME	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	DME	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	DME	
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	DME	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
TRUEDRAW LANCING DEVICE (lancing device)	DME	
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)	DME	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	DME	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	DME	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	DME	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	DME	
TRUETRACK TEST STRIP (blood sugar diagnostic)	DME	
TRUNEB NEBULIZER (nebulizer)	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
TRUSTEX LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (condoms, latex, non-lubricated)	PV	\$0 COPAY
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	DME	
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	Tier 1	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	DME	
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, disposable, 1 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (syringe with needle,insulin disposable,0.3 mL/empty containr)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (syringe with needle, insulin,1 mL and sharps container)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (syringe-needle,insulin,0.5 mL/container,empty)	Tier 1	
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	
ULTI-LANCE (lancing device)	DME	
ULTI-LANCE KIT (lancing device/lancets)	DME	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	DME	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle,insulin,0.5 mL)	Tier 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)	DME	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	DME	
ULTIMA MONITOR (blood-glucose meter)	DME	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	DME	
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, 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 FINE LANCETS 30 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	DME	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (lancets)	DME	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	DME	
ULTRA TLC LANCETS (lancets)	DME	
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)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	DME	
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)	DME	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	DME	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	DME	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	DME	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK STRIP (blood sugar diagnostic)	DME	
ULTRATRAK ULTIMATE (blood-glucose meter)	DME	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	DME	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	DME	
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" (pen needle, diabetic disposable, 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)	DME	
UNILET GP LANCET (lancets)	DME	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	DME	
UNILET LANCETS 30 GAUGE (lancets)	DME	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	DME	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	DME	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	DME	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	DME	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	DME	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	DME	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	DME	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	DME	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	DME	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	DME	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	DME	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	DME	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	DME	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	DME	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
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 3	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 3	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 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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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	
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)	DME	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	DME	
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 3	
VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	DME	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	DME	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	DME	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	DME	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	DME	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	DME	
VIVAGUARD LANCET 30 GAUGE (lancets)	DME	
VIVAGUARD LANCING DEVICE (lancing device)	DME	
VIXONE NEBULIZER (nebulizer)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (nebulizer)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizer)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 3	
WAVESENSE AMP KIT (blood-glucose meter)	DME	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	DME	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	DME	
WAVESENSE PRESTO (blood-glucose meter)	DME	
WAVESENSE PRESTO KIT (blood-glucose meter)	DME	
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	DME	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	\$0 COPAY

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	PV	\$0 COPAY
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	PV	\$0 COPAY
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 3	
XENOVIEW EMPTY DELIVERY BAG (inhalation bag with mouthpiece)	Tier 3	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (bismuth tribromophenate/petrolatum,white)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)	Tier 3	
ZENPHOR TOPICAL GEL (gel dressing)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA; KP
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs For Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (fosdenopterin hydrobromide)	Tier 3	PA; KP
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs For Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (elapegademase-lvlr)	Tier 3	PA; KP
Metabolic Modifiers		
Metabolic Modifier - Pompe Disease - Gcs Inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (miglustat)	Tier 3	PA
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG (calcifediol)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine oral solution 100 mg/ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs That Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	Tier 3	
miglustat oral capsule 100 mg	Tier 3	PA
miglustat (Yargesa Oral Capsule 100 Mg)	Tier 3	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine triacetate)	Tier 3	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs That Alter Metabolism		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 3	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	Tier 3	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 3	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism		
betaine oral powder 1 gram/scoop	Tier 3	PA
Metabolic Modifier - Phosphatidylinositol-3- Kinase (Pi3k) Inhibitors - Drugs That Alter Metabolism		
JOENJA ORAL TABLET 70 MG (leniolisib phosphate)	Tier 3	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (alpelisib)	Tier 3	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents - Drugs That Alter Metabolism	I	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (sodium phenylbutyrate)	Tier 3	РА
PHEBURANE ORAL GRANULES 483 MG/GRAM (sodium phenylbutyrate)	Tier 3	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (glycerol phenylbutyrate)	Tier 3	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 3	PA
sodium phenylbutyrate oral tablet 500 mg	Tier 3	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator - Drugs That Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 3	PA
carglumic acid oral tablet, dispersible 200 mg	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 HCI)	Tier 3	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 3	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 3	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	Tier 3	
KUVAN ORAL TABLET, SOLUBLE 100 MG (sapropterin dihydrochloride)	Tier 3	
sapropterin oral powder in packet 100 mg, 500 mg	Tier 3	
sapropterin oral tablet, soluble 100 mg	Tier 3	
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 3	PA; KP
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs That Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (lonafarnib)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat		
Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
fluoride (sodium) dental cream 1.1 %	Tier 1	
fluoride (sodium) dental gel 1.1 %	Tier 1	
fluoride (sodium) dental paste 1.1 %	Tier 1	
fluoride (sodium) dental solution 0.2 %	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	PV	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	PV	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 1	
Dental Product - Local Anesthetics - Drugs For The Mouth And Throat		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (tetracaine HCI/oxymetazoline HCI)	Tier 3	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (lidocaine/prilocaine)	Tier 3	
Mouth And Throat - Antifungals - Drugs For The Mouth And Throat		
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth And Throat - Anti-Infective Mixtures - Drugs For The Mouth And Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (sulfuric acid/sulfonated phenol)	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % (sulfuric acid/sulfonated phenol)	Tier 3	
Mouth And Throat - Antiseptics - Drugs For The		
Mouth And Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mouth And Throat - Artificial Saliva - Drugs For The Mouth And Throat		
AQUORAL MUCOUS MEMBRANE AEROSOL,SPRAY (saliva substitute combo no.3)	Tier 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION (saliva substitute combo no.2)	Tier 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos)	Tier 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 3	
Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	Tier 1	
lidocaine HCI (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 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELX MUCOUS MEMBRANE GEL (povidone/taurine/zinc gluconate/peg-40 castor oil)	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (potassium sorbate/maltodextrin/aloe vera/mann ps)	Tier 3	
ORAPEUTIC MUCOUS MEMBRANE GEL (xylitol/pectin/acemannan/sodium bicarbonate)	Tier 3	
Mouth And Throat - Protectants - Drugs For The Mouth And Throat		
GELX MUCOUS MEMBRANE GEL (povidone/taurine/zinc gluconate/peg-40 castor oil)	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 3	
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 3	
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
cevimeline oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
XYLIGEL MUCOUS MEMBRANE GEL (saliva stimulant combination no.9)	Tier 3	
XYLIMELTS MUCOUS MEMBRANE MUCO-ADHESIVE BUCCAL TABLET 500 MG (xylitol)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Periodontal Product - Tetracycline Antiinfective, Local - Drugs For The Mouth And Throat		
ARESTIN DENTAL CARTRIDGE 1 MG (minocycline HCI microspheres)	Tier 3	PA
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs For The Mouth And Throat		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic - Drugs For The Mouth And Throat		
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	Tier 1	
Multiple Sclerosis Agents - Drugs For The Nervous System		
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (ofatumumab)	Tier 3	PA; KP
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA; KP
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 2	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (interferon beta- 1b)	Tier 2	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 2	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 3	PA; KP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA; KP
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 2	PA; KP
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 2	PA; KP
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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis		
teriflunomide oral tablet 14 mg, 7 mg	Tier 1	PA
Multiple Sclerosis Agent - Sphingosine 1- Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
fingolimod oral capsule 0.5 mg	Tier 1	PA
GILENYA ORAL CAPSULE 0.25 MG (fingolimod HCI)	Tier 3	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (siponimod)	Tier 3	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (siponimod)	Tier 3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 3	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3) (ponesimod)	Tier 3	PA
PONVORY ORAL TABLET 20 MG (ponesimod)	Tier 3	PA
TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG (fingolimod lauryl sulfate)	Tier 3	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 3	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 3	РА
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Agents		
Ophthalmic Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (lotilaner)	Tier 3	PA
Ophthalmic Agents - Drugs For The Eye		
Artificial Tears And Lubricant Single Agents - Drugs For The Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (chondroitin sulfate A sodium/PF)	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (hydroxypropyl cellulose)	Tier 3	
MIEBO OPHTHALMIC (EYE) DROPS 100 % (perfluorohexyloctane/PF)	Tier 3	PA
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	Tier 3	
Miotics - Direct Acting - Drugs For Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic And Cycloplegic Combinations - Drugs For The Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate HCl/phenylephrine HCl)	Tier 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs For The Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (oxymetazoline HCI/PF)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 % (brinzolamide/brimonidine tartrate)	Tier 2	
Ophthalmic - Agents For Corneal Collagen Cross-Linking - Drugs For The Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (riboflavin 5-phosphate sodium (B2))	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 3	
Ophthalmic - Agents For Presbyopia - Drugs For The Eye		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (pilocarpine HCI)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti- Inflammatories		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin B/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)		
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (tobramycin/dexamethasone)	Tier 3	ST: Must meet the following requirement: generic ophthalmic Tobramycin/Dexamethason e drops in 120 days
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin/loteprednol etabonate)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antibacterial-Glucocorticoid- Nsaid Combinations - Anti-Infective/Anti- Inflammatories		
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %	Tier 1	
Ophthalmic Antibiotic - Vancomycin And Derivatives - Anti-Infective/Anti-Inflammatories		
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml	Tier 1	
Ophthalmic - Anticholinergics - Drugs For The Eye		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %	Tier 1	
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
cyclopentolate ophthalmic (eye) drops 1 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine Hbr)	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antifibrotic Agents - Drugs For The Eye		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 3	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)	Tier 3	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	Tier 1	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	QL (3 ML per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (cetirizine HCI)	Tier 3	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti- Inflammatories		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (dexamethasone)	Tier 3	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (loteprednol etabonate)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone acetate)	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (fluorometholone)	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (loteprednol etabonate)	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 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)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 1	QL (10 GM per 14 days)
Ioteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	Tier 1	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ioteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (prednisolone acetate)	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti- Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (cyclosporine)	Tier 3	ST: Must meet 2 of the following requirements: Cyclosporine, Restasis Multidose, or Xiidra in 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (cyclosporine/chondroitin sulfate A sodium)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (cyclosporine)	Tier 3	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		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (ketorolac tromethamine/PF)	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	Tier 1	ST: Must meet the following requirement: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	Tier 1	ST: Must meet the following requirement: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (5 ML per 16 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	ST: Must meet the following requirement: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3.4 ML per 16 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)	Tier 2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (nepafenac)	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (9 ML per 16 days)
Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (cysteamine HCI)	Tier 3	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCI)	Tier 3	PA
Ophthalmic - Decongestants - Drugs For Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCI/fluorescein sodium)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti- Inflammatories		
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %	Tier 1	
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)	Tier 3	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol)	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 % (betaxolol HCl)	Tier 3	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
proparacaine HCl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine HCI)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (chloroprocaine HCl/PF)	Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs For The Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (lidocaine HCI/PF)	Tier 3	
Ophthalmic - Macular Degeneration, Age- Related, Therapy Agents - Drugs For The Eye		
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (ranibizumab/needle, initial fill, filter)	Tier 3	PA; KP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (ranibizumab)	Tier 3	PA; KP
Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (nedocromil sodium)	Tier 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (lodoxamide tromethamine)	Tier 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Mydriatic-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropicamide/proparacaine/phenylephrine/ketorolac in water)	Tier 1	
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (netarsudil mesylate/latanoprost)	Tier 3	ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs For The Eye		
GELFILM OPHTHALMIC (EYE) FILM (gelatin)	Tier 3	
Ophthalmic - Viscoelastic Agents - Drugs For The Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (hyaluronate sodium)	Tier 3	KP
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (hyaluronate sodium)	Tier 3	KP
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	KP
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML (hyaluronate sodium)	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (hyaluronate sodium)	Tier 3	KP
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	KP
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (hyaluronate sodium)	Tier 3	KP
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	KP
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (hyaluronate sodium)	Tier 3	KP
Ophthalmic Antibacterial Mixtures - Anti- Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500- 10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin sulfate/bacitracin/polymyxin B (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin B sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
1 1 1	11011	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 % (besifloxacin HCI)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (ciprofloxacin HCI)	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti- Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 3	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti- Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene- Type - Drugs For The Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 3	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	Tier 3	ST: Must meet any of the following requirements: oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (apraclonidine HCI)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma		
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 % (latanoprost/PF)	Tier 3	ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	QL (2.5 ML per 25 days)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Tier 1	QL (1 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)	Tier 3	ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (latanoprost)	Tier 3	ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (2.5 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits	
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma			
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil mesylate)	Tier 3	ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 18 days)	
Vascular Endothelial Growth Factor (Vegf-A) Receptor Antagonists - Drugs For The Eye			
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (ranibizumab/needle, initial fill, filter)	Tier 3	PA; KP	
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (ranibizumab)	Tier 3	PA; KP	
Organ Preservation Solutions			
Microplegic Solutions			
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	KP	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	KP	
Organ Preservation Solutions - Drugs For The Heart			
Cardioplegic And Other Related Organ Preservation Solutions - Drugs For The Heart			
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (cardioplegic and organ preservation solution no.1)	Tier 3	KP	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardioplegic Solutions - Drugs For The Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (cardioplegic solution no.16)	Tier 1	KP
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (cardioplegic solution no.10)	Tier 1	KP
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (cardioplegic no.23 (induction 4:1))	Tier 1	KP
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (cardioplegic solution no.27 (induction 4:1))	Tier 1	KP
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (cardioplegic solution no.18 (induction 8:1))	Tier 1	KP
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (cardioplegic solution no.22 (induction 4:1))	Tier 1	KP
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (cardioplegic solution no.30 (induction 4:1))	Tier 1	KP
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (cardioplegic solution no.15 (induction 8:1))	Tier 1	KP
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (cardioplegic solution no.32 (maintenance 8:1))	Tier 1	KP
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (cardioplegic solution no.31 (maintenance 4:1))	Tier 3	KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (cardioplegic solution no.29 (maintenance 4:1))	Tier 1	KP
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (cardioplegic solution no.20 (maintenance 4:1))	Tier 1	KP
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (cardioplegic solution no.26 (maintenance 4:1))	Tier 1	KP
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (cardioplegic solution no.14 (maintenance 8:1))	Tier 1	KP
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (cardioplegic no.21 (reperfusate 4:1))	Tier 1	KP
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (cardioplegic solution no.28 (reperfusate 4:1))	Tier 3	KP
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (cardioplegic solution no.24 (reperfusate 4:1))	Tier 3	KP
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (cardioplegic solution no.33 (warm induction 4:1))	Tier 3	KP
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	KP
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	KP
cardioplegic soln perfusion solution 16 meq/l (= k+)	Tier 1	KP
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	KP

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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 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom)	Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
Otic (Ear) - Anti-Infectives Other - Antibiotics		,
acetic acid otic (ear) solution 2 %	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		,
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
Otic (Ear) - Glucocorticoids - Anti- Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (hydrocortisone/pramoxine HCl/chloroxylenol)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Respiratory Therapy Agents - Drugs For The Lungs		
1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
phenylephrine HCl/promethazine HCl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	Tier 1	
1St Generation Antihistamine-Decongestant- Anticholinergic Combinations - Drugs For Cough And Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (pseudoephedrine HCl/chlorpheniramine maleate/bellad alk)	Tier 1	
2Nd Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (desloratadine/pseudoephedrine sulfate)	Tier 3	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (2 EA per 1 day)
Antihistamine - 1St Generation - Alkylamines - Drugs For Allergies		
dexchlorpheniramine maleate oral solution 2 mg/5 ml	Tier 3	QL (236 ML per 1 FILL)
Antihistamine - 1St Generation - Ethanolamines - Drugs For Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral syrup 0.5 mg/5 ml	Tier 3	
clemastine oral tablet 2.68 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenhydramine HCI (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 3	ST: Must meet the following requirement: Carbinoxamine Maleate in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	KP
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine HCI (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral syrup 0.5 mg/5 ml	Tier 3	
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	Tier 3	QL (236 ML per 1 FILL)
diphenhydramine HCI (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 3	ST: Must meet the following requirement: Carbinoxamine Maleate in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	KP
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine HCI (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2Nd Generation - Drugs For Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet, disintegrating 2.5 mg, 5 mg	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamines - 2Nd Generation - Piperazines - Drugs For Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies		
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs For Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		
zileuton oral tablet, er multiphase 12 hr 600 mg	Tier 3	ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYFLO ORAL TABLET 600 MG (zileuton)	Tier 3	ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd		
epinephrine injection syringe 0.1 mg/ml	Tier 1	KP
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 3	PA; KP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)	Tier 3	PA; KP
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (ciclesonide)	Tier 3	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION (fluticasone propionate)	Tier 3	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone furoate)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (mometasone furoate)	Tier 3	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (13 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (mometasone furoate)	Tier 3	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	Tier 1	QL (60 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)	Tier 3	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 3	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (II-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 3	PA; KP
Asthma Therapy - Interleukin-5 (II-5) Inhibitors, Mab - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)	Tier 3	PA; KP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (mepolizumab)	Tier 3	PA; KP
Asthma Therapy - Interleukin-5 (II-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 3	PA; KP
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, Mab - Drugs For Asthma/Copd		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (tezepelumab-ekko)	Tier 3	PA; KP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (theophylline anhydrous)	Tier 2	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium bromide)	Tier 3	ST: Must meet the following requirement: Spiriva Respimat or Tiotropium Bromide in 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (tiotropium bromide)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Tier 1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (aclidinium bromide)	Tier 3	ST: Must meet the following requirement: Spiriva Respimat or Tiotropium Bromide in 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)	Tier 3	ST: Must meet the following requirement: Lonhala Magnair in 120 days; QL (90 ML per 30 days)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (ipratropium bromide)	Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs For Asthma/Copd		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	Tier 1	ST: Must meet any of the following requirements: Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (salmeterol xinafoate)	Tier 2	QL (60 EA per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	Tier 1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 1	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION (albuterol sulfate)	Tier 3	ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (albuterol sulfate)	Tier 3	ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
Asthma/Copd Therapy - Beta Adrenergic Agents - Drugs For Asthma/Copd		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
and atter or an easier 2 mg, 1 mg	1.51	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic- Anticholinergic Combinations - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium bromide/vilanterol trifenatate)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (glycopyrrolate/formoterol fumarate)	Tier 3	ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 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 POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (aclidinium bromide/formoterol fumarate)	Tier 3	ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (tiotropium bromide/olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta Adrenergic- Glucocorticoid Combinations - Drugs For Asthma/Copd		
ADVAIR 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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 3	ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (albuterol sulfate/budesonide)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (fluticasone furoate/vilanterol trifenatate)	Tier 2	QL (60 EA per 30 days)
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)
budesonide-formoterol inhalation hfa aerosol inhaler 160- 4.5 mcg/actuation, 80-4.5 mcg/actuation	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 3	ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 3	ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	Tier 3	ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 trifenat)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenat)	Tier 2	QL (2 EA per 1 day)
Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 3	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)	Tier 2	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1	
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 3	
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cystic Fibrosis - Inhaled Monobactams - Drugs For Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (aztreonam lysine)	Tier 2	
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs For Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (mannitol)	Tier 3	ST: Must meet the following requirement: Inhaled 7% Sodium Chloride solution in 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 3	PA
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 3	PA
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb - Drugs For Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor/ivacaftor)	Tier 3	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)	Tier 3	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor)	Tier 3	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 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 3	PA
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 3	KP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 3	KP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 3	KP
Lung Surfactants - Drugs For The Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (poractant alfa)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (calfactant)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (beractant)	Tier 3	
Mucolytics - Drugs For The Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (dornase alfa)	Tier 3	PA
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations - Allergy		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	Tier 1	ST: Must meet the following requirement: Flunisolide (nasal formulation) or Fluticasone Propionate in 120 days; QL (23 GM per 30 days)
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY (olopatadine HCl/mometasone furoate)	Tier 3	QL (29 GM per 30 days)
Nasal Antihistamines - Allergy		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (ciclesonide)	Tier 3	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl in 120 days; QL (6.8 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl Children in 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 3	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (fluticasone propionate)	Tier 2	ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, Mometasone Furoate, Nasonex 24hr Allergy in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (ciclesonide)	Tier 3	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (6.1 GM per 30 days)
Nasal Post-Surgical Agents - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 3	PA
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs For The Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (varenicline tartrate)	Tier 3	РА
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
epinephrine hcl nasal solution 1 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Wash Combinations - Allergy		
ALKALOL NASAL WASH NASAL SOLUTION (menthol/eucal/thymol/camphor/benz/sod chloride/pot chlorate)	Tier 3	
Non-Opioid Antitussive-1St Gen.Antihistamine-		
Decongestant Combinations - Drugs For Cough And Cold		
brompheniramine maleate/pseudoephedrine HCl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	
Non-Opioid Antitussive-Antihistamine		
Combinations - Drugs For Cough And Cold		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (chlorpheniramine maleate/codeine phosphate)	Tier 3	ST: Must meet the following requirement: Promethazine HCL/codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb Drugs For Cough And Cold		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (triprolidine HCI/phenylephrine HCI/codeine phosphate)	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML (brompheniramine maleate/pseudoephedrine HCI/codeine phosphat)	Tier 3	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (chlorpheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (brompheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 3	Age (Min 12 Years)
promethazine/phenylephrine HCl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (brompheniramine maleate/pseudoephedrine HCI/codeine phosphat)	Tier 3	Age (Min 12 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs For Cough And Cold	<u>'</u>	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Syrup 5-1.5 Mg/5 MI)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs For Cough And Cold		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 3	Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (pseudoephedrine HCl/codeine phosphate/guaifenesin)	Tier 3	Age (Min 12 Years)
Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
codeine-guaifenesin oral liquid 10-100 mg/5 ml	Tier 3	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 3	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 3	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 3	Age (Min 12 Years)
Pleural Sclerosing Agents - Drugs For The Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (talc)	Tier 3	KP
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	KP
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (talc)	Tier 3	KP
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (talc)	Tier 3	KP
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs For The Lungs		
pirfenidone oral capsule 267 mg	Tier 3	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pirfenidone oral tablet 534 mg	Tier 3	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 3	PA
Vaginal Products - Drugs For Women		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	Tier 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (clindamycin phosphate)	Tier 3	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	Tier 3	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole nitrate)	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (estradiol acetate)	Tier 3	ST: Must meet the following requirements: Estradiol and Premarin in 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Lubricants And Moisturizers - Drugs For Women		
REPLENS EXTERNAL COMFORT VAGINAL GEL (glycerin/mineral oil/polycarbophil)	Tier 3	
Vaginal Progestins - Drugs For Women		
CRINONE VAGINAL GEL 4 % (progesterone, micronized)	Tier 3	

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