

**Kaiser Permanente Insurance Company
(KPIC)
PPO and Out-of-Area Indemnity (OOA)
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 Upon revision, all previous versions of the drug formulary are no longer in effect.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 PPO and Out-of- Area Indemnity (OOA) Health Insurance Plans for Large Groups offered by Kaiser Permanente Insurance Company(KPIC) and fill your prescription at a MedImpact network pharmacy. Please note that this Formulary does not have a specialty drug tier. If you are covered by a KPIC PPO plan with a specialty drug tier, please see the KPIC PPO and Out-of- Area Indemnity (OOA) Formulary with Specialty Drug Tier.

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

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

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

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

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

FORMULARY INFORMATION

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

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

How to Use This Document

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

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

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

EXAMPLE of how drugs are listed on the Formulary:

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

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

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

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

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

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

Drug Tiers

Tier Benefit Design

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

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

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

Tier Definitions:

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

Maintaining and Updating the Formulary

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

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

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

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

What medications are covered?

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

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

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

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

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

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

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

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

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

What drugs are not covered?

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

Non-formulary drugs

Non-formulary drugs are covered when medically necessary.

How do I request an exception to the KPIC Formulary?

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

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

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

Guideline Symbol Table:

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

What is a Prior Authorization?

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

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

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

What are Quantity Limits?

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

What is Step Therapy?

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

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

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

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

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

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

The Pharmacy Network

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

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

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

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

Benefit Coverage and Limitations

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

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

Definition of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Nondiscrimination Notice

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

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

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

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

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

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

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

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

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

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

or by mail or phone at:

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

Complaint forms are available at:

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



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 bááhilinjígoó há ata' hane. Ata' halne'í há shónát'eeh dóo naaltsoos táá hazaad bee bik'i' asch'íigo hach'í' yidóoltah biniyé hach'í' anál'íh feh. Shíká i'doolwoł nínizingo nihich'í' hodílnih koji' 1-800-788-0710 éi bee nééhózin biniyé neiyítánígí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'í' hojilnih kwe'é 1-800-927-4357. TTY chojool'íigo éi íáá bíł azhdilchi'. Navajo

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

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

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

Անվճար լեզվական ծառայություններ. Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք 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 быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке или 1-800-788-0710. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

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

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 1-800-788-0710 تماس بگیرید. برای کسب راهنمایی بیشتر، با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 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 ਪੜ੍ਹਾ 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

សេវាភាសាភាគីភាគីផ្ទៃក្នុង អ្នកអាចទទួលបានអ្នកបកប្រែ និងឱ្យគេអានឯកសារជូនអ្នក ជាភាសាប្តេជ្ញា សំរាប់ជំនួយ
សូមទូរស័ព្ទមកកម្រិត តាមគលមលេខដែលមានកែតម្រូវលើ ID របស់អ្នក ឬ 1-800-788-0710។ សំរាប់ជំនួយថែមទៀត
ទូរស័ព្ទកែតម្រូវសម្រាប់រង រ៉ែបកាលីហ្វ័រនីញ៉ា តាមគលមលេខ 1-800-927-4357។ អ្នកក៏អាច ទូរស័ព្ទ តាមគលមលេខ 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 1-800-788-0710. لمزيد من المساعدة، اتصل بقسم التأمين بولاية كاليفورنيا على الرقم 1-800-927-4357. مستخدمو TTY يمكنهم الاتصال
برقم 711. Arabic

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

Table of Contents

Informational Section.....	1
Alternative Therapy - Vitamins And Minerals.....	1
Analgesic, Anti-Inflammatory Or Antipyretic.....	11
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever.....	11
Anesthetics - Drugs For Pain And Fever.....	46
Anorectal Preparations - Rectal Preparations.....	47
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning.....	48
Anti-Infective Agents.....	51
Anti-Infective Agents - Drugs For Infections.....	51
Antineoplastics.....	79
Antineoplastics - Drugs For Cancer.....	79
Antiseptics And Disinfectants - Antiseptics And Disinfectants.....	95
Biologicals.....	97
Biologicals - Biological Agents.....	97
Cardiovascular Therapy Agents.....	110
Cardiovascular Therapy Agents - Drugs For The Heart.....	110
Central Nervous System Agents - Drugs For The Nervous System.....	141
Chemical Dependency, Agents To Treat - Drugs For Addiction.....	209
Chemicals-Pharmaceutical Adjuvants.....	212
Cognitive Disorder Therapy.....	216
Cognitive Disorder Therapy - Drugs For The Nervous System.....	216
Contraceptives - Drugs For Women.....	218
Dermatological.....	233
Dermatological - Drugs For The Skin.....	234
Diagnostic Agents.....	308
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System.....	308
Eating Disorder Therapy - Drugs For Eating Disorders.....	308
Electrolyte Balance-Nutritional Products.....	309
Electrolyte Balance-Nutritional Products - Drugs For Nutrition.....	309
Endocrine.....	365
Endocrine - Hormones.....	365
Enzymes - Vitamins And Minerals.....	396
Fdb Class Obsolete-Not Used.....	396
Gastrointestinal Therapy Agents.....	397
Gastrointestinal Therapy Agents - Drugs For The Stomach.....	397
Genitourinary Therapy - Drugs For The Urinary System.....	438
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever.....	447
Hematological Agents.....	448
Hematological Agents - Drugs For The Blood.....	448
Hepatobiliary System Treatment Agents.....	466
Hepatobiliary System Treatment Agents - Drugs For The Liver.....	467
Immunosuppressive Agents - Drugs For Organ Transplants.....	467
Locomotor System.....	469
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones.....	469
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment.....	474

Medical Supply, Fdb Superset.....	586
Metabolic Disease Enzyme Replacement Agents - Drugs For Metabolic Disease.....	694
Metabolic Modifiers.....	694
Metabolic Modifiers - Drugs That Alter Metabolism.....	694
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat.....	698
Multiple Sclerosis Agents - Drugs For The Nervous System.....	702
Ophthalmic Agents.....	705
Ophthalmic Agents - Drugs For The Eye.....	706
Otic (Ear) - Drugs For The Ear.....	723
Respiratory Therapy Agents - Drugs For The Lungs.....	724
Vaginal Products - Drugs For Women.....	744

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOSAMINE-CHONDROITIN 3X ORAL TABLET 750-625-30 MG (glucosamine/chondroitin-msm no.1/C/manganese/boswellia serrata)	Tier 1	
<i>glucosamine-chondroitin oral capsule 500-400 mg</i>	Tier 1	
<i>glucosamine-d3-hyaluronic acid oral tablet 1,000 mg- 25 mcg-1.65 mg</i>	Tier 1	
<i>glucosamine-msm-chondr-d3-bosw oral tablet 25 mcg-937.5 mg</i>	Tier 1	
<i>glucosamine-msm-hyaluron acid oral tablet 500-500-1.1 mg</i>	Tier 1	
<i>glucosam-msm-chond-hrb149-hyal oral tablet 500-500-66.7 mg</i>	Tier 1	
INVIGOFLEX AMPM ORAL TABLETS, SEQUENTIAL 750 MG-600 MG- 50 MG-125 MG (glucosamine dipot chl/chondroitin sul A Na/Boswell/turmeric)	Tier 2	
INVIGOFLEX CS ORAL TABLET 600-125 MG (chondroitin sulfate/turmeric)	Tier 2	
INVIGOFLEX D ORAL POWDER IN PACKET 1,500 MG (glucosamine sulfate)	Tier 2	
INVIGOFLEX GS ORAL TABLET 750-50 MG (glucosamine sulfate dipotassium chlor/Boswellia serrata ext)	Tier 2	
MOVE FREE PLUS MSM ORAL TABLET 500 MG-66.7 MG- 500 MG-1.1 MG (glucosamine/chondroitin/msm/hyaluronic ac/calc fructoborate)	Tier 2	
MOVE FREE PLUS MSM-VIT D3 ORAL TABLET 750 MG-100 MG- 25 MCG (glucosamine/chondroitin/msm/D3/hyaluronic acid/cal borate)	Tier 2	
SYNOVX DJD ORAL CAPSULE 150 MG-150 MG- 250 MG-19 MG (glucosamin/chondroitin/msm/vit C/manganese/hyaluronic/mussel)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 2	
Alternative Therapy - Antidepressants - Vitamins And Minerals		
<i>st. john's wort oral capsule 300 mg</i>	Tier 1	
<i>st. john's wort oral capsule 350 mg</i>	Tier 2	
Alternative Therapy - Antioxidant - Vitamins And Minerals		
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,zinc,copper 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 1	
ALAMAX CR ORAL TABLET EXTENDED RELEASE 600 MG- 450 MCG (alpha lipoic acid/biotin)	Tier 2	
ALAMAX PROTECT ORAL CAPSULE 125 MG-95 MCG-250 MG (alpha lipoic acid/biotin/berberine chloride)	Tier 2	
<i>alpha lipoic acid oral capsule 100 mg</i>	Tier 2	
<i>alpha lipoic acid oral capsule 200 mg</i>	Tier 1	
<i>alpha lipoic acid oral tablet 600 mg</i>	Tier 1	
<i>alpha lipoic acid oral tablet extended release 600 mg</i>	Tier 2	
<i>alpha lipoic acid-biotin oral capsule 300 mg- 333 mcg</i>	Tier 1	
ALPHA LIPOIC SUSTAIN-BIOTIN ORAL TABLET, IR AND ER, BIPHASIC 300 MG- 330 MCG (alpha lipoic acid/biotin)	Tier 2	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 2	
<i>bilberry frt ext-grape skin xt oral capsule 80-200 mg</i>	Tier 1	
CAROTENALL ORAL CAPSULE 600 MCG-500 MCG -10 MG-10 MG (beta,alpha-carotene/gamma toco/lycop/lutein/zeaxanth/astaxan)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
SLOWMAG MG CALM-SLEEP ORAL TABLET, DELAYED RELEASE (DR/EC) 1-71.5 MG (melatonin/magnesium citrate)	Tier 2	
Alternative Therapy - Sedative/Hypnotics - Vitamins And Minerals		
SLEEP TONITE VALERIAN ORAL TABLET 750-100-25 MG (valerian xt/passion flower/hops/chamomile flower/skullcap)	Tier 2	
SYNOVX CALM ORAL CAPSULE 100-30-15-40 MG (valerian rt/passion flower/hops/cherry/magnesium comb/potass)	Tier 2	
<i>tryptophan oral capsule 500 mg</i>	Tier 1	
<i>valerian root-valerian root xt oral capsule 400-110 mg</i>	Tier 2	
<i>valerian-flower-hops-lemon oral capsule 450-100 mg</i>	Tier 2	
Alternative Therapy - Unclassified - Vitamins And Minerals		
ACAI BERRY DIET ORAL CAPSULE 250 MG-20 MCG- 80 MG-50 MG (acai berry extract/chromium/green tea/caffeine/enzymes)	Tier 2	
<i>ashwagandha extract oral capsule 120 mg</i>	Tier 1	
<i>ashwagandha root extract oral capsule 300 mg, 500 mg</i>	Tier 1	
<i>ashwagandha root extract oral tablet 300 mg</i>	Tier 1	
ATRANTIL ORAL CAPSULE 275 MG (tannic acid/horse chestnut seed xt/peppermint leaf xt)	Tier 2	
AZO CRANBERRY PLUS PROBIOTIC ORAL TABLET 250-30-15 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 2	
AZO CRANBERRY PLUS VIT C ORAL CAPSULE 250-60 MG (cranberry fruit extract/ascorbic acid)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZO MEN ORAL CAPSULE 500 MG (pumpkin seed extract)	Tier 2	
<i>balsam peru (bulk) liquid</i>	Tier 2	
BERGACOR ORAL TABLET 650 MG (bergamot extract)	Tier 2	
BERGACOR PLUS ORAL TABLET 400-250 MG (bergamot extract/Indian gooseberry extract)	Tier 2	
<i>bitter melon extract oral tablet 750 mg</i>	Tier 2	
<i>borage seed oil oral capsule 1,200 mg</i>	Tier 2	
BOWEL SUPPORT-IRRITABLE BOWEL ORAL CAPSULE, DELAYED RELEASE (DR/EC) (peppermint oil)	Tier 2	
CANDICIDAL ORAL CAPSULE 100 MG-150 MG- 50 MG-150 MG (turmeric/ginger/olive/oregano/sodium caprylate)	Tier 2	
<i>cinnamon bark extract oral tablet 500 mg</i>	Tier 2	
CITRUS BERGAMOT ORAL CAPSULE 500 MG (bergamot extract)	Tier 2	
CORTISOLV ORAL CAPSULE 150-250-50-50 MG (ashwagandha/magnolia brk/Phellod/banaba lf/maral rt/theanine)	Tier 2	
<i>cranberry conc-ascorbic acid oral capsule 300-100 mg, 4,200-20 mg</i>	Tier 2	
<i>cranberry extract oral capsule 500 mg</i>	Tier 2	
<i>cranberry extract oral tablet 500 mg</i>	Tier 2	
<i>cranberry fruit concentrate oral tablet, disintegrating 125 mg</i>	Tier 2	
<i>cranberry fruit oral capsule 465 mg</i>	Tier 2	
CRANBERRY URINARY TRACT HEALTH ORAL TABLET 250-30-3.5 MG (cranberry fruit concentrate/ascorbic acid/Bacillus coagulans)	Tier 2	
CRANRX ORAL CAPSULE 500 MG (cranberry fruit concentrate)	Tier 2	
<i>curcumin-phosphatidylcholine oral capsule 500 mg</i>	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURCUPLEX-95 ORAL CAPSULE 500 MG (turmeric root extract)	Tier 2	
<i>dandelion root oral capsule 525 mg</i>	Tier 2	
DIGESTIVE SUPPORT ORAL CAPSULE, DELAYED RELEASE (DR/EC) 100-21.5 MG (caraway seed extract/levomenthol)	Tier 1	
DRAMAMINE GINGER ORAL TABLET, CHEWABLE 15 MG (ginger root extract)	Tier 2	
DRAMAMINE NON-DROWSY ORAL CAPSULE 500 MG (ginger)	Tier 2	
<i>echinacea oral capsule 125 mg</i>	Tier 2	
<i>echinacea oral capsule 400 mg</i>	Tier 1	
<i>echinacea purp aerial part ext oral capsule 65 mg</i>	Tier 2	
<i>elderberry fruit oral capsule 350 mg</i>	Tier 2	
ELLURA ORAL CAPSULE 206 MG (cranberry fruit extract)	Tier 2	
ESTROVEN CMPLT MENOPAUSE RLF ORAL TABLET 4 MG (rhubarb root extract)	Tier 2	
ESTROVERA ORAL TABLET 4 MG (rhubarb root extract)	Tier 2	
<i>evening primrose oil oral capsule 1,300 mg</i>	Tier 2	
<i>fenugreek seed oral capsule 610 mg</i>	Tier 2	
FLASHARREST ORAL CAPSULE 96.5 MG (hops extract/spruce fir extract)	Tier 2	
<i>flaxseed oil oral capsule 1,000 mg</i>	Tier 2	
<i>garlic extract oral tablet 400 mg</i>	Tier 2	
<i>garlic oral capsule 1,000 mg</i>	Tier 2	
<i>garlic oral tablet 400 mg</i>	Tier 2	
GARLIX ORAL CAPSULE 650 MG (garlic extract)	Tier 2	
<i>gelatin oral capsule 650 mg</i>	Tier 1	
<i>ginger (zingiber officinalis) oral capsule 550 mg</i>	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ginkgo biloba leaf extract oral capsule 120 mg, 125 mg</i>	Tier 2	
GINKGO BILOBA PLUS (BACOPA) ORAL CAPSULE 120-40 MG (ginkgo biloba leaf extract/bacopa leaf extract)	Tier 2	
GLUCOSA IMMUNE BOOSTER ORAL CAPSULE (herbal complex no.306)	Tier 2	
<i>green tea leaf extract oral capsule 500 mg</i>	Tier 2	
GREEN TEA-600 ORAL CAPSULE 600 MG (green tea leaf extract)	Tier 2	
HORMONE PROTECT ORAL CAPSULE 150-30 MG (diindolylmethane/broccoli seed extract)	Tier 2	
<i>licorice root (g.glabra) oral capsule 450 mg</i>	Tier 1	
MEDCAPS MENOPAUSE ORAL CAPSULE (herbal complex no.321)	Tier 2	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
MENOFEM ORAL CAPSULE (herbal complex no.323)	Tier 2	
<i>milk thistle oral capsule 150 mg</i>	Tier 2	
<i>milk thistle sd ext-blessed th oral capsule 175-120 mg</i>	Tier 2	
<i>milk thistle seed extract oral capsule 250 mg</i>	Tier 2	
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG (tamarindus indica seed/turmeric root extract)	Tier 2	
NEURIVA DE-STRESS ORAL CAPSULE 100-200-10 MG (coffee extract/theanine/superoxide dismutase)	Tier 2	
NEURIVA ORIGINAL ORAL CAPSULE 100-100 MG (coffee extract/phosphatidyl serine)	Tier 2	
NEURIVA ORIGINAL ORAL TABLET,CHEWABLE 50-50 MG (coffee extract/phosphatidyl serine)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
ONCOPLEX ES ORAL CAPSULE 100 MG (broccoli seed extract)	Tier 2	
ONCOPLEX ORAL CAPSULE 30 MG (broccoli seed extract)	Tier 2	
ORAXINOL ORAL CAPSULE 500 MG (herbal complex no.319)	Tier 2	
<i>oregano oil-flaxseed oil oral capsule 50-25 mg</i>	Tier 2	
PMS SOOTHE ORAL CAPSULE (herbal complex no.327)	Tier 2	
<i>pterostilbene oral capsule 50 mg</i>	Tier 2	
<i>red beet root-sour cherry ext oral tablet,chewable 250-0.5 mg</i>	Tier 2	
<i>red yeast rice oral capsule 600 mg</i>	Tier 2	
REMIFEMIN MENOPAUSE ORAL TABLET 2.5 MG (black cohosh root extract)	Tier 2	
<i>resveratrol-ascorbic acid oral capsule 100-100 mg</i>	Tier 2	
SALOXICIN ORAL CAPSULE 60-25-20 MG (willow bark ext/Boswellia serrata ext/herbal complex no. 322)	Tier 2	
SAMBUCUS ELDERBERRY ORIGINAL ORAL SYRUP 50 MG/5 ML (elderberry fruit)	Tier 2	
<i>saw palmetto oral capsule 450 mg</i>	Tier 2	
<i>schisandra oral capsule 580 mg</i>	Tier 2	
<i>shilajit oral capsule 250 mg</i>	Tier 2	
TESTOPLEX PLUS ORAL CAPSULE 250-100 MG (shilajit/Eurycoma longifolia extract)	Tier 2	
<i>turmeric root extract oral capsule 500 mg</i>	Tier 2	
<i>turmeric root extract oral tablet 500 mg</i>	Tier 2	
<i>turmeric root-ginger root ext oral tablet,chewable 150-25 mg</i>	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>turmeric-ginger-black pepper oral tablet, chewable 125 mg-6 mg- 50 mcg</i>	Tier 2	
<i>turmeric-turmeric root extract oral capsule 450-50 mg</i>	Tier 2	
<i>valerian root oral capsule 450 mg</i>	Tier 2	
VIRAGRAPHIS ORAL CAPSULE 187.5-150-79.2 MG (Andrographis ext/Isatis root xt/licorice root xt)	Tier 2	
<i>vit c-echinacea purpurea xt oral tablet, chewable 75-3 mg</i>	Tier 1	
VITALVASC ORAL CAPSULE 75-250-125 MG (grape seed extract/hesperidin/olive extract)	Tier 2	
Analgesic, Anti-Inflammatory Or Antipyretic		
Analgesic - Opioid Antagonists		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)	Tier 2	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (naltrexone HCl)	Tier 2	
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG (colchicine)	Tier 2	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (meperidine HCl/PF)	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)	Tier 4	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>levorphanol tartrate oral tablet 3 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 4	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 4	QL (4 ML per 1 day)
methadone HCl (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone oral tablet, soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
methadone HCl (Methadose Oral Tablet, Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 4	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 4	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml</i>	Tier 4	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 4	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (oxycodone HCl)	Tier 2	
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 25 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
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)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Dihydrocodeine Combinations - Arthritis And Pain Drugs		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Dihydrocodeine, Non-Salicylate Analgesic, Xanthine - Arthritis And Pain Drugs		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone And Non-Salicylate Combinations - Arthritis And Pain Drugs		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone HCl/acetaminophen)	Tier 2	ST: Must meet the following requirement: generic Norco (Hydrocodone/acetaminophen) tablet in 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST: Must meet the following requirement: generic Norco (Hydrocodone/acetaminophen) tablet in 120 days; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 1	ST: 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)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)	Tier 2	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 MI)	Tier 2	QL (66 ML per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone HCl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone HCl/acetaminophen (Primlev Oral Tablet 10-300 Mg)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
oxycodone HCl/acetaminophen (Primlev Oral Tablet 5-300 Mg, 7.5-300 Mg)	Tier 2	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 MI)	Tier 2	QL (66 ML per 1 day)
oxycodone HCl/acetaminophen (Prolate Oral Tablet 10-300 Mg, 5-300 Mg, 7.5-300 Mg)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis And Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine HCl)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 4	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 4	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol And Non-Salicylate Combinations - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol And Nsaid Combinations - Arthritis And Pain Drugs		
SEGLENTIS ORAL TABLET 44-56 MG (tramadol HCl/celecoxib)	Tier 2	
Analgesic Opioid Tramadol Combinations - Arthritis And Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Or Antipyretic Non-Opioid/Sedative Combinations - Arthritis And Pain Drugs		
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Must meet the following requirement: generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
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 2	PA
Anti-Inflammatory - Interleukin-1 Receptor Antagonist - Arthritis And Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (rilonacept)	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts, Non-Selective - Arthritis And Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agnts,Tnf-Alpha Sel - Arthritis And Pain Drugs		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-afzb)	Tier 4	PA
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-afzb)	Tier 4	PA
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML (adalimumab-atto)	Tier 4	PA
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 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (adalimumab-adaz)	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
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 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML (adalimumab-adaz)	Tier 4	PA
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	Tier 4	PA
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-aqvh)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
Dmard - Anti-Inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis And Pain Drugs		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-afzb)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-afzb)	Tier 4	PA
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML (adalimumab-atto)	Tier 4	PA
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 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (etanercept)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	Tier 4	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (adalimumab-adaz)	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML (adalimumab-adaz)	Tier 4	PA
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (golimumab)	Tier 4	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (golimumab)	Tier 4	PA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	Tier 4	PA
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-aqvh)	Tier 4	PA
Dmard - Antimalarials - Arthritis And Pain Drugs		
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	Tier 2	QL (60 EA per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Antimetabolites - Arthritis And Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 2	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (methotrexate/PF)	Tier 4	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (methotrexate/PF)	Tier 4	ST: 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 4	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 4	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 4	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 4	ST: Must meet the following requirement: Otrexup in 120 days; QL (1.6 ML per 28 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (methotrexate/PF)	Tier 4	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 4	ST: Must meet the following requirement: Otrexup in 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (methotrexate/PF)	Tier 4	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 4	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 2	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 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (abatacept)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dmard - Gold Compounds - Arthritis And Pain Drugs		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 2	
Dmard - Immunosuppressives - Arthritis And Pain Drugs		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
Dmard - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis And Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (anakinra)	Tier 4	PA
Dmard - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis And Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (tocilizumab)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (tocilizumab)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (sarilumab)	Tier 4	PA
Dmard - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (upadacitinib)	Tier 2	PA
XELJANZ ORAL SOLUTION 1 MG/ML (tofacitinib citrate)	Tier 2	PA
XELJANZ ORAL TABLET 5 MG (tofacitinib citrate)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (tofacitinib citrate)	Tier 2	PA
Dmard - Other - Arthritis And Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
Dmard - Phosphodiesterase-4 (Pde4) Inhibitors - Arthritis And Pain Drugs		
OTEZLA ORAL TABLET 30 MG (apremilast)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 2	PA
Dmard - Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs		
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)	Tier 2	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis And Pain Drugs		
REZUROCK ORAL TABLET 200 MG (belumosudil mesylate)	Tier 2	PA
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 4	PA
Nsaid Analgesic And Histamine H2 Receptor Antagonist Combinations - Arthritis And Pain Drugs		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Tier 1	ST: Must meet the following requirement: generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesic And Prostaglandin Analog Combinations - Arthritis And Pain Drugs		
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
Nsaid Analgesic And Proton Pump Inhibitor Combinations - Arthritis And Pain Drugs		
<i>naproxen-esomeprazole oral tablet,ir, delayed rel,biphasic 375-20 mg, 500-20 mg</i>	Tier 1	ST: 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 2	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 % (diclofenac sodium/menthol/camphor)	Tier 2	
NAPROTIN KIT 500 MG- 0.025 % (naproxen/capsicum oleoresin)	Tier 2	
NUDICLO TABPAK KIT 75 MG- 0.025 % (diclofenac sodium/capsaicin)	Tier 2	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 % (diclofenac sodium/capsaicin/methyl salicylate/menthol)	Tier 2	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 % (diclofenac sodium/capsaicin/methyl salicylate/menthol)	Tier 2	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG- 0.025 %- 25 %-6 % (etodolac/capsaicin/methyl salicylate/menthol)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 % (ibuprofen/capsaicin/methyl salicylate/menthol)	Tier 2	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 % (nabumetone/capsaicin/methyl salicylate/menthol)	Tier 2	
Nsaid Analgesic, Cyclooxygenase-2 (Cox-2) Selective Inhibitors - Arthritis And Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 % (celecoxib/capsaicin/methyl salicylate/menthol)	Tier 2	
Nsaid Analgesics (Cox Non-Specific) - Anthranilic Acid Derivatives - Arthritis And Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
Nsaid Analgesics (Cox Non-Specific) - Other - Arthritis And Pain Drugs		
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 4	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 4	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 4	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 4	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 4	
<i>ketorolac nasal spray,non-aerosol 15.75 mg/spray</i>	Tier 1	ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory drug in 120 days; QL (5 EA per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
RELAFEN DS ORAL TABLET 1,000 MG (nabumetone)	Tier 2	ST: 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 2	ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory drug in 120 days; QL (5 EA per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesics (Cox Non-Specific) - Phenylacetic Acid Derivatives - Arthritis And Pain Drugs		
<i>diclofenac potassium oral capsule 25 mg</i>	Tier 1	ST: Must meet any of the following requirements: Dico Gel, Diclofenac Sodium, Diclofenac Sodium/Misoprostol, Diclofono, Diclozor, or Pennsaid in 120 days; QL (4 EA per 1 day)
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac submicronized oral capsule 35 mg</i>	Tier 1	ST: Must meet any of the following requirements: Dico Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
diclofenac potassium (Lofena Oral Tablet 25 Mg)	Tier 1	QL (8 EA per 1 day)
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (diclofenac submicronized)	Tier 2	ST: Must meet any of the following requirements: Dico Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
IBUPAK ORAL KIT 600 MG (ibuprofen/glycerin)	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 1	
ketoprofen (Kiprofen Oral Capsule 25 Mg)	Tier 1	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	Tier 1	
<i>oxaprozin oral capsule 300 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
Nsaid Analgesics (Cyclooxygenase Inhibitors-Non-Selective) - Arthritis And Pain Drugs		
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nsaid Analgesics, (Cox Non-Specific) - Indole Acetic Acid Derivatives - Arthritis And Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (indomethacin)	Tier 2	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>indomethacin rectal suppository 50 mg</i>	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG (indomethacin, submicronized)	Tier 2	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		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations - Arthritis And Pain Drugs		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
LIDOMARK 1-5 KIT 10 MG/ML (1 %) (lidocaine HCl/PF/adhesive bandage)	Tier 2	
LIDOMARK 2-5 KIT 20 MG/ML (2 %) (lidocaine HCl/PF/adhesive bandage)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (bupivacaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 2	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
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	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANA-LEX KIT RECTAL KIT 2-2 % (hydrocortisone acetate/lidocaine HCl/aloe vera)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 1	
<i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine HCl/skin cleanser no.16)	Tier 2	
Antidotes And Other Reversal Agents - Drugs For Overdose Or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4	
Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 4	
Antidote - Cyanide Poisoning - Drugs For Overdose Or Poisoning		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
Antidote - Radioactive Agents - Drugs For Overdose Or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
Antidote Others - Drugs For Overdose Or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (zinc acetate)	Tier 2	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (prussian blue (insoluble))	Tier 2	
WILZIN ORAL CAPSULE 25 MG (ZINC) (zinc acetate)	Tier 2	
Chelating Agents - Copper - Drugs For Overdose Or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 2	PA
CUVRIOR ORAL TABLET 300 MG (trientine tetrahydrochloride)	Tier 2	PA
D-PENAMINE ORAL TABLET 125 MG (penicillamine)	Tier 2	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 1	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillamine oral tablet 250 mg</i>	Tier 1	PA
<i>trientine oral capsule 250 mg</i>	Tier 2	PA
<i>trientine oral capsule 500 mg</i>	Tier 2	PA
Chelating Agents - Iron - Drugs For Overdose Or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 2	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 2	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 2	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 2	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	Tier 2	PA
Chelating Agents - Lead Poisoning - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (succimer)	Tier 2	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs For Overdose Or Poisoning		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
ENTEREG ORAL CAPSULE 12 MG (alvimopan)	Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	Tier 2	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (methylnaltrexone bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (methylnaltrexone bromide)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	Tier 2	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 HCl)	Tier 2	QL (4 EA per 30 days)
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 4	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 4	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (nalmefene HCl)	Tier 2	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (naloxone HCl)	Tier 4	QL (2 ML per 30 days)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (lenacapavir sodium)	Tier 2	PA
Anti-Infective Agents - Drugs For Infections		
Amebicides - Drugs For Parasites		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (amikacin sulfate liposomal with nebulizer accessories)	Tier 2	
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	Tier 2	
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 2	
Aminopenicillin Antibiotic - Beta-Lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (amoxicillin/potassium clavulanate)	Tier 2	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		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EGATEN ORAL TABLET 250 MG (triclabendazole)	Tier 2	
EMVERM ORAL TABLET, CHEWABLE 100 MG (mebendazole)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
Anthelmintic Agents Other - Drugs For Parasites		
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole/trimethoprim)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (trimethoprim)	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Nitrofurantoin Derivatives - Antibiotics		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal - Allylamines - Drugs For Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs For Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-Type Agents - Drugs For Fungus		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	Tier 2	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (ibrexafungerp citrate)	Tier 2	PA
Antifungal - Imidazoles - Drugs For Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCCO-ADHESIVE BUCCAL TABLET 50 MG (miconazole)	Tier 2	
Antifungal - Tetrazoles - Drugs For Fungus		
VIVJOA ORAL CAPSULE 150 MG (oteseconazole)	Tier 2	PA
Antifungal - Triazoles - Drugs For Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (isavuconazonium sulfate)	Tier 2	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG (posaconazole)	Tier 2	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	PA
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (itraconazole)	Tier 2	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal Other - Drugs For Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs For Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (interferon gamma-1b, recomb.)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	Tier 2	PA
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs For Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (artemether/lumefantrine)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antimalarials - Drugs For Parasites		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 2	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine sulfate)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)	Tier 2	QL (60 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs For Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)	Tier 2	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs For Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (metronidazole)	Tier 2	
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2Nd Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (secnidazole)	Tier 2	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)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	Tier 2	
Antiretroviral - Cd4 Attachment Inhibitors - Drugs For Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (fostemsavir tromethamine)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 4	
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)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	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	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	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		
<i>abacavir oral solution 20 mg/ml</i>	Tier 1	
<i>abacavir oral tablet 300 mg</i>	Tier 1	
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	
<i>emtricitabine oral capsule 200 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND USED FOR PREVENTION OF HIV
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>zidovudine oral capsule 100 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	
<i>zidovudine oral tablet 300 mg</i>	Tier 1	
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs For Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	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	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Tier 1	
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	
Antiretroviral- Nucleoside And Nucleotide Analogs, Protease Inhibitors - Drugs For Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Integrase Inhibitor,Nucleoside And Nucleotide Rtis Comb - Drugs For Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir sodium/emtricitabine/tenofovir alafenamide fumar)	Tier 2	
GENVOYA ORAL TABLET 150-150-200-10 MG (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)	Tier 2	
STRIBILD ORAL TABLET 150-150-200-300 MG (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil)	Tier 2	
Antiretroviral-Nucleoside Analogs And Integrase Inhibitor Combinations - Drugs For Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (abacavir sulfate/dolutegravir sodium/lamivudine)	Tier 2	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (abacavir sulfate/dolutegravir sodium/lamivudine)	Tier 2	
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (Nrti) Comb - Drugs For Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	
Antiretroviral-Nucleoside, Nucleotide Analogs And Non-Nucleoside Rti - Drugs For Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine/rilpivirine HCl/tenofovir disoproxil fumarate)	Tier 2	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirine/lamivudine/tenofovir disoproxil fumarate)	Tier 2	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitabine/rilpivirine HCl/tenofovir alafenamide fumarate)	Tier 2	
Antitubercular - Aminobenzoic Acid Analogs - Antibiotics		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (aminosalicylic acid)	Tier 2	
Antitubercular - D-Alanine Analogs - Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)	Tier 2	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
<i>pretomanid oral tablet 200 mg</i>	Tier 2	QL (1 EA per 1 day)
Antitubercular - Rifamycin And Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECATOR ORAL TABLET 250 MG (ethionamide)	Tier 2	
Cephalosporin Antibiotics - 1St Generation - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 2Nd Generation - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3Rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs For Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (entecavir)	Tier 2	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs For Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatitis C - Ns5a Inhibitor And Ns3/4A Protease Inhibitor Combination - Drugs For Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (glecaprevir/pibrentasvir)	Tier 2	PA
MAVYRET ORAL TABLET 100-40 MG (glecaprevir/pibrentasvir)	Tier 2	PA
ZEPATIER ORAL TABLET 50-100 MG (elbasvir/grazoprevir)	Tier 2	PA
Hepatitis C - Ns5a, Ns3/4A Protease, Nucleo.Ns5b Polymerase Inhib Comb - Drugs For Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuvir/velpatasvir/voxilaprevir)	Tier 2	PA
Hepatitis C - Ns5b Polymerase And Ns5a Inhibitor Combinations - Drugs For Viral Infections		
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 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Influenza-A Antiviral Agents - Drugs For Viral Infections		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
clindamycin palmitate HCl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fidaxomicin)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 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	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (tedizolid phosphate)	Tier 2	ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-Resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (lefamulin acetate)	Tier 2	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs For Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (tipranavir)	Tier 2	
<i>darunavir oral tablet 600 mg, 800 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG (darunavir ethanolate/cobicistat)	Tier 2	
PREZISTA ORAL SUSPENSION 100 MG/ML (darunavir)	Tier 2	
PREZISTA ORAL TABLET 150 MG, 75 MG (darunavir)	Tier 2	
Protease Inhibitors (Peptidic) Antiretroviral - Drugs For Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 1	
EVOTAZ ORAL TABLET 300-150 MG (atazanavir sulfate/cobicistat)	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 2	
REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)	Tier 2	
<i>ritonavir oral tablet 100 mg</i>	Tier 1	
VIRACEPT ORAL TABLET 250 MG, 625 MG (nelfinavir mesylate)	Tier 2	
Respiratory Syncytial Virus (Rsv) Antiviral Agents - Drugs For Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
Rifamycins And Related Derivative Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG (rifamycin sodium)	Tier 2	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)
PRIFTIN ORAL TABLET 150 MG (rifapentine)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (rifaximin)	Tier 2	PA
Sars-Cov-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs For Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 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)
VEKLURY INTRAVENOUS RECON SOLN 100 MG (remdesivir)	PV	MEDICAL BENEFIT; QL (11 EA per 10 days)
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline And Tetracycline Antibiotic Combinations - Antibiotics		
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-% (doxycycline monohydrate/benzoyl peroxide)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 50 mg</i>	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)
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 1	ST: Must meet the following requirement: gnereic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i>	Tier 1	ST: Must meet the following requirement: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	Tier 1	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)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg, 80 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic 40 mg</i>	Tier 1	ST: Must meet the following requirement: generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i>	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST: 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 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	ST: Must meet the following requirement: generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MORGIDOX 2X100 KIT 100 MG (doxycycline hyclate/skin cleanser combination no.19)	Tier 2	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 2	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline HCl)	Tier 2	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)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Tier 1	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline HCl)	Tier 2	ST: 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	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (tecovirimat)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastics		
Antineoplastic - Akt (Protein Kinase B (Pkb)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (capiwasertib)	Tier 2	PA
Antineoplastic - Gamma-Secretase Inhibitor (Gsi)		
OGSIVEO ORAL TABLET 50 MG (nirogacestat hydrobromide)	Tier 2	PA
Antineoplastic - Janus Kinase (Jak), Acvr1/Alk2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (momelotinib dihydrochloride)	Tier 2	PA
Antineoplastic - Ornithine Decarboxylase (Odc) Inhibitors		
IWILFIN ORAL TABLET 192 MG (eflornithine HCl)	Tier 2	PA
Antineoplastic - Parp Inhibitor And Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (niraparib tosylate/abiraterone acetate)	Tier 2	PA
Antineoplastics - Drugs For Cancer		
Antineoplastic-Epiderm.Growth Factor-Egfr (ErbB1),Her-2 (ErbB2)R.Inhib - Drugs For Cancer		
EXKIVITY ORAL CAPSULE 40 MG (mobocertinib succinate)	Tier 2	PA
<i>lapatinib oral tablet 250 mg</i>	Tier 1	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA
<i>gefitinib oral tablet 250 mg</i>	Tier 2	PA
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	Tier 2	PA
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	Tier 2	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (dacomitinib)	Tier 2	PA
Antineoplastic - 3Rd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (osimertinib mesylate)	Tier 2	PA
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs For Cancer		
MYLERAN ORAL TABLET 2 MG (busulfan)	Tier 2	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs For Cancer		
MATULANE ORAL CAPSULE 50 MG (procarbazine HCl)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs For Cancer		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 2	
HEPZATO (62 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 2	
HEPZATO INTRA-ARTERIAL RECON SOLN 50 MG (melphalan HCl)	Tier 2	
LEUKERAN ORAL TABLET 2 MG (chlorambucil)	Tier 2	
<i>melphalan oral tablet 2 mg</i>	Tier 1	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs For Cancer		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 2	
Antineoplastic - Alkylating Agent - Triazenes - Drugs For Cancer		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 2	
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs For Cancer		
ALECENSA ORAL CAPSULE 150 MG (alectinib HCl)	Tier 2	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (brigatinib)	Tier 2	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (brigatinib)	Tier 2	PA
LORBRENA ORAL TABLET 100 MG, 25 MG (lorlatinib)	Tier 2	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG (crizotinib)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG (crizotinib)	Tier 2	PA
ZYKADIA ORAL TABLET 150 MG (ceritinib)	Tier 2	PA
Antineoplastic - Antiadrenals - Drugs For Cancer		
LYSODREN ORAL TABLET 500 MG (mitotane)	Tier 2	
Antineoplastic - Antiandrogens - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 2	PA
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG (apalutamide)	Tier 2	PA
<i>nilutamide oral tablet 150 mg</i>	Tier 1	
NUBEQA ORAL TABLET 300 MG (darolutamide)	Tier 2	PA
XTANDI ORAL CAPSULE 40 MG (enzalutamide)	Tier 2	PA
XTANDI ORAL TABLET 40 MG, 80 MG (enzalutamide)	Tier 2	PA
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs For Cancer		
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	Tier 2	PA
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 4	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 4	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (methotrexate sodium)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	Tier 2	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		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 2	ST: Must meet the following requirement: Mercaptopurine in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs For Cancer		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 1	PA
ONUREG ORAL TABLET 200 MG, 300 MG (azacitidine)	Tier 2	PA
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs For Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs For Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (trifluridine/tipiracil HCl)	Tier 2	PA
Antineoplastic - Aromatase Inhibitors - Drugs For Cancer		
<i>anastrozole oral tablet 1 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>exemestane oral tablet 25 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs For Cancer		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (asparaginase Erwinia chrysanthemi (recombinant)-rywn)	Tier 4	
Antineoplastic - B-Cell Lymphoma-2 (Bcl-2) Inhibitors - Drugs For Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	Tier 2	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (venetoclax)	Tier 2	PA
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	Tier 2	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	Tier 2	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (dabrafenib mesylate)	Tier 2	PA
ZELBORAF ORAL TABLET 240 MG (vemurafenib)	Tier 2	PA
Antineoplastic - Bruton's Tyrosine Kinase (Btk) Inhibitor - Drugs For Cancer		
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 2	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 2	PA
Antineoplastic - Cyclin-Dependent Kinase (Cdk) 4/6 Inhibitors - Drugs For Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	Tier 2	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (ribociclib succinate)	Tier 2	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	Tier 2	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (Her2) Inhibitor - Drugs For Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (tucatinib)	Tier 2	PA
Antineoplastic - Epipodophyllotoxins - Drugs For Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
Antineoplastic - Estrogens - Drugs For Cancer		
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	Tier 2	
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 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Ezh2 Histone Methyltransferase (Hmt) Inhibitor - Drugs For Cancer		
TAZVERIK ORAL TABLET 200 MG (tazemetostat hydrobromide)	Tier 2	PA
Antineoplastic - Fibroblast Growth Factor Receptor (Fgfr) Kinase Inhib - Drugs For Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	Tier 2	PA
LYTGOBI ORAL TABLET 4 MG (futibatinib)	Tier 2	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (pemigatinib)	Tier 2	PA
Antineoplastic - Fms-Like Tyrosine Kinase 3 (Flt3) Inhibitors - Drugs For Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)	Tier 2	PA
XOSPATA ORAL TABLET 40 MG (gilteritinib fumarate)	Tier 2	PA
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs For Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	Tier 2	PA
ERIVEDGE ORAL CAPSULE 150 MG (vismodegib)	Tier 2	PA
ODOMZO ORAL CAPSULE 200 MG (sonidegib phosphate)	Tier 2	PA
Antineoplastic - Histone Deacetylase (Hdac) Inhibitors - Drugs For Cancer		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (panobinostat lactate)	Tier 2	PA
ZOLINZA ORAL CAPSULE 100 MG (vorinostat)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Hypoxia Inducible Factor (Hif) Inhibitors - Drugs For Cancer		
WELIREG ORAL TABLET 40 MG (belzutifan)	Tier 2	PA
Antineoplastic - Interferons - Drugs For Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	Tier 4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors - Drugs For Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (ruxolitinib phosphate)	Tier 2	PA
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)	Tier 2	PA
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	Tier 2	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 2	PA
Antineoplastic - Kirsten Rat Sarcoma (Kras) Protein Inhibitor - Drugs For Cancer		
KRAZATI ORAL TABLET 200 MG (adagrasib)	Tier 2	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG (sotorasib)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide acetate)	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide acetate)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
Antineoplastic - Lhrh (Gnrh) Antagonist Pituitary Suppressants - Drugs For Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (degarelix acetate)	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (degarelix acetate)	Tier 4	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG (relugolix)	Tier 2	PA
Antineoplastic - Mast Cell Stabilizers - Drugs For Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors - Drugs For Cancer		
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	Tier 2	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (selumetinib sulfate/vitamin E TPGS)	Tier 2	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML (trametinib dimethyl sulfoxide)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKINIST ORAL TABLET 0.5 MG, 2 MG (trametinib dimethyl sulfoxide)	Tier 2	PA
MEKTOVI ORAL TABLET 15 MG (binimetinib)	Tier 2	PA
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 1	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 1	PA
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 2	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (cabozantinib s-malate)	Tier 2	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (ponatinib HCl)	Tier 2	PA
<i>sorafenib oral tablet 200 mg</i>	Tier 2	PA
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 2	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors - Drugs For Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (olutasidenib)	Tier 2	PA
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 2	PA
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs For Cancer		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (ixazomib citrate)	Tier 2	PA
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs For Cancer		
AUGTYRO ORAL CAPSULE 40 MG (repotrectinib)	Tier 2	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	Tier 2	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG (bosutinib)	Tier 2	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)	Tier 2	PA
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	Tier 2	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (acalabrutinib maleate)	Tier 2	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 2	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (tivozanib HCl)	Tier 2	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (fruquintinib)	Tier 2	
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	Tier 2	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (ibrutinib)	Tier 2	PA
INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)	Tier 2	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG (pirtobrutinib)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (lenvatinib mesylate)	Tier 2	PA
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA
<i>pazopanib oral tablet 200 mg</i>	Tier 2	PA
QINLOCK ORAL TABLET 50 MG (ripretinib)	Tier 2	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (entrectinib)	Tier 2	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (entrectinib)	Tier 2	PA
RYDAPT ORAL CAPSULE 25 MG (midostaurin)	Tier 2	PA
SCSEMBLIX ORAL TABLET 20 MG, 40 MG (asciminib hydrochloride)	Tier 2	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 2	PA
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hydrochloride)	Tier 2	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib HCl)	Tier 2	PA
TEPMETKO ORAL TABLET 225 MG (tepotinib HCl)	Tier 2	PA
TURALIO ORAL CAPSULE 125 MG (pexidartinib hydrochloride)	Tier 2	PA
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 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Retinoids - Drugs For Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	
Antineoplastic - Selective Estrogen Receptor Degradors (Serds) - Drugs For Cancer		
ORSERDU ORAL TABLET 345 MG, 86 MG (elacestrant HCl)	Tier 2	PA
Antineoplastic - Selective Estrogen Receptor Modulators (Serms) - Drugs For Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (tamoxifen citrate)	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>toremifene oral tablet 60 mg</i>	Tier 1	
Antineoplastic - Selective Inhibitors Of Nuclear Export (Sine) - Drugs For Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (selinexor)	Tier 2	PA
Antineoplastic - Selective Ret Kinase Inhibitor - Drugs For Cancer		
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	Tier 2	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG (selpercatinib)	Tier 2	PA
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs For Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 1	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Thalidomide Analogs - Drugs For Cancer		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 2	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	Tier 2	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG (thalidomide)	Tier 2	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs For Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan HCl)	Tier 2	
Antineoplastic - Tropomyosin Receptor Kinase (Trk) Inhibitor - Drugs For Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	Tier 2	PA
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	Tier 2	PA
Antineoplastic Antibiotic - Others - Drugs For Cancer		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (mitomycin)	Tier 2	PA
Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb - Drugs For Cancer		
INQOVI ORAL TABLET 35-100 MG (decitabine/cedazuridine)	Tier 2	PA
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)	Tier 2	QL (24 EA per 14 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Methotrexate Rescue Agents - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
MESNEX ORAL TABLET 400 MG (mesna)	Tier 2	
Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagflu/e.water)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)	Tier 2	
IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)	Tier 2	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
Antiseptic - Others - Antiseptics And Disinfectants		
<i>glutaraldehyde solution 25 %</i>	Tier 1	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		
<i>hydrogen peroxide (bulk) solution 30 %</i>	Tier 2	
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants		
<i>phenol liquid</i>	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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, 100 IR (3) /300 IR (6), 300 INDX REACTIVITY (grass pollen-orchard/sweet vernal/rye/Kentucky/timothy, std.)	Tier 2	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (allergenic extract, mite-D.farinae-D.pteronysinus,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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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 4	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (nirsevimab-alip)	Tier 4	
Chemicals, Foods, Irritant/Allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (chemical allergens)	Tier 2	
Hepatitis A And Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (hepatitis A virus and hepatitis B virus vaccine/PF)	PV	\$0 COPAY 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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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		
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 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 4	PA
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 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (immune globulin,gamma(IgG) human/hyaluronidase, human recomb)	Tier 4	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 4	PA
Live Vaccine And Live Virus Formulations - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
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 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	PV	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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 2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (typhoid vacc, live, attenuated)	Tier 2	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (peanut allergen powder-dnfp)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (peanut allergen powder-dnfp)	Tier 2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (peanut allergen powder-dnfp)	Tier 2	PA
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML (diphtheria,pertussis(acellular),tetanus vaccine/PF)	PV	\$0 COPAY 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
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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	PV	\$0 COPAY 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 2	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (meningococcal vaccine A,C,Y and W-135, conj tetanus toxoid/PF)	PV	\$0 COPAY 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
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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Adenovirus - Vaccines		
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 2	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 2	
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
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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quad 2023-2024(6 month and older)cell derived/PF)	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
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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 2	
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	PV	\$0 COPAY 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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (varicella-zoster virus glycoprotein E,rec/AS01B adjuvant/PF)	PV	\$0 COPAY 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 2	PA
Pah-Endothelin Receptor Antagonist-Selective Cgmp Pde5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (macitentan/tadalafil)	Tier 2	PA
Cardiovascular Therapy Agents - Drugs For The Heart		
Ace Inhibitor And Calcium Channel Blocker Combinations - Drugs For High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arginine/amlodipine besylate)	Tier 2	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)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
Ace Inhibitors - Drugs For High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Enalapril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)	Tier 2	ST: Must meet the following requirement: Lisinopril in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists - Drugs For High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG (finerenone)	Tier 2	PA
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alpha-Beta Blockers - Drugs For High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs For High Blood Pressure		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs For High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan medoxomil/chlorthalidone)	Tier 2	ST: Must meet any of the following requirements: ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination in 120 days

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (Arni) - Drugs For High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril/valsartan)	Tier 2	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (Arbs) - Drugs For High Blood Pressure		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	Tier 2	ST: Must meet any of the following requirements: ACE inhibitor, ACE inhibitor combination, ARB, or ARB combination in 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan oral solution 4 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Valsartan tablets in 120 days
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (nitroglycerin)	Tier 2	ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (nitroglycerin)	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 2	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianginal And Anti-Ischemic Agents - Drugs For Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (vericiguat)	Tier 2	PA
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG (ranolazine)	Tier 2	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs For Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (disopyramide phosphate)	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs For Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ii - Drugs For Abnormal Heart Rhythms		
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol HCL in 120 days
Antiarrhythmic - Class Iii - Drugs For Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (dronedarone HCl)	Tier 2	
amiodarone HCl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class Iv - Drugs For Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Atp-Citrate Lyase (Acl) 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		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 1	
<i>colesevelam oral tablet 625 mg</i>	Tier 1	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibrin Acid Derivatives - Drugs For Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Hmg Coa Reductase Inhibitors (Statins) - Drugs For Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (lovastatin)	Tier 2	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 2	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	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)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	Tier 2	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 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin oral capsule 20 mg</i>	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)
<i>fluvastatin oral capsule 40 mg</i>	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)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	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)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	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)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	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)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	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)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	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)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium)	Tier 2	ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
<i>niacin oral tablet 500 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	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 4	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 4	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 4	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 4	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 4	ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 4	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 4	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 4	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		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
PHOSPHALINE ORAL CAPSULE 900 MG (phosphatidylcholine)	Tier 2	
PHOSPHALINE ORAL LIQUID 3 GRAM/5 ML (phosphatidylcholine)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 2	
FISH OIL ORAL CAPSULE 1,000 MG (120 MG-180 MG), 1,200 (144-216) MG, 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 300-500 MG, 360-1,200 MG (omega-3 fatty acids/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 350-600 MG (omega-3 fatty acids/dha/epa/other omega-3s/fish oil)	Tier 2	
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
<i>krill-om-3-dha-epa-phospho-ast oral capsule 500-115-30-64 mg</i>	Tier 1	
<i>krill-om-3-dha-epa-phospho-ast oral capsule 600-125-32.5-60 mg</i>	Tier 1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (methionine/inositol/choline/folic acid)	Tier 2	
MEGARED ADV TOTAL BODY REFRESH ORAL CAPSULE 375-350-500-30 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG (omega-3 fatty acids/dha/epa/fish oil/krill oil)	Tier 2	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 2	
<i>omega 3-dha-epa-fish oil oral capsule 100-400-1,000 mg, 415-670 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 200-300-1,000 mg, 300-1,000 mg, 60-90-500 mg</i>	Tier 1	
<i>omega 3-dha-epa-fish oil oral capsule 300 mg (120 mg-180mg)-1,000 mg</i>	Tier 2	
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 450 mg (128 mg- 322 mg)-650 mg</i>	Tier 1	
OMEGA MONOPURE DHA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 790 MG-675 MG-118 MG-1,300 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGA MONOPURE EPA EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910-1,300 MG (omega-3 fatty acids/eicosapentaenoic acid (epa)/fish oil)	Tier 2	
OMEGA MONOPURE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 430-130-650 MG, 860-260-1,300 MG (omega-3 fatty acids/dha/epa/dpa/fish oil)	Tier 2	
OMEGA-3 2100 ORAL CAPSULE 1,050 MG(300 MG -675 MG-75 MG) (omega-3 fatty acids/dha/epa/dpa/fish oil)	Tier 2	
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg</i>	Tier 1	
<i>omega-3 fatty acids-fish oil oral capsule 360-1,200 mg</i>	Tier 1	
OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 1	
<i>omega-3s-dha-epa-fish oil oral capsule 720-1,200 mg</i>	Tier 2	
OMEGAPURE 900-TG ORAL CAPSULE 964-257-643 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMEGAPURE-600 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 650 MG-240 MG- 360 MG-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-780 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 910 MG-330 MG- 450 MG-1,400 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-820 ORAL CAPSULE 937.5 MG-320 MG - 500 MG-1,250MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OMEGAPURE-900 EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 967 MG-385 MG- 515 MG-1,290 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 2	
OVEGA-3 ORAL CAPSULE 500-270-135 MG (omega-3 fatty acids/docosahexaenoic acid/epa)	Tier 2	
TRIPLE OMEGA 3-6-9 ORAL CAPSULE 400-400-400 MG (fish oil/borage oil/flaxseed oil/omega 3,6,9 combination no1)	Tier 1	
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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-Hmg Coa Reduct Inhib And Cholesterol Absorp Inhibit - Drugs For Cholesterol		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe/rosuvastatin calcium)	Tier 2	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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Beta Blockers Cardiac Selective - Drugs For High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs For High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs For High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol HCl)	Tier 2	ST: Must meet the following requirement: Propranolol HCL in 120 days if 1 year of age and older; QL (360 ML per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)	Tier 2	ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (propranolol HCl)	Tier 2	ST: Must meet the following requirement: Propranolol HCL in 120 days
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol HCL in 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs For The Heart		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 MI)	Tier 4	PA
Calcium Channel Blocker - Nsaid, Cox-2 Selective Inhibitor Combination - Drugs For High Blood Pressure		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (amlodipine besylate/celecoxib)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Benzothiazepines - Drugs For High Blood Pressure		
diltiazem HCl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem HCl)	Tier 1	
diltiazem HCl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem HCl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	
diltiazem HCl (Tiadyt 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		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML (nimodipine)	Tier 2	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine maleate)	Tier 2	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	Tier 2	PA
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	Tier 2	ST: Must meet the following requirement: Amlodipine Besylate tablets in 120 days
Calcium Channel Blockers - Phenylalkylamines - Drugs For High Blood Pressure		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiac Myosin Inhibitor - Drugs For The Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (mavacamten)	Tier 2	PA
Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 4	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 4	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 4	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 2	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Alpha-2 Receptor Agonists - Drugs For High Blood Pressure		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs For The Heart		
<i>digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))</i>	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
Direct Acting Vasodilators - Drugs For High Blood Pressure		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-Selective - Drugs For High Blood Pressure		
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs For High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 2	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs For High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (furosemide)	Tier 4	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
SOANZ ORAL TABLET 40 MG, 60 MG (torsemide)	Tier 2	PA
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Osmotic - Drugs For High Blood Pressure		
UREAPRO ORAL POWDER 15 GRAM/SCOOP (urea)	Tier 2	
Diuretic - Potassium Sparing - Drugs For High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide And Related Combinations - Drugs For High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 2	
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs For Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (atropine sulfate)	Tier 4	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Pah Agents - Selective Prostacyclin Receptor (Ip) Agonists - Drugs For High Blood Pressure		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	Tier 2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	Tier 2	PA
Peripheral Alpha-1 Receptor Blockers - Drugs For High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (doxazosin mesylate)	Tier 2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 2	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peripheral Vasodilators, Single Agents - Drugs For High Blood Pressure		
<i>papaverine injection solution 30 mg/ml</i>	Tier 4	
Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure		
<i>metyrosine oral capsule 250 mg</i>	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 4	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (lanadelumab-flyo)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs For The Heart		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (berotralstat hydrochloride)	Tier 2	PA
Pulmonary Antihypertensive Agents - Prostacyclin-Type - Drugs For High Blood Pressure		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (treprostinil diolamine)	Tier 2	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (treprostinil diolamine)	Tier 2	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (treprostinil diolamine)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 2	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	Tier 2	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 2	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 2	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil/nebulizer accessories)	Tier 2	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 2	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)	Tier 2	PA
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs For High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	Tier 2	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 2	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 2	PA
OPSUMIT ORAL TABLET 10 MG (macitentan)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 2	PA
Pulmonary Arterial Hypertension - Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 2	PA
LIQREV ORAL SUSPENSION 10 MG/ML (sildenafil citrate)	Tier 2	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 2	PA
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (tadalafil)	Tier 2	PA
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
Vasodilator Combinations - Drugs For High Blood Pressure		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	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 4	PA
Antianxiety Agent - Antihistamine Type - Drugs For Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs For Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 2	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 2	ST: Must meet the following requirements: Lorazepam tablets in 120 days
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 2	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 2	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 2	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 2	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		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	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 2	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol (CBD))	Tier 2	
Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (lacosamide)	Tier 2	PA
VIMPAT ORAL 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 2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Anticonvulsant - Gaba Re-Uptake Inhibitor, Nipecotic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 1	PA
<i>vigabatrin oral tablet 500 mg</i>	Tier 1	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 1	PA
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 2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 2	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)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 2	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)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 2	ST: 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)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)	Tier 2	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 2	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	Tier 1	QL (8 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Topiramate tablets or sprinkles in 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	Tier 2	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)	Tier 2	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)	Tier 2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 2	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 2	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets, Dose Pack 25 Mg (84) -100 Mg (14))	Tier 2	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets, Dose Pack 25 Mg (42) -100 Mg (7))	Tier 2	
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	Tier 2	QL (2 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>rufinamide oral suspension 40 mg/ml</i>	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)
<i>rufinamide oral tablet 200 mg</i>	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)
<i>rufinamide oral tablet 400 mg</i>	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 2	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 2	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine HCl)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG 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 (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (cenobamate)	Tier 2	ST: 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		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
Antidepressant - Mao Inhibitor Nonselective And Irreversible-Types A,B - Drugs For Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (selegiline)	Tier 2	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	Tier 2	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Ndma Receptor Antagonist And Ndri Combinations - Drugs For Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (dextromethorphan HBr/bupropion HCl)	Tier 2	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 2	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression		
<i>citalopram oral capsule 30 mg</i>	Tier 1	
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release (dr/ec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (Saris) - Drugs For Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	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)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)	Tier 2	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	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 HCl/lidocaine HCl)	Tier 2	
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)
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 2	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)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	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)
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 1	ST: Must meet the following requirement: Venlafaxine ER capsules in 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant- Ssri And Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs For Depression		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant-Norepinephrine And Dopamine Reuptake Inhibitors (Ndris) - Drugs For Depression		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (bupropion HBr)	Tier 2	ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 1	ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
Antidepressant-Tricyclics And Related (Non-Select Reuptake Inhibitors) - Drugs For Depression		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antiparkinson - Dopaminergic-Periph Comt-Dopa-Decarboxylase Inhib Comb - Drugs For Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-Decarboxylase Inhibit Comb - Drugs For Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (carbidopa/levodopa)	Tier 2	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (carbidopa/levodopa)	Tier 2	ST: 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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson		
<i>tolcapone oral tablet 100 mg</i>	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		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (opicapone)	Tier 2	PA
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	Tier 2	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 2	PA
Antiparkinson Therapy - Ergot Alkaloids And Derivatives - Drugs For Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(Mao-B) - Drugs For Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (safinamide mesylate)	Tier 2	ST: 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 HCl)	Tier 2	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		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 4	PA
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG (amantadine HCl)	Tier 2	PA
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 HCl)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: 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		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (asenapine)	Tier 2	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		
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs For Severe Mental Disorders		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	Tier 2	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (iloperidone)	Tier 2	QL (8 EA per 28 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs For Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	Tier 2	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		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (clozapine)	Tier 2	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		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs For Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (loxapine)	Tier 2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Dihydroindolones - Drugs For Severe Mental Disorders		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs For Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Phenothiazines, Aliphatic - Drugs For Severe Mental Disorders		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs For Severe Mental Disorders		
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs For Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes - Drugs For Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs For Severe Mental Disorders		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (quetiapine fumarate)	Tier 2	
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/samidorphane malate)	Tier 2	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	Tier 2	PA
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	Tier 2	PA
Antipsychotic-Atypical, D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 2	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 2	PA
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
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 HCl)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCl)	Tier 2	QL (7 EA per 28 days)
Antipsychotics, Atypical, Dopamine, Serotonin Antag And Opioid Antag Comb - Drugs For Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 2	PA
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/amphetamine XR in 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	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 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (methylphenidate)	Tier 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 25.9 MG (methylphenidate)	Tier 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	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)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	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)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg, 63 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 1	ST: Must meet any of the following requirements: Methylphenidate HCL or Quillivant XR in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG (methylphenidate HCl)	Tier 2	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 HCl)	Tier 2	ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (2 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (methylphenidate HCl)	Tier 2	120mL BOTTLE; ST: 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 2	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 2	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 2	60mL BOTTLE; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (60 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate HCl)	Tier 2	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate HCl)	Tier 2	QL (2 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG (methylphenidate HCl)	Tier 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine 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 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine 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 2	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)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (viloxazine HCl)	Tier 2	ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, 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 HCl)	Tier 2	ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL in 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (viloxazine HCl)	Tier 2	ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG (lorazepam)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG (lorazepam)	Tier 2	ST: Must meet the following requirements: Lorazepam tablets in 120 days
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam injection solution 5 mg/ml</i>	Tier 4	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 2	QL (10 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	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	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
carbamazepine (Epiol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) - 100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) - 100 mg (14)</i>	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 2	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets, Dose Pack 25 Mg (84) - 100 Mg (14))	Tier 2	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets, Dose Pack 25 Mg (42) - 100 Mg (7))	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 2	PA
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (olanzapine/samidorphan malate)	Tier 2	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCl)	Tier 2	QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
Cannabis And Cannabinoids - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	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 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/amphetamine XR in 120 days; QL (450 ML per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (amphetamine)	Tier 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine 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 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	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)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	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)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	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)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (amphetamine sulfate)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (dextroamphetamine)	Tier 2	ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine 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 2	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		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<i>caffeine oral tablet 200 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diabetic Peripheral Neuropathy Agents - Drugs For Seizures /Personality Disorder/Nerve Pain		
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	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)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	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		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (duloxetine HCl)	Tier 2	PA
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	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 HCl/lidocaine HCl)	Tier 2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	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 HCl)	Tier 2	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 2	
KIDS MELATONIN ORAL TABLET, CHEWABLE 1 MG (melatonin)	Tier 1	
<i>melatonin oral capsule 10 mg</i>	Tier 2	
<i>melatonin oral drops 1 mg/4 ml</i>	Tier 2	
<i>melatonin oral drops 3 mg/4 ml</i>	Tier 1	
<i>melatonin oral liquid 2.5 mg/10 ml</i>	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>melatonin oral lozenge 5 mg</i>	Tier 2	
<i>melatonin oral tablet 1 mg, 10 mg, 12 mg, 5 mg</i>	Tier 1	
<i>melatonin oral tablet 3 mg</i>	Tier 1	
<i>melatonin oral tablet extended release 10 mg</i>	Tier 1	
<i>melatonin oral tablet,chewable 1 mg, 2.5 mg</i>	Tier 1	
<i>melatonin oral tablet,chewable 5 mg</i>	Tier 1	
<i>melatonin oral tablet,disintegrating 1 mg, 10 mg, 12 mg, 3 mg</i>	Tier 1	
<i>melatonin oral tablet,disintegrating 5 mg</i>	Tier 2	
<i>melatonin sublingual tablet 10 mg</i>	Tier 1	
MELATONINMAX ORAL TABLET,CHEWABLE 10 MG (melatonin)	Tier 1	
Hypnotics - Melatonin Combinations - Drugs For Insomnia		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (calcium phosphate, tribasic/melatonin)	Tier 2	
COMPLETE BALANCE MENOPAUSE RLF ORAL CAPSULE, SEQUENTIAL 175-62-1 MG (NIGHT) (vit B/folic acid/calcium/soy xt/black cohosh xt/melatonin)	Tier 1	
KIDS SLEEP CALM ORAL TABLET,CHEWABLE 0.5-25-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 1	
KIDS SLEEP IMMUNE HEALTH ORAL TABLET,CHEWABLE 0.5 MG-45 MG- 12.5 MCG-3.75MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry)	Tier 1	
<i>melatonin-pyridoxal phos (b6) oral tablet,disintegrating 2.5 mg- 338 mcg</i>	Tier 1	
<i>melatonin-pyridoxine (vit b6) oral tablet 5-1 mg</i>	Tier 1	
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg, 5-10 mg</i>	Tier 1	
<i>melatonin-theanine oral tablet 10-5.5 mg</i>	Tier 1	
<i>melatonin-theanine oral tablet, disintegrating 3-50 mg</i>	Tier 1	
RELAX NIGHT CALM ORAL TABLET, CHEWABLE 1.5-12.5-50-0.5 MG (melatonin/5-hydroxytryptophan/theanine/lemon balm leaf xt)	Tier 1	
REPOZEN SLEEP AID ORAL CAPSULE 5-30-50 MG (melatonin/gamma-aminobutyric acid/valerian)	Tier 2	
SLEEP CALM ORAL TABLET, CHEWABLE 3-50-12.5 MG (melatonin/theanine/lemon balm/chamomile flower/lavender)	Tier 1	
SLEEP IMMUNE HEALTH ORAL TABLET, CHEWABLE 3 MG-45 MG-12.5 MCG-3.75 MG (melatonin/ascorbic acid/vitamin D3/zinc citrate/elderberry)	Tier 1	
SLEEP OPTIMIZER ORAL CAPSULE 0.15-50-150-200 MG (melatonin/GABA/tryptophan/valerian root/hops/lemon balm)	Tier 2	
SLOWMAG MG CALM-SLEEP ORAL TABLET, DELAYED RELEASE (DR/EC) 1-71.5 MG (melatonin/magnesium citrate)	Tier 2	
SOOTHING NIGHT ORAL POWDER 3-350-250 MG/8.3 GRAM (melatonin/mag carbonate, glycinate/pot bic/GABA/glycine/lemon)	Tier 2	
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (melatonin/GABA/5-HTP/theanine/magnesium citrate, oxide/herbs)	Tier 2	
UNISOM SIMPLE SLUMBERS ORAL TABLET, CHEWABLE 2.5 MG (melatonin/passion flower/lemon balm)	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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 (tasimelton)	Tier 2	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
<i>tasimelton oral capsule 20 mg</i>	Tier 2	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs For Migraine Headaches		
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 4	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (galcanezumab-gnlm)	Tier 4	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (galcanezumab-gnlm)	Tier 4	PA
Migraine Therapy - Cgrp Receptor Blockers (Gepants And Mab) - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 4	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (rimegepant sulfate)	Tier 2	PA

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (zavegepant HCl)	Tier 2	PA
Migraine Therapy - Ergot Alkaloids And Derivatives - Drugs For Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 4	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	ST: 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 2	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine mesylate)	Tier 2	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		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Nsaid Analgesics (Cyclooxygenase Inhibitor) - Drugs For Migraine Headaches		
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 1	
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (celecoxib)	Tier 2	PA
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	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 2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (sumatriptan succinate)	Tier 2	ST: Must meet the following requirement: Generic Sumatriptan nasal spray in 120 days; QL (16 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 4	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 4	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 4	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 4	QL (4 ML per 28 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION (sumatriptan)	Tier 2	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 4	ST: Must meet the following requirement: Generic Sumatriptan injection in 120 days; QL (8 ML per 28 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (6 EA per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: Rizatriptan Benzoate or Sumatriptan Succinate in 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb. - Drugs For Migraine Headaches		
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	Tier 1	ST: 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, Tosymra, Zembrace Symtouch, or Zolmitriptan 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 2	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (deutetrabenazine)	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (deutetrabenazine)	Tier 2	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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME | Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	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 2	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (deutetrabenazine)	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (deutetrabenazine)	Tier 2	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 2	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 2	PA
Movement Disorder Therapy - Restless Legs Syndrome - Drugs For The Nervous System		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG (gabapentin enacarbil)	Tier 2	ST: 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG (gabapentin enacarbil)	Tier 2	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 2	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) (deutetrabenazine)	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG (deutetrabenazine)	Tier 2	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 2	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 2	PA
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (sodium oxybate)	Tier 2	PA
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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 2	PA
Narcolepsy Therapy Agents - Dopamine And Ne Reuptake Inhibitor (Dnri) - Drugs For Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol HCl)	Tier 2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs For Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant HCl)	Tier 2	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs For Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs For Sleep Disorder		
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs For Sleep Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	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)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	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)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	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)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 2	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		
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	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 2	
DULOXICaine KIT 30 MG- 4% (duloxetine HCl/lidocaine HCl)	Tier 2	
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	Tier 1	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	Tier 1	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (gabapentin)	Tier 2	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 2	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 2	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (33 EA per 15 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	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)

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	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		
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan Hbr/quinidine sulfate)	Tier 2	PA
Sedative-Hypnotic - Barbiturates - Drugs For Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYVIGO ORAL TABLET 10 MG, 5 MG (lemborexant)	Tier 2	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 HCl)	Tier 2	PA
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs For Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine HCl)	Tier 2	PA
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	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 2	PA
Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

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

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	PV	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 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

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	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)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	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		
<i>alum, ammonium (bulk) powder</i>	Tier 2	

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

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

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

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

This Drug Formulary was updated: 05/01/2024

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - External Vehicles		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL (vehicle gel for anacaulase-bcdb)	Tier 2	
Pharmaceutical Adjuvant - Flavoring Agents		
<i>ethyl acetate liquid</i>	Tier 2	
Pharmaceutical Adjuvant - Gelatin Capsules (Empty)		
CAPSULE #1 ORAL CAPSULE (gelatin capsules (empty))	Tier 2	
Pharmaceutical Adjuvant - Hypromellose Capsules (Empty)		
CAPSULE #3 (HYPROMELLOSE) ORAL CAPSULE (hypromellose capsules (empty))	Tier 2	
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (sodium chloride for inhalation)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride for inhalation)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (sodium chloride for inhalation)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Pharmaceutical Adjuvant - Liquid Vehicles Other		
PCCA SUSPENDIT ANHYDROUS TOPICAL LIQUID (liquid base no.261)	Tier 2	
Pharmaceutical Adjuvant - Oral Thickening Agents		
GELMIX ORAL POWDER (maltodextrin/carob)	Tier 2	
GELMIX ORAL POWDER IN PACKET (maltodextrin/carob)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURATHICK ORAL POWDER (maltodextrin/tara gum)	Tier 2	
PURATHICK ORAL POWDER IN PACKET (maltodextrin/tara gum)	Tier 2	
SIMPLYTHICK ORAL GEL IN PACKET 4 GRAM (xanthan gum)	Tier 2	
THICK AND EASY ORAL POWDER (starch)	Tier 2	
THICK AND EASY ORAL POWDER IN PACKET (starch)	Tier 2	
Pharmaceutical Adjuvant - Oral Vehicles		
MX-SOL SF ORAL LIQUID (compounding vehicle sugar-free no.9)	Tier 2	
<i>sorbitol solution 70 %</i>	Tier 2	
UNISPEND ANHYDROUS SWEET ORAL SUSPENSION (compound vehicle suspension sugar-free no.24)	Tier 2	
Pharmaceutical Adjuvant - Preservatives		
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 2	
Pharmaceutical Adjuvant - Surfactants		
<i>polysorbate 80 solution</i>	Tier 2	
Pharmaceutical Adjuvant - Suspending Agents		
<i>hydroxypropyl cellulose powder</i>	Tier 2	
<i>hypromellose powder</i>	Tier 2	
METHOCEL E 4 M POWDER (hypromellose)	Tier 2	
Pharmaceutical Adjuvant - Tableting		
<i>cellulose (bulk) powder</i>	Tier 2	
Pharmaceutical Adjuvant - Troche/Soft Lozenge Base		
TECHNA NAT UNSWT TROCHE BASEG2 POWDER (troche base no.247)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Vaccine Adjuvants		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (cholera vaccine buffer component)	Tier 2	
Cognitive Disorder Therapy		
Rett Syndrome Agents - Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML (trofinetide)	Tier 2	PA
Cognitive Disorder Therapy - Drugs For The Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (donepezil HCl)	Tier 2	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Disease Therapy - Nmda Receptor Antagonists - Drugs For Alzheimer's Disease		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (memantine HCl)	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 HCl/donepezil HCl)	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 HCl/donepezil HCl)	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs For Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Contraceptives - Drugs For Women		
Contraceptive - Vaginal Ph Modulator - Medical Supplies And Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic acid/citric acid/potassium bitartrate)	PV	\$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
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	PV	\$0 COPAY
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	PV	\$0 COPAY
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	PV	\$0 COPAY
Contraceptive Intrauterine - Progesterone IUD - 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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	PV	\$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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	PV	\$0 COPAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	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
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	\$0 COPAY
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PV	\$0 COPAY
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	PV	\$0 COPAY
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	PV	\$0 COPAY
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	PV	\$0 COPAY
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	PV	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	PV	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	PV	\$0 COPAY
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	PV	\$0 COPAY

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
norethindrone (Jencycla Oral Tablet 0.35 Mg)	PV	\$0 COPAY
norethindrone (Lyleq Oral Tablet 0.35 Mg)	PV	\$0 COPAY

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (Lyza Oral Tablet 0.35 Mg)	PV	\$0 COPAY
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	PV	\$0 COPAY
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	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 - Quadruphasic - Birth Control Pills		
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	PV	\$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
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	PV	\$0 COPAY

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	PV	\$0 COPAY
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	PV	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	PV	\$0 COPAY
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	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
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	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)
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	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
<i>levonorgestrel oral tablet 1.5 mg</i>	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
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	PV	\$0 COPAY
<i>levonorgestrel oral tablet 1.5 mg</i>	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 2	
Hair Growth Agents - Kinase Inhibitor		
LITFULO ORAL CAPSULE 50 MG (ritlecitinib tosylate)	Tier 2	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Drugs For The Skin		
Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (isotretinoin, micronized)	Tier 2	ST: 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	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Tier 1	ST: 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		
<i>minocycline oral capsule, extended release 24hr 135 mg, 45 mg, 90 mg</i>	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 1	ST: 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 HCl)	Tier 2	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 HCl)	Tier 2	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 2	PA
Acne Therapy Topical - Anti-Infective - Drugs For The Skin		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid/niacinamide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMZEEQ TOPICAL FOAM 4 % (minocycline HCl)	Tier 2	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)
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 2	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
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	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 2	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
OXIAICE TOPICAL LOTION 15-4 % (sulfacetamide sodium/niacinamide)	Tier 2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	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 2	
CLINDACIN PAC TOPICAL KIT 1 % (clindamycin phosphate/skin cleanser comb no.19)	Tier 2	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin/niacinamide)	Tier 2	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (dapsonе/spironolactone/niacinamide)	Tier 2	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsonе/spironolactone/niacinamide)	Tier 2	
DIAOXIA TOPICAL CREAM 6-4 % (dapsonе/niacinamide)	Tier 2	
DIAOXIA TOPICAL GEL 6-4 % (dapsonе/niacinamide)	Tier 2	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (dapsonе/spironolactone/niacinamide)	Tier 2	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsonе/spironolactone/niacinamide)	Tier 2	
DIASOXIA TOPICAL CREAM 8.5-4 % (dapsonе/niacinamide)	Tier 2	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsonе/niacinamide)	Tier 2	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium/sulfur)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % (sulfacetamide sodium/sulfur)	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate/Benzoyl Peroxide gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid/sulfacetamide sodium)	Tier 2	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid/sulfacetamide sodium)	Tier 2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % (clindamycin phosphate/benzoyl peroxide/emollient comb no.94)	Tier 2	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50 (clindamycin/benzoyl/octinox/octyl/octocryl/oxyben/titanium)	Tier 2	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 % (clindamycin phosphate/benzoyl peroxide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (sulfacetamide sodium/sulfur)	Tier 2	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium/sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %, 9-4.25 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium/sulfur)	Tier 1	
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 2	
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUMAXIN CP TOPICAL KIT 10-4 % (sulfacetamide sodium/sulfur/skin cleanser comb no.23)	Tier 2	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 % (sulfacetamide sodium/sulfur)	Tier 1	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin		
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 2	
ADEINZDE TOPICAL GEL 0.1-2.5-1 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 2	
CABTREGO TOPICAL GEL 0.15-3.1-1.2 % (adapalene/benzoyl peroxide/clindamycin phosphate)	Tier 2	PA
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 1	ST: 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 2	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (tretinoin/dapsone/niacinamide)	Tier 2	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (tretinoin/dapsone/niacinamide)	Tier 2	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin)	Tier 2	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide)	Tier 2	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin/clindamycin phosphate/niacinamide)	Tier 2	
Acne Therapy Topical - Keratolytic - Drugs For The Skin		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i>	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)	Tier 2	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (benzoyl peroxide microspheres)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs For The Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (benzoyl peroxide/hydrocortisone)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene/benzoyl peroxide/niacinamide)	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 % %, 0.3-2.5 %</i>	Tier 1	
IDYYXIATAR TOPICAL GEL 0.025-5 % (tretinoin/niacinamide)	Tier 2	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
OXIAVAR TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
OXIAVARY TOPICAL CREAM 0.1-4 % (tretinoin/niacinamide)	Tier 2	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (tretinoin/hyaluronate sodium/niacinamide)	Tier 2	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin/niacinamide)	Tier 2	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin/niacinamide)	Tier 2	
TWYNEO TOPICAL CREAM 0.1-3 % (tretinoin/benzoyl peroxide)	Tier 2	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (tretinoin/spironolactone/niacinamide)	Tier 2	
VAROXIA TOPICAL CREAM 0.05-4 % (tretinoin/niacinamide)	Tier 2	
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin/niacinamide)	Tier 2	
Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	
<i>adapalene topical lotion 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days
<i>adapalene topical swab 0.1 %</i>	Tier 1	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 2	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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARAZLO TOPICAL LOTION 0.045 % (tazarotene)	Tier 2	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 2	Age (Max 39 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene/niacinamide)	Tier 2	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene/niacinamide)	Tier 2	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (tretinoin microspheres)	Tier 2	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tazarotene topical foam 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Tier 1	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical Combinations Other - Drugs For The Skin		
DIMOXIA TOPICAL GEL 5-4 % (spironolactone/niacinamide)	Tier 2	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs For The Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (halobetasol propionate/tazarotene)	Tier 2	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		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	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 2	ST: Must meet the following requirement: Calcipotriene/Betamethasone ointment in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WYNZORA TOPICAL CREAM 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Must meet the following requirement: Calcipotriene/Betamethasone ointment in 120 days
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors, Mc Antibody - Drugs For The Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 4	PA
Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody - Drugs For The Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (risankizumab-rzaa)	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (risankizumab-rzaa)	Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (guselkumab)	Tier 4	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (Tyk2) Inhibitor - Drugs For The Skin		
SOTYKTU ORAL TABLET 6 MG (deucravacitinib)	Tier 2	PA
Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody - Drugs For The Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML (bimekizumab-bkzx)	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML (bimekizumab-bkzx)	Tier 4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (secukinumab)	Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML) (secukinumab)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (ixekizumab)	Tier 4	PA
Dermatitis - Janus Kinase (Jak) Inhibitors - Drugs For The Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	Tier 2	PA
OPZELURA TOPICAL CREAM 1.5 % (ruxolitinib phosphate)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (upadacitinib)	Tier 2	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors Mab - Drugs For The Skin		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (tralokinumab-ldrm)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatitis Agents, Systemic-IL-4 Receptor Alpha Antagonist (IL-4Ra) Mab - Drugs For The Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
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		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)	Tier 2	
Dermatological - Antibacterial Other - Drugs For The Skin		
AZADROX TOPICAL GEL IN PACKET (silver/urea)	Tier 2	
BASADROX TOPICAL GEL IN PACKET (silver)	Tier 2	
CENTANY AT TOPICAL OINTMENT KIT 2 % (mupirocin)	Tier 2	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin/lidocaine)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 % (silver carbonate)	Tier 2	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM (silver)	Tier 2	
SOLOX GEL TOPICAL GEL 55 PPM (silver nitrate)	Tier 2	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs For The Skin		
ALTABAX TOPICAL OINTMENT 1 % (retapamulin)	Tier 2	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Dermatological - Antibacterial Quinolones - Drugs For The Skin		
XEPI TOPICAL CREAM 1 % (ozenoxacin)	Tier 2	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 2	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole/iodoquinol/hydrocortisone)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs For The Skin		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide/emollient comb no.65)	Tier 2	ST: 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 2	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		
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i>	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin		
nystatin (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
Dermatological - Antifungal Combinations Other - Drugs For The Skin		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (fluconazole/ibuprofen/itraconazole/terbinafine HCl)	Tier 2	
EXODERM TOPICAL LOTION 25-1 % (sodium thiosulfate/salicylic acid)	Tier 1	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (ciclopirox olamine/itraconazole/urea)	Tier 2	
IMIOXIA TOPICAL CREAM 1-4 % (econazole nitrate/niacinamide)	Tier 2	
PHEDRAX TOPICAL SHAMPOO 2-2 % (ketoconazole/salicylic acid)	Tier 2	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole/niacinamide)	Tier 2	
Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.28)	Tier 2	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox olamine/salicylic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (ciclopirox olamine/fluconazole/terbinafine HCl)	Tier 2	
LOPROX KIT TOPICAL COMBO PACK 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 2	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (ciclopirox olamine/skin cleanser combination no.40)	Tier 2	
Dermatological - Antifungal Imidazole And Related Agents - Drugs For The Skin		
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % (econazole nitrate)	Tier 2	
ERTACZO TOPICAL CREAM 2 % (sertaconazole nitrate)	Tier 2	
EXELDERM TOPICAL CREAM 1 % (sulconazole nitrate)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole nitrate)	Tier 2	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i>	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (ketoconazole/skin cleanser combination no.28)	Tier 2	
ketoconazole (Ketodan Topical Foam 2 %)	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>luliconazole topical cream 1 %</i>	Tier 1	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (oxiconazole nitrate)	Tier 2	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 % (ketoconazole/miconazole nitrate)	Tier 2	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
XOLEGEL TOPICAL GEL 2 % (ketoconazole)	Tier 2	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
Dermatological - Antifungal Oxaborole - Drugs For The Skin		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
Dermatological - Antifungal Triazole - Drugs For The Skin		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (efinaconazole)	Tier 2	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole/betamethasone dipropionate/zinc oxide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (hydrocortisone/iodoquinol)	Tier 2	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox olamine/clobetasol propionate)	Tier 2	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox olamine/clobetasol propionate/salicylic acid)	Tier 2	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole/hydrocortisone)	Tier 2	
Dermatological - Antifungals Other - Drugs For The Skin		
<i>triacetin liquid 100 %</i>	Tier 2	
Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin		
VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine HCl)	Tier 2	PA
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
FLUOROPLEX TOPICAL CREAM 1 % (fluorouracil)	Tier 2	PA
<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (fluorouracil)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Or Premalignant 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		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 2	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
<i>bexarotene topical gel 1 %</i>	Tier 2	PA
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs For The Skin		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs For The Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	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)
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical foam 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIOOXIA TOPICAL CREAM 0.005-4 % (calcipotriene/niacinamide)	Tier 2	
DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>halobetasol propionate topical foam 0.05 %</i>	Tier 1	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 2	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 2	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 2	Age (Max 39 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIONEX TOPICAL KIT 0.005 % (calcipotriene/transparent dressing)	Tier 2	
ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 2	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 2	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin micronized)	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZORYVE TOPICAL CREAM 0.3 % (roflumilast)	Tier 2	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin		
OTEZLA ORAL TABLET 30 MG (apremilast)	Tier 2	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 2	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVACE PLUS TOPICAL CREAM 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL LOTION 9.8 % (sulfacetamide sodium)	Tier 2	ST: Must meet the following requirement: Ciclopirox or Ketoconazole in 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 2	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 2	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 % (selenium sulfide)	Tier 2	
ZORYVE TOPICAL FOAM 0.3 % (roflumilast)	Tier 2	PA
Dermatological - Antiviral, Herpes - Drugs For The Skin		
<i>acyclovir topical cream 5 %</i>	Tier 1	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
<i>acyclovir topical ointment 5 %</i>	Tier 1	
<i>penciclovir topical cream 1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	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 2	
NEXOBRID TOPICAL GEL 8.8 % (anacaulase-bcdb)	Tier 2	
Dermatological - Burn Products Anti-Infective - Drugs For The Skin		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (mafenide acetate)	Tier 2	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		
NUJU TOPICAL SOLUTION 0.1 % (tacrolimus)	Tier 2	
NUJU TOPICAL CREAM 0.1 % (tacrolimus in vehicle base no.238)	Tier 2	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus/hyaluronate sodium/niacinamide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus/niacinamide)	Tier 2	
<i>pimecrolimus topical cream 1 %</i>	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
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	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		
<i>hydroquinone topical cream 4 %</i>	Tier 1	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 2	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 2	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Tier 2	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Depigmenting Combinations - Drugs For The Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KATARVIA TOPICAL EMULSION 4-0.025 % (hydroquinone/tretinoin)	Tier 2	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone/hyaluronate sodium)	Tier 2	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KEVARTIA TOPICAL EMULSION 6-0.05 % (hydroquinone/tretinoin)	Tier 2	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone/hydrocortisone)	Tier 2	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (hydroquinone/tretinoin/triamcinolone acetonide)	Tier 2	
KUTAR TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 2	
KUTARVIA TOPICAL EMULSION 8-0.025 % (hydroquinone/tretinoin)	Tier 2	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (hydroquinone/sunscreens (oxybenzone/octinoxate))	Tier 2	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (hydroquinone/ascorbic acid)	Tier 2	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (hydroquinone/ascorbic acid/vit E acetate (d-alpha tocoph))	Tier 2	
PROOXIA TOPICAL CREAM 10-4 % (lactic acid/niacinamide)	Tier 2	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (fluocinolone acetonide/tretinoin/hydroquinone)	Tier 2	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (hydroquinone/tretinoin/hydrocortisone)	Tier 2	
Dermatological - Emollient Combinations - Drugs For The Skin		
<i>ceramides 1,3,6-ii topical cream</i>	Tier 1	
CERAVE DAILY MOISTURIZING TOPICAL LOTION (ceramides 1,3,6-II)	Tier 2	
CERAVE FOAMING FACIAL TOPICAL CLEANSER (ceramides 1,3,6-II/niacinamide)	Tier 2	
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE (ceramides 1,3,6-II/niacinamide/hyaluronic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERAVE SA (WITH NIACINAMIDE) TOPICAL CLEANSER (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 2	
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM (ceramides (1,3,6-II)/salicylic acid/niacinamide)	Tier 2	
CERAVE SA TOPICAL LOTION (salicylic acid/ceramides 1,3,6-II)	Tier 2	
CERAVE TOPICAL CLEANSER (ceramides 1,3,6-II)	Tier 2	
CERAVE TOPICAL CREAM (ceramides 1,3,6-II)	Tier 2	
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION (ceramides 1,3,6-II)	Tier 1	
Dermatological - Emollient Combinations Other - Drugs For The Skin		
ADVANCED SKIN CARE TOPICAL LOTION (glycerin/mineral oil/dimethicone/petrolatum,white)	Tier 1	
HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 1	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 % (emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/NahypoCl)	Tier 1	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL (emol53/sod mag fluorosilicat/cyclomethicone/phos acid/bicarb)	Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (emol53/e.water/NaMgFS/NaPhos/NaCl/hypochlorous acid/NahypoCl)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
ATRAPRO HYDROGEL TOPICAL GEL (emollient combination no.60)	Tier 2	
AVO CREAM TOPICAL EMULSION (emollient combination no.10)	Tier 1	
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
CERACADE TOPICAL EMULSION (emollient combination no.103)	Tier 2	
CERAMAX TOPICAL CREAM (emollient combination no.101)	Tier 2	
CERAMAX TOPICAL LOTION (emollient combination no.101)	Tier 2	
DEXERYL TOPICAL CREAM (emollient combination no.104)	Tier 2	
DRY SKIN THERAPY(WITH LANOLIN) TOPICAL LOTION (lanolin/mineral oil)	Tier 1	
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
EMULSION SB TOPICAL EMULSION (emollient combination no.32)	Tier 1	
ENTTY TOPICAL SPRAY, NON-AEROSOL (palm oil/hyaluronate sodium)	Tier 2	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE (emollient combination no.32)	Tier 2	PA
EUCERIN ADVANCED REPAIR TOPICAL CREAM (emollient combination no.119)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUCERIN INTENSIVE REPAIR TOPICAL LOTION (emollient combination no.110)	Tier 2	
GOLD BOND THERAPEUTIC FOOT TOPICAL CREAM (emollient combination no.120)	Tier 2	
HALUCORT TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 2	
HAPRODERM TOPICAL GEL (emollient combination no.56/hyaluronic acid)	Tier 2	
HPR PLUS TOPICAL CREAM (emollient combination no.53)	Tier 2	
HPR PLUS TOPICAL FOAM (emollient combination no.53)	Tier 2	
HPR TOPICAL FOAM (emollient combination no.44)	Tier 2	
HYGIENIC CLEANSING LOTION TOPICAL LOTION (mineral oil/lanolin oil/propylene glycol)	Tier 2	
HYLATOPICPLUS TOPICAL CREAM (emollient combination no.53)	Tier 2	
INTENSE DRY SKIN THERAPY TOPICAL LOTION (emollient combination no.110)	Tier 1	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL (emollient combination no.60)	Tier 2	
LOUTREX TOPICAL CREAM (emollient combination no.85)	Tier 1	
LOYON TOPICAL SPRAY, NON-AEROSOL (dicaprylyl carbonate/dimethicone)	Tier 2	
LUXAMEND TOPICAL CREAM (emollient combination no.10)	Tier 2	
MINERIN CREME TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum, white/ceresin)	Tier 1	
MOISTURIZING CREAM TOPICAL CREAM (glycerin/dimethicone/petrolatum, white/water)	Tier 1	
MOITURIZING LOTION TOPICAL LOTION (vit E acetate (d-alpha tocoph)/glycerin/dimethicone/water)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOSALUS TOPICAL CREAM (emollient combination no.47)	Tier 2	
NEOSALUS TOPICAL FOAM (emollient combination no.38)	Tier 2	
NEOSALUS TOPICAL LOTION (emollient combination no.47)	Tier 2	
NUTRASEB TOPICAL CREAM (emollient combination no.107)	Tier 2	
ORGANIC NIPPLE BALM TOPICAL OINTMENT (sunflower/olive/beeswax/coconut/sheabutter/marigold/argan)	Tier 1	
PRESERA TOPICAL FOAM (emollient combination no.80)	Tier 2	
PROMISEB TOPICAL CREAM (emollient combination no.43)	Tier 2	
PRUCLAIR TOPICAL CREAM (vitamin E acet (dl,tocopheryl)/grape/hyaluronic acid)	Tier 1	
PRUMYX TOPICAL CREAM (emollient combination no.35)	Tier 1	
SEBUDERM TOPICAL GEL (emollient combination no.60)	Tier 2	
SONAFINE TOPICAL EMULSION (emollient combination no.10)	Tier 1	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM (lanolin alcohols/mineral oil/petrolatum,white/ceresin)	Tier 1	
ULTRA MOISTURE TOPICAL LOTION (emollient combination no.40)	Tier 1	
<i>vitamin e-safflower oil topical oil</i>	Tier 1	
<i>vitamin e-vitamins a and d topical cream</i>	Tier 1	
XCLAIR TOPICAL CREAM (hyaluronate sodium/vit E/emollient no.12/allantoin/sheatree)	Tier 2	
Dermatological - Emollients - Drugs For The Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
<i>glycerin topical liquid</i>	Tier 1	
<i>glycerin topical solution 99.5 %</i>	Tier 1	
KERASTAT TOPICAL CREAM (keratin)	Tier 2	
KERASTAT TOPICAL GEL 5 % (keratin)	Tier 2	
LANOLIN (HPA) TOPICAL CREAM 100 % (modified lanolin)	Tier 2	
PURELAN TOPICAL CREAM (lanolin)	Tier 2	
RADIAGEL TOPICAL GEL (emollient base)	Tier 2	
<i>urea topical cream 10 %, 20 %</i>	Tier 1	
<i>urea topical lotion 10 %</i>	Tier 1	
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (collagenase Clostridium histolyticum)	Tier 2	PA
Dermatological - Eyelid Cleansers - Drugs For The Skin		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 % (hypochlorous acid/sodium chloride)	Tier 2	
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED (eyelid cleanser combination no.8)	Tier 1	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED (eyelid cleanser combination no.10)	Tier 1	
VISTA MEIBO EYELID CLEANSING TOPICAL FOAM (eyelid cleanser combination no.11)	Tier 2	
VISTA MEIBO EYELID CLEANSING TOPICAL PADS, MEDICATED (eyelid cleanser combination no.12)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	
diflorasone diacetate/emollient base (Apexicon E Topical Cream 0.05 %)	Tier 2	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)
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
BRYHALI TOPICAL LOTION 0.01 % (halobetasol propionate)	Tier 2	ST: 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 2	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clocortolone pivalate topical cream 0.1 %</i>	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 2	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 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	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
<i>desonide topical lotion 0.05 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	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
<i>diflorasone topical cream 0.05 %</i>	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; QL (180 GM per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diflorasone topical ointment 0.05 %</i>	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; QL (180 GM per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
FLUOVIX PLUS TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 2	
FLUOVIX TOPICAL KIT 0.1 % (fluocinonide/silicone, adhesive)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurandrenolide topical cream 0.05 %</i>	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
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	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)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i>	Tier 1	ST: 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
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halobetasol propionate topical foam 0.05 %</i>	Tier 1	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)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % (halcinonide)	Tier 2	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 2	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
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	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)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	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
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST: Must meet any of the following requirements: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
HYDROXYM TOPICAL GEL 2 % (hydrocortisone)	Tier 2	
IMPOYZ TOPICAL CREAM 0.025 % (clobetasol propionate)	Tier 2	ST: 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)
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)	Tier 2	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)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednicarbate topical ointment 0.1 %</i>	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 2	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
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Tier 1	QL (430 GM per 30 days)
triamcinolone acetonide (Trianex Topical Ointment 0.05 %)	Tier 1	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4" (triamcinolone acetonide/gauze bandage/silicone, adhesive)	Tier 2	
triamcinolone acetonide (Triderm Topical Cream 0.1 %)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 % (halobetasol propionate)	Tier 2	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 2	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 2	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol propionate/levocetirizine dihydrochloride)	Tier 2	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol propionate/niacinamide)	Tier 2	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol propionate/calcipotriene)	Tier 2	
FLUOXIA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone acetone/niacinamide)	Tier 2	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin		
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 % (fluticasone propionate/emollient combination no.65)	Tier 2	
ELLZIA PAK TOPICAL KIT, OINTMENT AND CREAM 0.1-5 % (triamcinolone acetone/dimethicone)	Tier 1	
FLUOPAR TOPICAL KIT 0.1-5 % (fluocinonide/dimethicone)	Tier 2	
MOMETACURE TOPICAL KIT 0.1-5 % (mometasone furoate/dimethicone)	Tier 2	
NOXIPAK TOPICAL KIT 0.01-20 % (fluocinolone acetone/urea/silicone, adhesive)	Tier 2	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)	Tier 2	
QUINIXIL TOPICAL CREAM 0.1-5 % (mometasone furoate/dimethicone)	Tier 2	
SANADERMRX TOPICAL KIT 0.1-5 % (triamcinolone acetone/dimethicone/silicone, adhesive)	Tier 1	QL (1 EA per 30 days)
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (fluocinolone acetone/emollient combination no.65)	Tier 2	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 % (fluocinolone acetone/emollient combination no.65)	Tier 2	QL (375 GM per 30 days)
TOVET KIT TOPICAL COMBO PACK 0.05 % (clobetasol propionate/emollient combination no.65)	Tier 2	
WHYTEDERM TDPAK TOPICAL KIT 0.1-2 % (triamcinolone acetone/dimethicone/silicone, adhesive)	Tier 2	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 % (triamcinolone acetone/dimethicone/silicone, adhesive)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
<i>hydrocortisone-pramoxine topical cream 2.35-1 %</i>	Tier 1	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone acetate/pramoxine HCl)	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 HCl)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone acetate/pramoxine HCl)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs For The Skin		
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % (clobetasol propionate/skin cleanser combination no.28)	Tier 2	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 % (hydrocortisone/skin cleanser)	Tier 2	
SYNALAR TS TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser comb no.28)	Tier 2	
XILAPAK TOPICAL KIT 0.01 % (fluocinolone acetonide/skin cleanser no.10/silicone, tape)	Tier 2	
Dermatological - Immunomodulator - Catechins - Genital Wart/Hpv Tx - Drugs For The Skin		
VEREGEN TOPICAL OINTMENT 15 % (sinecatechins)	Tier 2	ST: Must meet the following requirements: Imiquimod and Podofilox in 365 days; QL (30 GM per 1 FILL)
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	Tier 1	PA
<i>imiquimod topical cream in packet 3.75 %</i>	Tier 1	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 % (imiquimod)	Tier 2	PA
Dermatological - Immunomodulator - Interferons - Drugs For The Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (interferon alfa-n3)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator Combinations - Drugs For The Skin		
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (imiquimod/tretinoin/salicylic acid)	Tier 2	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod/levocetirizine dihydrochloride/niacinamide)	Tier 2	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod/tretinoin/levocetirizine dihydrochloride)	Tier 2	
Dermatological - Insect Repellents - Drugs For The Skin		
BULLFROG MOSQUITO COAST TOPICAL AEROSOL,SPRAY 20 %- SPF 30 (aminoprop ethy/oxybenzone/octinoxate/octocrylene/octyl salic)	Tier 2	
CUTTER ALL FAMILY TOPICAL AEROSOL,SPRAY 7 % (diethyltoluamide)	Tier 2	
CUTTER ALL FAMILY TOPICAL TOWELETTE 7.15 % (diethyltoluamide)	Tier 2	
CUTTER BACKWOODS DRY TOPICAL AEROSOL,SPRAY 25 % (diethyltoluamide)	Tier 1	
CUTTER SKINSATIONS TOPICAL AEROSOL,SPRAY 7 % (diethyltoluamide)	Tier 2	
CUTTER SKINSATIONS TOPICAL SPRAY,NON-AEROSOL 7 % (diethyltoluamide)	Tier 1	
OFF ACTIVE TOPICAL AEROSOL,SPRAY 15 % (diethyltoluamide)	Tier 1	
OFF DEEP WOODS TOPICAL TOWELETTE 25 % (diethyltoluamide)	Tier 2	
RANGER READY REPELLENT TOPICAL SPRAY WITH PUMP 20 % (icaridin)	Tier 1	
REPEL SPORTSMEN TOPICAL AEROSOL,SPRAY 29 % (diethyltoluamide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPEL TOPICAL TOWELETTE 30 % (diethyltoluamide)	Tier 2	
SAWYER CONTROLLED RELEASE TOPICAL LOTION,EXTENDED RELEASE 20 % (diethyltoluamide)	Tier 2	
Dermatological - Keratolytic Combinations Other - Drugs For The Skin		
METDRAY TOPICAL GEL 17-2 % (salicylic acid/ibuprofen)	Tier 2	
NENDRUX TOPICAL GEL 40-5 % (salicylic acid/lidocaine)	Tier 2	
PRONAL TOPICAL GEL 10-40 % (lactic acid/urea)	Tier 2	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (urea/emollient combination no.65)	Tier 2	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (salicylic acid/urea)	Tier 2	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 2	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 % (salicylic acid)	Tier 2	
PODOCON TOPICAL LIQUID 25 % (podophyllum resin)	Tier 1	
<i>podofilox topical gel 0.5 %</i>	Tier 1	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
RAYASAL TOPICAL CREAM 5.9 % (salicylic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYNODERM TOPICAL CREAM 37.5 % (urea)	Tier 2	
SALICATE TOPICAL LIQUID 10 % (salicylic acid)	Tier 2	
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	Tier 1	
<i>salicylic acid topical gel 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (salicylic acid)	Tier 2	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
SALYNTRA TOPICAL GEL 6 % (salicylic acid)	Tier 1	
TRI-CHLOR TOPICAL SOLUTION 80 % (trichloroacetic acid)	Tier 2	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 2	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 2	
URAMAXIN TOPICAL FOAM 20 % (urea)	Tier 2	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 2	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	Tier 1	
<i>urea topical cream 39.5 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>urea topical foam 35 %</i>	Tier 1	
<i>urea topical gel 45 %</i>	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (salicylic acid)	Tier 2	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (cantharidin)	Tier 2	PA
Dermatological - Keratoplastic Tar Products - Drugs For The Skin		
<i>coal tar topical solution 20 %</i>	Tier 2	
Dermatological - Liver Derivative Complex - Drugs For The Skin		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (liver extract (beef-pork))	Tier 4	
Dermatological - Local Anesthetic Combinations - Drugs For The Skin		
ALADERM PLUS TOPICAL SPRAY, NON-AEROSOL (lidocaine HCl/palm oil)	Tier 1	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine/prilocaine)	Tier 1	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (tetracaine/benzocaine/butamben)	Tier 2	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC) (tetracaine/benzocaine/butamben)	Tier 2	
DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
ELEMAR TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 2	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (lidocaine/tetracaine/benzocaine)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILIDERM TOPICAL SPRAY, NON-AEROSOL (lidocaine HCl/palm oil)	Tier 2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	Tier 1	
LIDORXKIT TOPICAL COMBO PACK, OINTMENT AND CREAM 5 % (lidocaine/skin cleanser combination no.37)	Tier 2	
LMR PLUS TOPICAL KIT 5-6 % (lidocaine/menthol)	Tier 2	
MENTHO-CAINE TOPICAL KIT, OINTMENT AND SPRAY 5-8 % (lidocaine/menthol)	Tier 2	
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 % (lidocaine/prilocaine/methyl salicylate/menthol)	Tier 2	
SOLUPAK TOPICAL KIT, OINTMENT AND SPRAY 5-10-3 % (lidocaine/methyl salicylate/menthol)	Tier 2	
WPR PLUS TOPICAL KIT, CREAM AND GEL 4-30-10 % (lidocaine HCl/methyl salicylate/menthol)	Tier 2	
Dermatological - Local Anesthetic Gas Combinations - Drugs For The Skin		
ACCUCAINE KIT KIT 10 MG/ML (1 %) (lidocaine HCl/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
PAIN EASE MIST SPRAY TOPICAL AEROSOL, SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
| Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
Dermatological - Local Anesthetic Gas Single Agents - Drugs For The Skin		
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
Dermatological - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For The Skin		
HYFTOR TOPICAL GEL 0.2 % (sirolimus)	Tier 2	PA
Dermatological - Miscellaneous Single Agents - Drugs For The Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (baclofen)	Tier 2	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (gabapentin)	Tier 2	
<i>sodium chloride topical solution 0.9 %</i>	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 2	
Dermatological - Nsaid Combinations - Drugs For The Skin		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLAREAL TOPICAL COMBO PACK 2-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
DICLOTREX II TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	Tier 2	
DICLOTREX TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	Tier 2	
DIMENTHO TOPICAL KIT 1.5-10 % (diclofenac sodium/menthol/kinesiology tape)	Tier 2	
DITHOL TOPICAL COMBO PACK 1.5-10 % (diclofenac sodium/menthol)	Tier 2	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 % (diclofenac sodium/methyl salicylate/menthol/camphor)	Tier 2	
LEXITRAL PHARMAPAK II TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac sodium/hyaluronate sodium/niacinamide)	Tier 2	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 % (diclofenac sodium/methyl salicylate/menthol)	Tier 2	
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 % (diclofenac sodium/capsaicin)	Tier 2	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 % (diclofenac sodium/capsicum oleoresin)	Tier 2	
Dermatological - Nsaid Single Agents - Drugs For The Skin		
CLOFENAX TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i>	Tier 1	PA
DICLOFONO TOPICAL GEL IN PACKET 1.6 % (diclofenac sodium)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)	Tier 2	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (ketoprofen, micronized)	Tier 2	
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 % (leflunomide/diclofenac sodium)	Tier 2	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	Tier 2	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 2	PA
PROFINAC TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
VENNGEL ONE TOPICAL KIT 1 % (diclofenac sodium)	Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 % (diclofenac sodium/kinesiology tape)	Tier 2	
Dermatological - Photodynamic Therapy Agents Topical - Drugs For The Skin		
AMELUZ TOPICAL GEL 10 % (aminolevulinic acid HCl)	Tier 2	
LEVULAN TOPICAL SOLUTION 20 % (aminolevulinic acid HCl)	Tier 2	
Dermatological - Protectant Combinations - Drugs For The Skin		
JUVAZIN TOPICAL GEL (dimethicone/dimethicone crosspolymer/trimethylsiloxysilicate)	Tier 2	
PR CREAM TOPICAL CREAM (protectives combination no.2/ceramides 1,3,6-II)	Tier 1	
PROSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RADIAPLEXRX TOPICAL GEL (hyaluronate sodium/allantoin/aloe vera extract)	Tier 2	
RECEDO TOPICAL GEL (polydimethylsiloxanes/silicon dioxide)	Tier 2	
SCARSILK GEL TOPICAL GEL (protectives combination no.6)	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol)	Tier 2	
Dermatological - Protectants - Drugs For The Skin		
<i>benzoin (bulk) topical tincture</i>	Tier 2	
DERMELLE TOPICAL GEL (dimethicone)	Tier 2	
DERPIXA TOPICAL GEL (dimethicone)	Tier 2	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (zinc oxide)	Tier 1	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
STRATAMARK TOPICAL GEL (dimethicone)	Tier 2	
STRATATRIZ TOPICAL GEL (dimethicone)	Tier 2	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (petrolatum,white)	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs For The Skin		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin		
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	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 2	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin/metronidazole/niacinamide)	Tier 2	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (azelaic acid)	Tier 2	ST: 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
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 2	
DAZOMON TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 2	
EPSOLAY TOPICAL CREAM 5 % (benzoyl peroxide)	Tier 2	ST: 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 2	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	
NORITATE TOPICAL CREAM 1 % (metronidazole)	Tier 2	ST: Must meet the following requirement: Generic Metronidazole 0.75% (gel, lotion, cream) in 120 days
RHOFADE TOPICAL CREAM 1 % (oxymetazoline HCl)	Tier 2	
<i>metronidazole (Rosadan Topical Cream 0.75 %)</i>	Tier 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 % (metronidazole/skin cleanser combination no.23)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 1	ST: Must meet the following requirement: Finacea gel or foam in 120 days
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal)	Tier 2	
ZILXI TOPICAL FOAM 1.5 % (minocycline HCl)	Tier 2	ST: 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 2	
CETAPHIL GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.42)	Tier 2	
GENTLE SKIN CLEANSER TOPICAL CLEANSER (skin cleanser combination no.43)	Tier 1	
GENTLE SKIN CLEANSER(WITH SLS) TOPICAL CLEANSER (skin cleanser combination no.10)	Tier 1	
Dermatological - Sunscreens - Drugs For The Skin		
CERAVE AM TOPICAL LOTION 30 SPF (homosalate/meradimate/octinoxate/octocrylene/zinc oxide)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs For The Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 2	
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
ANASTIA TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
ASTERO TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (lidocaine HCl)	Tier 2	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (lidocaine HCl)	Tier 2	
DERMALID TOPICAL COMBO PACK 5 % (lidocaine/elastic bandage)	Tier 1	
lidocaine HCl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine HCl/racepinephrine HCl/tetracaine HCl)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (lidocaine HCl/epinephrine bitartrate/tetracaine HCl)	Tier 2	
LDO PLUS TOPICAL GEL WITH PUMP 4 % (lidocaine HCl)	Tier 2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i>	Tier 1	
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (lidocaine HCl)	Tier 2	
LIDOPURE PATCH TOPICAL COMBO PACK 5 % (lidocaine/kinesiology tape)	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 % (lidocaine HCl)	Tier 2	
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM (lidocaine/transparent dressing)	Tier 2	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (lidocaine)	Tier 2	
MOXICAINE TOPICAL KIT 5 % (lidocaine)	Tier 1	
NUMBONEX TOPICAL LOTION 2.75 % (lidocaine HCl)	Tier 2	
NYNUTEY TOPICAL CREAM 23-7 % (lidocaine/tetracaine)	Tier 2	
PROXIVOL TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGENECARE TOPICAL GEL 2 % (lidocaine HCl/collagen)	Tier 2	
REGENECARE WITH ALOE TOPICAL GEL 2 % (vitamin E/lidocaine/aloe vera/collagen)	Tier 2	
TRANZAREL TOPICAL GEL 4 % (lidocaine)	Tier 2	
XYLIDERM TOPICAL KIT 5 % (lidocaine/kinesiology tape)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	
ZILOVAL TOPICAL KIT 5 % (lidocaine)	Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % (lidocaine)	Tier 2	ST: 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 2	
Dermatological - Topical Local Anesthetic Others - Drugs For The Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (ketamine HCl)	Tier 2	
Dermatological - Topical Local Anesthetics And Combinations - Drugs For The Skin		
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 % (lidocaine/emollient combination no.102)	Tier 2	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 % (lidocaine/dimethicone)	Tier 2	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 % (lidocaine/prilocaine)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological Antipruritics - Antihistamines - Drugs For The Skin		
<i>doxepin topical cream 5 %</i>	Tier 1	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 2	
Dermatological Irritants-Counter-Irritant Combinations - Drugs For The Skin		
CHEST RUB (WITH PINE OIL) TOPICAL OINTMENT (eucalyptus oil/lavender oil/pine needle oil/beeswax)	Tier 2	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
<i>methyl salicylate oil</i>	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 % (capsaicin/skin cleanser)	Tier 2	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
Human Cellular Regenerative Tissue Matrix - Drugs For The Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (human regenerative tissue matrix)	Tier 2	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (human regenerative tissue matrix)	Tier 2	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (human regenerative tissue matrix)	Tier 2	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (human regenerative tissue matrix)	Tier 2	
Nail Protectives - Drugs For The Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm)	Tier 2	
GENADUR TOPICAL LIQUID (carbitol/equisetum ext/ethanol/hydroxypropyl chitosan/msm)	Tier 2	
Ovine (Sheep) Skin Dressings, Non-Living - Drugs For The Skin		
KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 " (tissue matrix, keratin-based, ovine derived)	Tier 2	
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 2	
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 2	
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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived,fenestrated)	Tier 2	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (extracellular matrix (ECM),porcine derived,fenestrated)	Tier 2	
XCELLISTEM TOPICAL POWDER 250 MG (extracellular matrix (ecm), porcine derived)	Tier 2	
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 2	
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 2	
EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 2	
LICE-BEDBUG-MITE BEDDING AEROSOL,SPRAY 0.5 % (permethrin)	Tier 1	
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	
ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)	Tier 2	
Skin Replacement, Live Tissue Dressings - Drugs For The Skin		
APLIGRAF TOPICAL DISK (cultured skin substitute,human and bovine)	Tier 2	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa,meshed)	Tier 2	
Wound Care - Cleanser Combinations - Drugs For The Skin		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
EPICYN TOPICAL SPRAY, NON-AEROSOL (hypochlorous acid/sodium chloride/sodium phosphate)	Tier 2	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (hypochlorous acid/sodhypochlor/sod chlor/sodmagflu/e.water)	Tier 2	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 % (hypochlorous acid/sod chlor/sod sulfate/sod phosphate,mono)	Tier 2	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 2	
Wound Care - Cleansers - Drugs For The Skin		
SIMPLY SALINE WOUND WASH TOPICAL AEROSOL, SPRAY 0.9 % (sodium chloride)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (sodium chloride irrigating solution/hypochlorous acid)	Tier 2	
Wound Care - Dressings - Drugs For The Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (silver/silicone/foam bandage)	Tier 2	
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " (silver)	Tier 2	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (silver)	Tier 2	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " (silver)	Tier 2	
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 2	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 " (foam bandage)	Tier 2	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" (silver sulfadiazine/foam bandage)	Tier 2	
ALLEVYN 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 2	
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 2	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " (foam bandage)	Tier 2	
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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (foam bandage)	Tier 2	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/silver/sodium alginate/carboxymethylcellulose)	Tier 2	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 2	
COLLATYL TOPICAL GEL 1 % (collagen, hydrolysate (bovine)/silver oxide)	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (silver/foam bandage)	Tier 2	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (silver/calcium alginate)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KERAGELT TOPICAL GEL (gel dressing)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
L-MESITRAN SOFT TOPICAL GEL 40 % (honey)	Tier 2	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (alginate dressing/carboxymethylcellulose)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL GEL 80 % (honey)	Tier 2	
MEDIHONEY (HONEY) TOPICAL PASTE 100 % (honey)	Tier 2	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (honey/hydrocolloid dressing)	Tier 2	
OMEZA TOPICAL OINTMENT IN PACKET (collagen, hydrolyzed/cod liver oil)	Tier 2	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (silver/calcium alginate)	Tier 2	
PROTYL AG TOPICAL GEL 1 % (collagen, hydrolysate (bovine)/silver oxide)	Tier 2	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (dressing, collagen/silver)	Tier 2	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (silver/calcium alginate)	Tier 2	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (silver/calcium alginate)	Tier 2	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (silver/silicone/foam bandage)	Tier 2	
SILVASORB TOPICAL GEL,EXTENDED RELEASE (silver)	Tier 1	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	
STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRATAXRT TOPICAL GEL (gel dressing)	Tier 2	
THERAHOONEY TOPICAL BANDAGE 4 X 5 " (honey)	Tier 2	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)	Tier 2	
ZENPHOR TOPICAL GEL (gel dressing)	Tier 2	
Wound Care - Growth Factor Agents - Drugs For The Skin		
REGRANEX TOPICAL GEL 0.01 % (becaplermin)	Tier 2	
Wound Care Combinations Other - Drugs For The Skin		
<i>balsam peru-castor oil topical ointment</i>	Tier 1	
BPCO TOPICAL OINTMENT (balsam peru/castor oil)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
DERMULCERA TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	
FILSUVEZ TOPICAL GEL 10 % (birch bark extract)	Tier 2	PA
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 2	
NUSURGEPAK SURGICAL PREP TOPICAL KIT 2-4-5 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
PS1 ACIURGY PACK TOPICAL KIT 2-4-10-70 % (mupirocin/chlorhexid/povid/norflur/pentafl/alcoh/gauze/silic)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PS2 ACIURGY PACK TOPICAL KIT 2-4-10-70 % (mupirocin/chlorhexidine/povidone/alcohol/gauze/silicone)	Tier 2	
RAYASORE KIT TOPICAL KIT 1-10 % (silver sulfadiazine/povidone-iodine/alginate dressing)	Tier 2	
VENELEX TOPICAL OINTMENT (balsam peru/castor oil)	Tier 2	
VENELEX TOPICAL OINTMENT IN PACKET (balsam peru/castor oil)	Tier 2	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 % (mupirocin/chlorhexidine glucon/dimethicone/silicone adhesive)	Tier 2	
Diagnostic Agents		
Diagnostic Radiopharmaceuticals - Endocrine		
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
Drugs To Treat Erectile Dysfunction - Drugs For The Urinary System		
Erectile Dysfunction (Ed) Drugs-Sel.Cgmp Phosphodiesterase Type5 Inhib - Drugs For Erectile Dysfunction		
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	PA
Eating Disorder Therapy - Drugs For Eating Disorders		
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
Electrolyte Balance-Nutritional Products		
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitors		
XPHOZAH ORAL TABLET 20 MG, 30 MG (tenapanor HCl)	Tier 2	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		
<i>acetylcarnitine oral capsule 500 mg</i>	Tier 2	
CARNITEX ORAL CAPSULE 340 MG (levocarnitine tartrate)	Tier 2	
L-CARNITINE (TARTRATE) ORAL CAPSULE 500 MG (levocarnitine tartrate)	Tier 1	
L-CARNITINE ORAL CAPSULE 500 MG (levocarnitine)	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levocarnitine tartrate oral capsule 500 mg</i>	Tier 1	
Amino Acid-Amino Acid Combinations, Oral - Drugs For Nutrition		
XYMOBOLX ORAL POWDER (amino acids)	Tier 2	
Amino Acids, Single Ingredient, Oral (Non-Injectable) - Drugs For Nutrition		
<i>arginine (l-arginine) oral capsule 500 mg</i>	Tier 1	
<i>arginine hcl (l-arginine) oral tablet 1,000 mg</i>	Tier 1	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
<i>glutamine oral powder 100 %</i>	Tier 1	
L-CARNOSINE ORAL CAPSULE 500 MG (carnosine)	Tier 1	
L-GLUTAMINE ORAL CAPSULE 750 MG (glutamine)	Tier 1	
L-GLUTAMINE ORAL TABLET 1,000 MG (glutamine)	Tier 1	
<i>lysine hcl oral capsule 500 mg</i>	Tier 1	
<i>lysine hcl oral tablet 500 mg</i>	Tier 1	
N.O.MAX ER ORAL TABLET EXTENDED RELEASE 660 MG (arginine oxoglurate)	Tier 2	
<i>taurine oral capsule 1,000 mg</i>	Tier 1	
B-Complex Vitamin Combinations - Drugs For Nutrition		
B ACTIV ORAL CAPSULE 680 MCG DFE (vitamin B complex/methyltetrahydrofolate glucosamine)	Tier 2	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Tier 1	
BALANCED B-50 COMPLEX (FOLIC) ORAL TABLET 50 MCG (vitamin B complex/folic acid)	Tier 2	
<i>b-complex with vitamin c oral tablet</i>	Tier 1	
FOLIKA-BC ORAL TABLET 1 MG-60 MG- 300 MCG (vitamin B complex/folic acid/ascorbic acid/biotin)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG (B comp/C/folic acid/zinc sulfate/cupric sulfate/vitamin E ac)	Tier 2	
MYNEPHRON ORAL CAPSULE 1 MG (vitamin B complex and vitamin C no.20/folic acid)	Tier 1	
NEPHRO VITAMINS ORAL TABLET 0.8 MG (folic acid/vitamin B complex and vitamin C)	Tier 1	
NEPHRON FA ORAL TABLET 66 MG IRON- 1,000 MCG (vit B complex and vit C no.24/ferrous fumarate/folic acid)	Tier 2	
SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG (vitamin B complex/folic acid/choline bitartrate/inositol)	Tier 1	
TM-VITE RX ORAL TABLET 1,000 MCG (vitamin B complex and vitamin C combination no.22/folic acid)	Tier 2	
ULTRA B-100 COMPLEX (FOODBASE) ORAL TABLET 400 MCG-100MCG- 100 MCG (vit B complex/folic acid/choline bitartrate/inositol/herbs)	Tier 1	
<i>vit b comp-folic-choline-inosi oral capsule 400 mcg-25 mg-100 mg</i>	Tier 1	
WESCAPS ORAL CAPSULE 1 MG (vitamin B complex and vitamin C no.20/folic acid)	Tier 1	
B-Complex Vitamins - Drugs For Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 4	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (thiamine HCl/riboflavin/niacinamide/dexpanthenol/pyridoxine)	Tier 4	
<i>vitamin b complex oral capsule</i>	Tier 1	
<i>vitamin b complex oral tablet</i>	Tier 1	
<i>vitamin b complex oral tablet, disintegrating</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bioflavonoid Combinations - Drugs For Nutrition		
ACTIFLOVIT ORAL TABLET 200-100 MG (bioflavonoid, lemon/vitamin B comp and C)	Tier 1	
<i>ascorbate calcium-bioflavonoid oral tablet 500-250 mg</i>	Tier 1	
BIO C 1:1 ORAL CAPSULE 500-500 MG (ascorbic acid/bioflavonoids)	Tier 2	
DIOVASC ORAL CAPSULE 500 MG (hesperidin/diosmin)	Tier 2	
LIPO-FLAVONOID ORAL TABLET 500 MG (inositol/choline bitart/bioflavonoid,lemon/vit B complex C)	Tier 2	
Dietary Product - Infant Formulas - Drugs For Nutrition		
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
Dietary Product - Sweeteners - Drugs For Nutrition		
DANDLELION KISSES ORAL DROPS 24 % (sucrose)	Tier 2	
<i>saccharin powder</i>	Tier 2	
Diluents - Insulin Diluting Solutions - Drugs For Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (diluent,insulin aspart combination no.1)	Tier 4	
Diluents - Others - Drugs For Nutrition		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (diluent for mitomycin (hydroxypropyl,poloxam,polyethyl))	Tier 2	
Diluents - Sodium Chloride - Drugs For Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium chloride 0.9 % injection solution</i>	Tier 4	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 4	
Diluents - Vaccine Diluents - Drugs For Nutrition		
DILUENT FOR ROTARIX ORAL SYRINGE (diluent for oral live rotavirus vaccine (calcium carbonate))	Tier 2	
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (patiromer calcium sorbitex)	Tier 2	PA
Geriatric Vitamins - Drugs For Nutrition		
ELDERTONIC ORAL LIQUID 3.6 MG-0.75 MG /15 ML (vitamin B complex/zinc sulfate/manganese sulfate)	Tier 2	
Irrigation Solutions - Drugs For Nutrition		
<i>lactated ringers irrigation solution</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 2	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<i>sodium chloride tablet,soluble 1,000 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
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 1	
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	Tier 1	
<i>calcium citrate oral tablet 200 mg (950 mg)</i>	Tier 1	
OSSOPAN MD ORAL CAPSULE 200 MG CALCIUM- 1.25 MCG (calcium combination no.35/vitamin D3/magnesium malate)	Tier 2	
OSSOPAN-1100 ORAL CAPSULE 275 MG CALCIUM (1,100 MG) (hydroxyapatite)	Tier 2	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Tier 1	
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
BONEUP (CALCIUM ASCORBATE) ORAL CAPSULE 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D3/magnesium oxide/ascorbate cal/vit K2/minerals)	Tier 2	
BONEUP ORAL CAPSULE 333 MG-8.3 MCG-116.7 MG (calcium/vit D3/magnesium oxide/vit C/vit K2/minerals)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calc carb-mag ox-d3-zinc gluc oral tablet 333 mg-133 mg-1.67 mcg-5 mg</i>	Tier 1	
<i>calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg</i>	Tier 1	
<i>calcium 26-vit d3-magnesium 15 oral capsule 167 mg calcium- 1.67 mcg-83 mg</i>	Tier 2	
<i>calcium carb-mag ox-zinc sulf oral tablet 334-134-5 mg</i>	Tier 1	
<i>calcium no.38-d3-mag-boron oral liquid 500 mg-12.5 mcg -20 mg/15 ml</i>	Tier 1	
<i>calcium phos-d3-magnesium-zinc oral tablet, chewable 100 mg-25 mcg- 17 mg-1.67 mg</i>	Tier 1	
<i>calcium-d3-zinc-copper-mangan oral tablet 325 mg-12.5 mcg -2.75 mg</i>	Tier 1	
<i>calcium-magnesium-vit d3-boron oral capsule 400 mg-133 mg- 6.67 mcg-1 mg</i>	Tier 2	
<i>calcium-vitamin d3-vitamin k oral tablet, chewable 650 mg-12.5 mcg-40 mcg</i>	Tier 1	
CALTRATE-D3 PLUS MINERALS ORAL TABLET,CHEWABLE 600 MG-20 MCG- 40 MG-0.25 MG (calcium carb/D3/mag oxide/cupric sulf/mang sulf/zinc oxide)	Tier 2	
OPTIMAG PLUS CALCIUM ORAL POWDER 600 MG CALCIUM- 300 MG/SCOOP (calcium malate/magnesium malate, amino acid chelate)	Tier 2	
OSAPLEX MK-7 ORAL CAPSULE 275 MG-12.5 MCG -22.5 MCG (hydroxyapatite/vitamin D3/vitamin K2/choline/silicon)	Tier 2	
OSAPLEX ORAL CAPSULE 275 MG-25 MCG /60 MG-3 MG (hydroxyapatite/vitamin D3/choline/silicon)	Tier 2	
OSTEOPRIME PLUS CALC-MAGNESIUM ORAL TABLET 200 MG-5 MCG-75 MG-200 MCG DFE (calcium no.39/vit D3/magnesium/folate/vit K1/vit K2/minerals)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA BONEUP ORAL TABLET 200 MG-8.3 MCG- 83.3 MG-8.3 MG (calcium/vit D3/magnesium oxide/collagen/vit C/vit K2/mineral)	Tier 2	
VEGETARIAN BONEUP ORAL TABLET 166.6 MG-4.15 MCG-83.3 MG (calcium/vit D2/magnesium oxide/ascorbate calcium/vit K2/min)	Tier 2	
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition		
ALIVE CALCIUM-VITAMIN D3 ORAL TABLET,CHEWABLE 260 MG CALCIUM- 25 MCG-50 MG (calcium phosphate, tribasic/vitamin D3/herbal complex no.293)	Tier 2	
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	Tier 1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)</i>	Tier 2	
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	Tier 1	
<i>calcium citrate-vitamin d3 oral tablet,chewable 500 mg-12.5 mcg (500 unit)</i>	Tier 1	
<i>calcium phosphate-vitamin d3 oral tablet,chewable 250 mg-10 mcg (400 unit), 250 mg-12.5 mcg (500 unit)</i>	Tier 1	
CALTRATE 600 PLUS D ORAL TABLET,CHEWABLE 600 MG-20 MCG (800 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG-5 MCG (200 UNIT) (calcium carbonate/cholecalciferol (vitamin D3))	Tier 1	
UPCAL D ORAL POWDER IN PACKET 500 MG-12.5 MCG /5 GRAM (calcium citrate/cholecalciferol (vitamin D3))	Tier 2	
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))	Tier 1	
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 2	
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 1	
XYMODINE ORAL CAPSULE 7,500-5,000 MCG (potassium iodide/iodine)	Tier 2	
Minerals And Electrolytes - Iron - Drugs For Nutrition		
ACCRUFER ORAL CAPSULE 30 MG (ferric maltol)	Tier 2	PA
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	ST: Must meet the following requirements: Velporo AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
FERGON ORAL TABLET 225 MG (27 MG IRON) (ferrous gluconate)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRETT'S IPS ORAL CAPSULE 18 MG (iron succinyl-protein complex)	Tier 1	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	Tier 1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Tier 1	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Tier 1	
<i>ferrous sulfate oral tablet, delayed release (drlec) 324 mg (65 mg iron)</i>	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)	Tier 2	
HEMATEX ORAL TABLET 150 MG IRON (iron polysaccharide complex)	Tier 2	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
<i>iron bisglycinate chelate oral capsule 28 mg iron</i>	Tier 2	
<i>iron bisglycinate chelate oral capsule 29 mg iron</i>	Tier 1	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG (iron, carbonyl/ascorbic acid/cyanocobalamin/folic acid)	Tier 2	
NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
PEDIATRIC FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 1	
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	Tier 1	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON) (ferrous sulfate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 1	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (ferric pyrophosphate citrate)	Tier 2	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (ferric pyrophosphate citrate)	Tier 2	
Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition		
BENTIVITE BX ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 2	
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 2	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (iron bisgly,aspart,fumarate/vit C/folate/B12/biotin/cupric)	Tier 2	
GENTLE IRON ORAL CAPSULE 28 MG IRON-60MG -400 MCG-8 MCG (iron bis-glycinate chelate/ascorbic acid/folic acid/vit B12)	Tier 2	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
HEMATOGEN ORAL CAPSULE 66 MG IRON- 250 MG-10 MCG (ferrous fumarate/ascorbic acid/cyanocobalamin)	Tier 2	
HEMATRON-AF ORAL TABLET 150 MG-1,700 MCG DFE-500 MG (iron,carbonyl/levomefolate calcium/vit C/vit E/B12/B7/copper)	Tier 2	
IRON FOLATE PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vitB comp with C no.9)	Tier 1	
IRON FOLATE-F ORAL CAPSULE 125-1-40-3 MG (iron fumarate,polysac comp/folic acid/vitamin C/niacinamide)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>iron,carbonyl-vitamin c oral tablet 100-250 mg</i>	Tier 1	
MAXFE (FOLATE) ORAL TABLET 160 MG-1,700 MCG DFE-60 MCG (iron carb,glycinate/folate/B12/mag ascorbate/biotin/zinc)	Tier 2	
PROTECT IRON LIQUID ORAL LIQUID 100 MG IRON-250 MG/5 ML (iron polysaccharide complex/ascorbic acid/vitamin B complex)	Tier 2	
TULIVITE ORAL TABLET 35 MG IRON- 1 MG (ferrous sulfate/folic acid)	Tier 2	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (iron bisglycinate/C/methylfolate/B12/L. acidoph,plant/inulin)	Tier 2	
Minerals And Electrolytes - Magnesium - Drugs For Nutrition		
MAGMIND ORAL CAPSULE 48 MG MAGNESIUM (667 MG) (magnesium L-threonate)	Tier 2	
<i>magnesium chloride oral tablet 64 mg magnesium</i>	Tier 1	
<i>magnesium citrate oral capsule 100 mg</i>	Tier 1	
<i>magnesium citrate oral tablet,chewable 83.3 mg</i>	Tier 1	
<i>magnesium citrate,mag oxide oral capsule 250 mg</i>	Tier 2	
MAGNESIUM COMPLEX ORAL TABLET 300 MG MAGNESIUM (magnesium carb,citrate,oxide)	Tier 2	
<i>magnesium glycinate oral capsule 100 mg magnesium</i>	Tier 1	
<i>magnesium oral tablet 200 mg</i>	Tier 1	
<i>magnesium oxide oral capsule 400 mg magnesium</i>	Tier 2	
<i>magnesium oxide oral tablet 250 mg magnesium, 300 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg magnesium</i>	Tier 1	
<i>magnesium oxide oral tablet,chewable 200 mg magnesium</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTIMAG 125 ORAL CAPSULE 125 MG MAGNESIUM (magnesium malate, magnesium amino acid chelate)	Tier 2	
OPTIMAG NEURO ORAL POWDER 200 MG MAGNESIUM/SCOOP (magnesium malate, threonate, amino acid chelate)	Tier 2	
SLOWMAG MUSCLE RECOVERY ORAL TABLET,CHEWABLE 85 MG (magnesium citrate)	Tier 2	
Minerals And Electrolytes - Magnesium Combinations - Drugs For Nutrition		
MAGNESIUM OPTIMIZER ORAL TABLET 50-25-175-1 MG (magnesium malate/potassium citrate/taurine/pyridoxal)	Tier 2	
Minerals And Electrolytes - Multiple Minerals - Drugs For Nutrition		
MINREX ORAL CAPSULE 25-100 MG (minerals/potassium glycinate/betaine hydrochloride)	Tier 2	
Minerals And Electrolytes - Oral Electrolytes - Drugs For Nutrition		
BIOLYTE ORAL LIQUID (electrolytes/dextrose/multivit/amino/ginger/milk thistle)	Tier 2	
CERASPORT ENDURANCE ORAL POWDER IN PACKET 400 MG-160 MG/42 GRAM (sodium chloride/potassium chloride/sodium citrate/rice/whey)	Tier 1	
CERASPORT EX1 ORAL POWDER 200 MG-100 MG- 20 KCAL/6 GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 2	
CERASPORT PLUS ORAL POWDER IN PACKET 230 MG-85 MG- 120 KCAL/31GRAM (sodium chloride/potassium chloride/sodium citrate/rice syrup)	Tier 1	
<i>electrolytes-dextrose oral packet</i>	Tier 1	
<i>electrolytes-dextrose oral solution</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
HYDRALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
HYDRALYTE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000-300 MG (electrolytes/dextrose/ascorbic acid/elderberry fruit)	Tier 2	
KINDERLYTE HERBAL IMMUNITY ORAL POWDER IN PACKET 270 MG-25 MCG- 140 MG-50 MG (electrolytes/dextr/vit C/vit D3/turmeric rt xt/elderberry fr)	Tier 2	
ORALYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
PEDIALYTE SPARKLING RUSH ORAL POWDER EFFERVESCENT IN PACKET 28.3 MEQ-18.2 MEQ-16.6 MEQ (sodium/potassium/chloride/dextrose)	Tier 2	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (electrolytes/dextrose)	Tier 1	
Minerals And Electrolytes - Phosphate - Drugs For Nutrition		
PHOSPHOROUS SUPPLEMENT ORAL POWDER IN PACKET 280-160-250 MG (sodium phosphate/potassium phosphates, monobasic and dibasic)	Tier 1	
<i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>	Tier 1	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)	Tier 1	
Minerals And Electrolytes - Potassium Combinations - Drugs For Nutrition		
<i>mag citrate-potassium citrate oral capsule 70-99 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
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 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
<i>potassium citrate oral capsule 99 mg</i>	Tier 2	
<i>potassium gluconate oral tablet 595 mg (99 mg)</i>	Tier 1	
Minerals And Electrolytes - Sodium Chloride, Oral - Drugs For Nutrition		
<i>sodium chloride oral solution 234 mg/ml (4 meq/ml)</i>	Tier 1	
<i>sodium chloride tablet,soluble 1,000 mg</i>	Tier 1	
Minerals And Electrolytes - Trace Minerals - Drugs For Nutrition		
<i>chromium picolinate oral tablet 200 mcg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>selenium oral tablet 50 mcg</i>	Tier 1	
Minerals And Electrolytes - Zinc - Drugs For Nutrition		
IS-ZC 50 ORAL TABLET 50 MG (zinc oxide-zinc citrate)	Tier 2	
PEPCIX ORAL TABLET,CHEWABLE 16 MG (polaprezinc (zinc carnosine))	Tier 2	
<i>zinc citrate oral tablet,chewable 11 mg, 16.7 mg</i>	Tier 2	
<i>zinc gluconate oral tablet 50 mg</i>	Tier 1	
<i>zinc glycinate oral capsule 20 mg</i>	Tier 1	
<i>zinc glycinate oral capsule 30 mg</i>	Tier 2	
<i>zinc glycinate oral tablet,chewable 7.5 mg</i>	Tier 1	
<i>zinc sulfate oral capsule 50 mg zinc (220 mg)</i>	Tier 1	
<i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i>	Tier 1	
Minerals And Electrolytes - Zinc Combinations - Drugs For Nutrition		
<i>ascorbic acid-zinc oxide oral capsule 90-50 mg</i>	Tier 1	
<i>vit c-zinc gluc,cit-echin purp oral lozenge 100-23-20 mg</i>	Tier 1	
ZINC BALANCE ORAL CAPSULE 15-1 MG (zinc methionine sulfate/copper gluconate)	Tier 2	
Multivitamin And Mineral Combinations - Drugs For Nutrition		
ABC COMPLETE SENIOR WOMEN'S ORAL TABLET 8 MG IRON- 400 MCG-50 MCG (multivit-calc-min/ferrous fumarate/folic acid/vit K1/lutein)	Tier 2	
ACTIVNUTRIENTS (NO IRON) ORAL CAPSULE 100 MCG DFE (multivit with minerals/methyltetrahydrofolate glucosamine)	Tier 2	
ACTIVNUTRIENTS CHEWABLE ORAL TABLET,CHEWABLE 0.75 MG- 85 MCG DFE (multivitamin-minerals no.98/ferric glycinate/m-hydrofolate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIVNUTRIENTS MULTIVITAMIN ORAL POWDER 340 MCG DFE- 15 MCG/3 GRAM (multivit with minerals/methyltetrahydrofolate glucosa/vit K2)	Tier 2	
ACTIVNUTRIENTS ORAL CAPSULE 1.25 MG IRON- 100 MCG DFE (multivit with min/iron bis-gly/methyltetrahydrofolate gluc)	Tier 2	
ACTIVNUTRIENTS(NO COPPER-IRON) ORAL CAPSULE 170 MCG DFE (multivit with minerals/leucovorin calc,m-folate glucosamine)	Tier 2	
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG (vit C,E,zinc,copper 11/omega-3/dha/epa/fish/lutein/zeaxanth)	Tier 1	
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET 120-100 MCG (multivit with minerals/folic acid/lutein/herbal comp no.329)	Tier 2	
ALIVE ENERGY 50 PLUS ORAL TABLET 240-45-900-250 MCG (multivit-min/folic acid/K1/resveratrol/lutein/herbal no.293)	Tier 2	
ALIVE MAX POTENCY ORAL LIQUID 300-80 MCG/30 ML (multivitamin-minerals/folic/vitamin K/herbal no.332)	Tier 2	
ALIVE MAX3 POTENCY ORAL TABLET 133.3 MCG DFE-40 MCG (multivitamin-min/methyltetrahydrofolate/vit K/herbal no.335)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE MEN'S 50 PLUS MULTIVIT ORAL TABLET,CHEWABLE 120 MCG-150 MCG -50 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 2	
ALIVE MEN'S 50 PLUS MV (VIT K) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	
ALIVE MEN'S 50 PLUS ULTRA ORAL TABLET 800 MCG DFE- 120 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.328)	Tier 2	
ALIVE MEN'S ENERGY ORAL TABLET 240-120-100 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	
ALIVE MEN'S GUMMY ORAL TABLET,CHEWABLE 120 MCG- 50 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE MEN'S MAX3 POTENCY ORAL TABLET 133.3 MCG DFE- 40 MCG (multivit-min/methyltetrahydrofolate/vit K/herbal no.330)	Tier 2	
ALIVE MEN'S ULTRA POTENCY ORAL TABLET 400 MCG DFE- 120 MCG (multivitamin-min/methyltetrahydrofolate/vitamin K/herbal 334)	Tier 2	
ALIVE PREMIUM ADULT ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE PREMIUM MEN'S ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE PREMIUM PRENATAL ORAL TABLET,CHEWABLE 120 MCG-25 MG- 66.7 MG (multivitamin,minerals no.45/folic acid/dha/herbal no.293)	Tier 2	
ALIVE 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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIVE PREMIUM WOMEN'S ORAL TABLET,CHEWABLE 80 MCG- 66.7 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE WOMEN'S 50 PLUS (BLEND) ORAL TABLET 240-120-300 MCG (multivit with minerals/folic/vit K/lutein/herbal complex 293)	Tier 2	
ALIVE WOMEN'S 50 PLUS GUMMY ORAL TABLET,CHEWABLE 120 MCG-150 MCG -37.5 MG (multivit with minerals/folic/lutein/herbal complex no.293)	Tier 2	
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON-240 MCG-120 MCG (multivit,calcium,minerals/iron/folic acid/vit K/herb no.293)	Tier 2	
ALIVE WOMEN'S GUMMY VITAMIN ORAL TABLET,CHEWABLE 120 MCG- 37.5 MG (multivit with minerals/folic acid/herbal complex no.293)	Tier 2	
ALIVE WOMEN'S ULTRA POTENCY ORAL TABLET 18 MG-800 MCG DFE-150 MCG (multivit-min/iron/methyltetrahydrofolate/vit K/herb 333)	Tier 2	
ANTIOXIDANT FORMULA (SELENIUM) ORAL TABLET 8,333-167-133 UNIT-MG-UNIT (beta-carotene/ascorbic acid/vitE ac/selenium yeast)	Tier 2	
CENTRUM ADULT 50 PLUS ORAL TABLET,CHEWABLE 80 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM ADULTS ORAL TABLET,CHEWABLE 12 MCG (multivitamin with minerals/folic acid)	Tier 2	
CENTRUM CHEWABLES ORAL TABLET,CHEWABLE 8 MG-400 MCG- 80 MCG (multivitamin with minerals/iron,carbonyl/folic acid/vit K1)	Tier 2	
CENTRUM MINIS ADULTS 50 PLUS ORAL TABLET 200-15-150-125 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRUM MINIS MEN 50 PLUS ORAL TABLET 150-30-300-150 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 2	
CENTRUM MINIS WOMEN 50 PLUS ORAL TABLET 4 MG IRON-200 MCG-25 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 2	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML (multivitamin with minerals/ferrous gluconate)	Tier 1	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG-250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CITRANATAL MEDLEY ORAL CAPSULE 27 MG IRON-1 MG -200 MG (mv with minerals no.102/iron carbonyl,fumarate/folic ac/dha)	Tier 2	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
CULTURELLE PROBIOTIC-MULTIVIT ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM (multivitamin with minerals/B. coagulans/B. subtilis/inulin)	Tier 2	
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
DAYAVITE ORAL TABLET 1-75-10 MG (multivitamin with minerals no.90/folic acid/ALA/coQ10)	Tier 2	
DERMACINRX DEXATRAN ORAL CAPSULE 18 MG IRON- 1 MG (multivitamin-minerals no.73/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX FOLIFLEX ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX FOLITIN-Z ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX MULTITAM ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX RIBOTIN-E ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENEXA FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENEXA ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VENTRIXYL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VENTRIXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITRAMYN ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITRANOL FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VITRANOL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX VITREXATE FE ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX VITREXATE ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
DERMACINRX ZINTREXYL-C ORAL TABLET 9 MG IRON- 500 MCG (multivitamin with minerals no.89/ferrous fumarate/folic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIABETIC MULTIVITAMIN ORAL TABLET,CHEWABLE 120 MCG (multivitamin with minerals/folic acid)	Tier 1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
ESTROVEN MENOPAUSE ORAL TABLET 400 MCG-40 MG- 40 MG-100 MG (multivitamin, min/folic acid/black cohosh/isoflavones/jujube)	Tier 2	
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG (beta-carotene(A) w-C and E/lutein/minerals)	Tier 1	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG (beta-carotene/ascorbic acid/vitE ac/zinc oxide/cupric oxide)	Tier 1	
FOLAGENT DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 2	
FOLAMAX ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 1	
FOLAMED DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (multivit-min 96/iron,carbonyl/folic/omega-3/dha/epa/fish oil)	Tier 2	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.81/folic acid/vit K1/ubidecarenone)	Tier 2	
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG (multivit with minerals no.82/folic acid/vit K1/ubidecarenone)	Tier 2	
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL CAPSULE 133.3 MCG- 1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAIR,SKIN AND NAILS(FA-BIOTIN) ORAL TABLET 100-1,500 MCG, 66.7-1,666.7 MCG (multivitamin with minerals/folic acid/biotin)	Tier 1	
IMMUNERX ORAL CAPSULE 250 MCG (multivitamin with minerals no.88/folic acid)	Tier 2	
KEYFOLIC ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 1	
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML) (multivitamin with minerals/ferrous gluconate)	Tier 1	
LIVITA FOR ADULT ORAL LIQUID 1,700 MCG DFE- 500 MG/15 ML (multivitamin with min no.103/levomefolate calcium/inulin)	Tier 2	
MEN 50 PLUS MULTIVITAMIN ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 1	
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG, 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG (multivitamin with minerals/folic acid/vitamin K1/lycopene)	Tier 1	
MULTI PRO ORAL CAPSULE 32 MG IRON-1 MG -315 MG (multivit-mins no.85/iron/folic acid/dha/Lactobacillus casei)	Tier 2	
<i>multivit with min-folic acid oral tablet,chewable 120 mcg, 200 mcg</i>	Tier 1	
<i>multivit,calc,min-fa-k1-lycop oral tablet 240 mcg-30 mcg-300 mcg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 1	
<i>multivit-min-ferrous fumarate oral tablet 15 mg iron</i>	Tier 2	
MVW MODULATOR FORMUL MULTIVIT ORAL CAPSULE 6,000 MCG-400MG -37.5 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	
MVW MODULATR FORM MINI MULTIVT ORAL CAPSULE 3,000 MCG-200MG -18.75 MCG (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	
NEOVITE ORAL TABLET 1-100-1 MG (multivit-minerals no.67/folic acid/alpha lipoic acid/lutein)	Tier 2	
NICOTINAMIDE (WITH CHROMIUM) ORAL TABLET 500 MCG- 750 MG (levomefolate calc/niacinamide/copper/zinc/selenium/chromium)	Tier 1	
NUMAQLA VITAMIN ORAL TABLET 333 MCG-3 MG-0.67 MG (multivitamin with minerals/folic acid/lutein/zeaxanthin)	Tier 2	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG (multivitamin with minerals no.69/iron,carbonyl/folic acid)	Tier 2	
ONE A DAY MEN COMPLETE ORAL TABLET 240-25-300 MCG (multivitamin,calcium,minerals/folic acid/vitamin D3/lycopene)	Tier 2	
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG (multivitamin with minerals/folic acid)	Tier 2	
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 1	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (multivitamin with minerals/ferrous sulfate)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON (multivitamin/ferrous sulfate)	Tier 2	
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG (multivit with minerals/folic acid/calcium carbonate/vit K1)	Tier 1	
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG (multivitamin with minerals/ferrous fumarate/folic acid/vit K)	Tier 1	
ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY MEN'S 50 PLUS ORAL TABLET 400-370 MCG (multivitamin with minerals/folic acid/lycopene)	Tier 2	
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG (multivitamin,calcium,minerals/folic acid/vitamin K1/lycopene)	Tier 2	
ONE-A-DAY TRIPLE IMMUNE SUPPRT ORAL TABLET 400-370 MCG (multivitamin with minerals/folic acid/lycopene)	Tier 2	
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY WOMEN'S 50 PLUS ORAL TABLET 0.4 MG (multivitamin with minerals/folic acid)	Tier 2	
ONE-A-DAY WOMEN'S COMPLETE ORAL TABLET 18 MG IRON- 400 MCG (multivitamin with minerals/ferrous fumarate/folic acid)	Tier 2	
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG (multivitamin-minerals/folic acid/co Q10/lycopene/lutein)	Tier 1	
OPTIFAST ORAL TABLET,CHEWABLE 120-30 MCG (multivitamin,calcium,minerals/folic acid/phytonadione(vit K))	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHLEXY-VITS ORAL POWDER IN PACKET 15 MG- 700 MCG (multivitamin with minerals/ferrous sulfate/folic acid)	Tier 2	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
PRESERVISION AREDS 2 PLUS MV ORAL CAPSULE 200 MCG-15 MCG- 5 MG-1 MG (multivitamin-minerals/folic acid/vit K/lutein/zeaxanthin)	Tier 2	
PROFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 1	
REMEDIENT ORAL CAPSULE 3.6 MG- 1,000 MCG (multivitamin with minerals/iron succinyl-protein/folic acid)	Tier 2	
SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
SPECTRAVITE MEN 50 PLUS ORAL TABLET 300-60-600-300 MCG (multivitamin-mineral/folic acid/phytonadione/lycopene/lutein)	Tier 1	
SPECTRAVITE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG (multivits with calcium and minerals/iron/folic acid/lycopene)	Tier 1	
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG (multivitamin with minerals/iron/folic acid/vitamin K/lutein)	Tier 1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG (multivitamin/ferrous sulfate/folic acid)	Tier 2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
VISION OPTIMIZER ORAL CAPSULE 66.6MG-3.33MCG-3.33 MG-0.66 MG (vitamin B complex/vit C/selenium/lutein/zeaxanthin/herb 253)	Tier 2	
VISTA ADVANCED AREDS2 ORAL CAPSULE 250-137.5-12.5 MG (vit C/vit E/zinc/copper/selen/lutein/zeaxanthin/glutathione)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAJEY ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
VITREXYL ORAL TABLET 1,000 MCG (multivitamin with minerals no.86/folic acid)	Tier 2	
VITREXYL PLUS IRON ORAL TABLET 27 MG IRON- 1 MG (multivitamin with minerals no.86/ferrous fumarate/folic acid)	Tier 2	
VITRUM 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG (multivitamin with minerals/folic acid/lycopene/lutein)	Tier 1	
WELLFOLA ORAL TABLET 20 MG IRON- 1,670 MCG DFE (multivit with min no.83/iron bis-glycinate/folate no.10)	Tier 1	
WESCAP-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG (multivitamin,calcium,minerals/folic acid/phytonadione(vit K))	Tier 1	
WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG (multivitamin with minerals/folic acid)	Tier 1	
WOMEN'S MULTIVITAMIN COLLAGEN ORAL TABLET,CHEWABLE 200 MCG- 25 MG (multivitamin with minerals/folic acid/collagen, hydrolyzed)	Tier 2	
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 120 MCG (multivitamin with minerals/folic acid)	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
Multivitamins - Drugs For Nutrition		
ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-18.75 MCG-67MG-400MCG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRUM ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
DAVIMET-M ORAL TABLET,CHEWABLE 1,700 MCG DFE (multivitamin combination no.35/levomefolate calcium)	Tier 2	
DERMACINRX DAVIMET ORAL TABLET,CHEWABLE 1,000 MCG (multivitamin combination no.58/folic acid)	Tier 2	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha)	Tier 2	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 2	
HI-D ADEK GUMMIES PLUS ZINC ORAL TABLET,CHEWABLE 2,400 MCG-62.5 MCG-67 MG (vitamin A/cholecalciferol (vit D3)/vit E/vit K1/zinc ascorb)	Tier 2	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
<i>multivitamin oral tablet</i>	Tier 1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (multivit 42/iron carbonyl,b-g che/methyltetrahydrofolate/dha)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX ONE ORAL CAPSULE 38 MG-1,700 MCG DFE-225 MG (multivitamin comb no.42/iron,carbonyl/levomefolate/dha)	Tier 2	
ONE DAILY MULTIVITAMIN ORAL TABLET (multivitamin)	Tier 1	
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 1	
PRENATE AM ORAL TABLET 1-500 MG (multivit no.38/methyltetrahydrofolate glucos,folic acid/ginger)	Tier 2	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (multivitamin no.36/methyltetrahydrofolate gluc,folic acid)	Tier 2	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG (multivitamin no.45/iron fumarate/folate comb no.6/dha)	Tier 2	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG (multivitamin no.46/iron fumarate/folate comb. no.6/dha)	Tier 2	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (multivitamin no.40/iron asparto glycinate/folate no.1/dha)	Tier 2	
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG (multivitamin/ferrous fumarate/folic acid)	Tier 1	
TAB-A-VITE ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (multivitamin no.53/ferrous fum/folic acid/docusate/dha)	Tier 1	
THEREMS MULTIVITAMIN ORAL TABLET 400 MCG (multivitamin with folic acid)	Tier 1	
WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG - 300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs For Nutrition		
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	
Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs For Nutrition		
I-VALEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for isovaleric acidemia with iron)	Tier 2	
Nutritional Product - Lipid Others - Drugs For Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)	Tier 2	PA
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)	Tier 2	
<i>medium chain triglycerides oral oil 14 gram-130 kcal/15 ml</i>	Tier 1	
Nutritional Product - Medical Condition Specific Formulation - Drugs For Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
<i>ribose oral powder 10 kcal /2 gram (scoop)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nutritional Product - Methionine-Free Specific Formulation - Drugs For Nutrition		
HCU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 1	
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 2	
Nutritional Product - Msud Specific Formulation - Drugs For Nutrition		
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for MSUD with iron)	Tier 2	
VILACTIN AA PLUS 15 PE ORAL POWDER IN PACKET 37.6 GRAM-375 KCAL/100 GRAM (nutritional therapy for MSUD with iron)	Tier 2	
Nutritional Product - Nutritional Therapy - Drugs For Nutrition		
ALFAMINO JUNIOR ORAL POWDER 14 GRAM-480 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 2	
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (nutritional tx. glucose intolerance, lactose-free, soy/fiber)	Tier 2	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (nutritional therapy for impaired digestive function)	Tier 2	
ENSURE SURGERY ORAL LIQUID 0.08-1.4 GRAM-KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 2	
ENSURE SURGERY PERIOP BUNDLE ORAL LIQUID 0.08 GRAM- 1.4 KCAL/ML (nut.tx.compromised immune system, reg-maltodextrin-fructose)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCERNA HUNGER SMART ORAL LIQUID (nutritional therapy, glucose intolerance,lactose-free,soy)	Tier 2	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (nutritional therapy, glucose intolerance,soy)	Tier 2	
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 2	
IMPACT ADVANCED RECOVERY ORAL LIQUID 0.1 GRAM-1.12 KCAL/ML (nutritional therapy, compromised immune system, regular)	Tier 2	
NEPRO CARB STEADY ORAL LIQUID 0.08 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 2	
OPTICLEANSE GHI ORAL POWDER IN PACKET 26 GRAM-210 KCAL (nutritional therapy for impaired digestive function)	Tier 2	
PEPTAMEN JUNIOR PHGG ORAL LIQUID 0.036 GRAM-1.2 KCAL/ML (nutritional therapy for impaired digestive function)	Tier 2	
PROVIMIN ORAL POWDER 73 GRAM-313 KCAL/100 GRAM (nutritional supplement)	Tier 2	
RENAMENT ORAL POWDER IN PACKET 10 GRAM- 210 KCAL (nutritional therapy, impaired renal function)	Tier 2	
RESTORE FUSION RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 2	
RESTORE RENAL SUPPORT ORAL POWDER 2 GRAM-100 KCAL /21 GRAM (nutritional therapy, impaired renal function,lactose-free)	Tier 2	
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 2	
Nutritional Product - Phenylketonuria (Pku) Specific Formulation - Drugs For Nutrition		
GLYTACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM (nutritional therapy for PKU no.64)	Tier 2	
NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU), no.38)	Tier 2	
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (infant formula for PKU, iron, no.2)	Tier 2	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (nutritional therapy for phenylketonuria (PKU) with iron no.1)	Tier 2	
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 2	
Nutritional Product - Protein Replacements - Drugs For Nutrition		
GI PROTECT ORAL POWDER 2 GRAM-25 KCAL /SCOOP (whey protein concentrate)	Tier 2	
IGG 2000 CWP ORAL POWDER 4 GRAM-20 KCAL /5 GRAM (whey protein concentrate)	Tier 2	
IGG PURE ORAL POWDER 8 GRAM-40 KCAL /SCOOP (whey protein concentrate)	Tier 2	
LIQUACEL ORAL LIQUID 16-100 GRAM-KCAL/30 ML (amino acids/protein hydrolysate)	Tier 2	
NEW ZEALAND WHEY PROTEIN ORAL POWDER 15 GRAM-70 KCAL/16.9 GRAM (whey protein isolate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCEL SINGLES ORAL POWDER IN PACKET 5 GRAM-26 KCAL (whey protein concentrate)	Tier 2	
PROSOURCE ORAL PACKET 7.5 GRAM (calcium caseinate/whey)	Tier 2	
<i>whey protein, conc-isolate oral powder 30 gram- 170 kcall/scoop, 30 gram- 180 kcall/scoop</i>	Tier 1	
Nutritional Product - Tyrosinemia Specific Formulation - Drugs For Nutrition		
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for tyrosinemia with iron)	Tier 2	
Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs For Nutrition		
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)	Tier 2	
Pediatric Vitamins - Drugs For Nutrition		
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)	Tier 1	
GUMMY DINOS ORAL TABLET,CHEWABLE (pediatric multivitamin no.76)	Tier 1	
INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML (pediatric multivitamin no.212)	Tier 1	
<i>pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml</i>	Tier 1	
PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG-10-MCG-5 MG/ML (pediatric multivitamin no.197)	Tier 1	
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG - 400 UNIT/ML (vitamin A palmitate/ascorbic acid/cholecalciferol (vit D3))	Tier 1	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (pediatric multivitamin no.171)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml</i>	Tier 1	
Pediatric Vitamins And Mineral Combinations - Drugs For Nutrition		
ALIVE KIDS CHEWABLE ORAL TABLET,CHEWABLE 75-15 MG (pediatric multivit no.235/herbal no.293/bioflavonoids,cit)	Tier 2	
ALIVE PREMIUM KIDS ORAL TABLET,CHEWABLE 66.5 MG (pediatric multivitamin no.204/herbal complex no.293)	Tier 2	
CHILDREN'S MULTIVIT (W LUTEIN) ORAL TABLET,CHEWABLE 50 MCG (pediatric multivitamin no.233/lutein)	Tier 1	
CHILDREN'S MULTIVITAMIN GUMMY ORAL TABLET,CHEWABLE (pediatric multivitamin no.209)	Tier 1	
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE (pediatric multivitamin no.42)	Tier 1	
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 5 BILLION CELL (pediatric multivitamin no.193/Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET,CHEWABLE 500 MILLION CELL (pediatric multivitamin no.210/Bacillus subtilis/lutein)	Tier 2	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON (pediatric multivitamin no.227/ferrous sulfate)	Tier 2	
FLINTSTONES IMMUNITY SUPPORT ORAL TABLET,CHEWABLE 10 MG IRON (pediatric multivitamin no.239/ferrous sulfate)	Tier 2	
FLINTSTONES WITH EXTRA IRON ORAL TABLET,CHEWABLE 18 MG IRON (pediatric multivitamin no.226/ferrous sulfate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENADEK ORAL DROPS 19 MCG-500 MCG /ML (pediatric multivitamin no.196/vitamin D3/vit K1)	Tier 2	
HI-D DROP ORAL DROPS 76-1,000 MCG/ML (pediatric multivitamin no.216/vitamin D3/vit K1)	Tier 2	
INFANT-TODDLER MULTIVIT-IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.207/ferrous sulfate)	Tier 1	
JUST 4 KIDZ MULTIVIT-PROBIOTIC ORAL TABLET,CHEWABLE 1.25 MG (pediatric multivitamin no.200/Bacillus coagulans)	Tier 2	
KIDS MULTI ZERO ORAL TABLET,CHEWABLE (pediatric multivitamin no.229)	Tier 1	
KIDS MULTIVITAMIN-MINERALS ORAL TABLET,CHEWABLE (pediatric multivitamin no.238)	Tier 2	
LIVITA FOR CHILDREN ORAL LIQUID (pediatric multivitamin no.245)	Tier 2	
MVW MODULATR FORMLTN PEDIATRIC ORAL DROPS 2,000 MCG-150 MG-19 MCG/3 ML (vitamin A/ascorbic acid/vitamin D3/vit E mixed/vit K1/zinc)	Tier 2	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	Tier 1	
PEDIATRIC POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML (pediatric multivitamin no.197/ferrous sulfate)	Tier 1	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML (pediatric multivitamin no.160/ferrous sulfate)	Tier 2	
Pediatric Vitamins With Fluoride Combinations - Drugs For Nutrition		
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG (pediatric multivitamins no.17 with sodium fluoride)	Tier 1	
MULTI-VIT-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.228 with sodium fluoride)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIVIT-FLUORIDE (METAFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.219 with sodium fluoride)	Tier 1	
POLY-VI-FLOR (ARCOFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE (pediatric multivitamin no.175 with fluoride)	Tier 2	
POLY-VI-FLOR DROPS (ARCOFOLIN) ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)	Tier 2	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML (pediatric multivitamin no.220 with fluoride)	Tier 2	
POLY-VI-FLOR IRON DROP(ARCOFO) ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML (pediatric multivitamin no.220/sodium fluoride/iron sulfate)	Tier 2	
POLY-VI-FLOR W-IRON(ARCOFOLIN) ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON (pediatric multivitamin no.175 with fluoride and iron)	Tier 2	
Prenatal Vitamins And Minerals - Drugs For Nutrition		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG (prenatal vit no.100/iron sod EDTA, ps cplex/folic acid/omega3)	Tier 1	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG (prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3)	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (prenatal vitamins no.83/iron fumarate/folate combo no.6/dha)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate)	Tier 2	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha)	Tier 2	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha)	Tier 2	
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 2	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha)	Tier 2	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamin no.52/iron/folic acid/omega-3/dha)	Tier 2	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.14/ferrous fumarate/folic acid)	Tier 1	
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 2	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.170/ferrous fumarate/folic acid)	Tier 2	
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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 2	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (prenatal vitamins no.108/iron,carbonyl/folic acid)	Tier 1	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (prenatal vits with calcium no.65/iron polysacchar/folic acid)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (prenatal vit with calcium 15/iron/folic acid/docusate sodium)	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium/iron,carb/docusate/folic acid)	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (prenatal vitamins with calcium/ferrous fum/docusate/folic ac)	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid)	Tier 2	
NEONATAL COMPLETE ORAL TABLET 29-1 MG (prenatal vitamins no.175/ferrous fumarate/folic acid)	Tier 2	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (prenatal vitamins no.154/ferrous fumarate/folic acid)	Tier 2	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (prenatal vit no.175/iron fum/folic acid/dha/Schiz. algal oil)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (prenatal vits with calcium no.87/iron bisgly/folic acid/dha)	Tier 2	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (prenatal vitamin no.86/iron bis-glycinate/folic acid)	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (prenatal vits no.53/iron fum/folic acid/docusate calcium/dha)	Tier 2	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil)	Tier 2	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (prenatal no56/iron carbonyl,asparto glycinate/folic acid/dha)	Tier 2	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid)	Tier 2	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3)	Tier 2	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (prenatal vits no.12/iron,carb/folic acid/docusate/omega-3)	Tier 1	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha)	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (prenatal vitamins no.12/iron,carbonyl/levomefolate calcium)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (prenatal vitamins no.127/iron,carbonyl/folic acid/docusate)	Tier 2	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (multivitamin no.39/iron carb,bisgl/methylfolate/docusate/dha)	Tier 2	
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 2	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG (prenatal vit with calcium no.40/iron fumarate/folate no.1)	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP,DR 29-1-400 MG (prenatal vit no.19/iron bg HCl,suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP,DR 29-1-430 MG (prenatal vit 55/iron bisgly HCl,suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG (prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3)	Tier 1	
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (prenatal vit no.174/iron/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (prenatal vitamins combination no.42/folic acid)	Tier 1	
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (prenatal vit no.71/iron fum-sodium ferredetate/folic acid/dha)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (prenatal vits no.105/iron amino acid chelate/folic acid/dha)	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (prenatal vits with calcium no.80/iron fum/folic acid/dss/dha)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (prenatal vit with calcium no.69/iron/folic acid/docusate/dha)	Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.37/ferrous fumarate/folic acid)	Tier 2	
PRENATABS FA ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (prenatal vits no.115/iron fumarate/folic acid/docusate sod.)	Tier 1	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 2	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits with calcium no.115/iron fumarate/folic acid)	Tier 1	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE (prenatal vit no.173/iron bisglycinate/folate no.11)	Tier 2	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish)	Tier 2	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vits with calcium 95/ferrous fumarate/folic acid)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (PNV no.72/ferrous fumarate/folic acid/omega-3/dha)	Tier 2	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (prenatal vits with calcium no.72/iron,carbonyl/folic acid)	Tier 1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (prenatal vitamins no.180/ferrous fumarate/folic acid)	Tier 1	
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (prenatal vitamins no.159/ferrous fumarate/folic acid)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (prenatal vitamins no.78/iron asparto glycin/folate no.1/dha)	Tier 2	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (prenatal vits no.114/ferrous aspart glycinate/folate no.1)	Tier 2	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (prenatal vitamins no.36/ferrous fumarate/folate comb. no.6)	Tier 2	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (prenatal vitamins no.68/iron fumarate/folate no.6/dha)	Tier 2	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (prenatal vits no.87/iron carb-asp.glycinate/folate no.1/dha)	Tier 2	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (prenatal vitamins no.85/iron asparto glycin/folate no.1/dha)	Tier 2	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (prenatal vitamins no.69/iron fumarate/folate comb no.6/dha)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.77/ferrous asparto glycinate/folic acid)	Tier 2	
PRIMACARE ORAL CAPSULE 30-1-300 MG (prenatal vits no.118/iron asparto glycinate/folate no.6/dha)	Tier 2	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (prenatal vits no.65/iron fumarate,polysac complex/folic acid)	Tier 2	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (prenatal vitamins no.66/iron,carbonyl/folic acid/dha)	Tier 1	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vit no.128/iron polysaccharide complex/folic acid)	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (prenatal vitamins no.33/iron polysach complex/folic acid/dha)	Tier 2	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamin no.13/iron polysaccharides/folate comb no.1)	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits with calcium 118/ferrous fumarate/folic acid)	Tier 1	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 2	
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 2	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium 103/ferrous fumarate/folic acid)	Tier 2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (prenatal vitamin 27 with calcium/ferrous fumarate/folic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRINATE ORAL TABLET 28 MG IRON- 1 MG (prenatal vits with calcium no.73/ferrous fumarate/folic acid)	Tier 1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha)	Tier 2	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil)	Tier 2	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/dha)	Tier 2	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (prenatal vits no.102/iron polysacch/folate no.1/docusate/dha)	Tier 2	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa)	Tier 1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha)	Tier 2	
VITAFOL-OB ORAL TABLET 65-1 MG (prenatal vits with calcium no.10/ferrous fumarate/folic acid)	Tier 2	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (prenatal vits with calcium no.10/ferrous fum/folic acid/dha)	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (prenatal vits no.26/iron polysaccharide cplex/folic acid/dha)	Tier 2	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha)	Tier 2	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (prenatal vitamin no.52/iron/folic acid/omega-3/dha)	Tier 2	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
WESTGEL DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha)	Tier 1	
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 2	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (prenatal vitamins no.164/ferrous gluconate/folate combo no.6)	Tier 1	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (prenatal vitamins no.167/folic acid/docosahexaenoic acid)	Tier 2	
PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG (prenatal vitamins no.163/iron bis-glycinate/folate no.10)	Tier 2	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (prenatal vitamins no.178/folic acid/omega3/dha/epa/fish oil)	Tier 1	
ZALVIT ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG (prenatal vitamins no.147/ferrous gluconate/folic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sodium Chloride Flushes - Drugs For Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 4	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 4	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 4	
<i>sodium chloride 0.9 % injection solution</i>	Tier 4	
Sodium Chloride Solutions, Concentrated - Drugs For Nutrition		
<i>sodium chloride oral solution 234 mg/ml (4 meq/ml)</i>	Tier 1	
Sodium Chloride, Parenteral - Drugs For Nutrition		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 4	
Vitamin C Combinations - Drugs For Nutrition		
EMERGEN-C ELDERBERRY ORAL TABLET,CHEWABLE 133.3-16.7 MG (ascorbic acid/multivit with minerals/elderberry fruit)	Tier 2	
SAMBUCUS ELDERBERRY VITAMIN C ORAL LOZENGE 250-12.5 MG (ascorbic acid/ascorbate sodium/elderberry fruit)	Tier 2	
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN C POWDER BLEND ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG (ascorbic acid/multivit with minerals)	Tier 1	
Vitamin D And Folic Acid Combinations - Drugs For Nutrition		
CHOLECAL DF ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX DOTREMIN ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLDITAM ORAL TABLET 250 MCG (10,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLIXAPURE ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLTAMIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX FOLTREXYL ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
DERMACINRX PUREFOLTIN ORAL TABLET 125 MCG (5,000 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
FOLIC D3 ORAL CAPSULE 94.38 MCG(3,775 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 1	
OSTACHOL ORAL TABLET 95 MCG (3,800 UNIT)-1 MG (cholecalciferol (vit D3)/folic acid)	Tier 2	
Vitamin E Combinations - Drugs For Nutrition		
FAMIL-E ORAL CAPSULE 41-250-38 MG (vitamin E/vitamin E mixed/tocotrienol)	Tier 2	
XCELLENT E ORAL CAPSULE 33.5-125-25 MG (vitamin E/vitamin E mixed/tocotrienol)	Tier 2	
Vitamins - A - Drugs For Nutrition		
A-25 (VIT A PALMITATE) ORAL CAPSULE 7,500 MCG (25,000 UNIT) (vitamin A palmitate)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>beta carotene oral capsule 7,500 mcg (25,000 unit)</i>	Tier 1	
<i>vitamin a oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
<i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>	Tier 1	
Vitamins - B Preparation Combinations - Drugs For Nutrition		
B COMPLEX-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 1	
<i>b12-methyltetrahydrofolate-b6 oral tablet,chewable 1,000mcg-680mcg dfe-1.5 mg, 5,000 mcg-1,360 mcg dfe-2.5 mg</i>	Tier 1	
B-COMPLEX PLUS B-12 ORAL TABLET 7 MG-5 MG-4 MG- 25 MCG-10 MG (thiamine HCl/riboflavin/niacinamide/cyanocobalamin/papain)	Tier 2	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 2	
METHYL PROTECT ORAL CAPSULE 1,000 MCG-3,400 MCG DFE-10 MG (mecobalamin/folate no.11/pyridoxal/vit B2/betaine)	Tier 2	
NUFOLA ORAL CAPSULE 25 MG-3,500 MCG DFE-1 MG-300 MG (pyridoxal phosphate/levomefolate calcium/mecobalamin/ALA)	Tier 2	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B-1, Thiamine And Derivatives - Drugs For Nutrition		
<i>benfotiamine oral capsule 150 mg</i>	Tier 1	
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 4	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	Tier 1	
<i>thiamine mononitrate (vit b1) oral tablet 50 mg</i>	Tier 1	
Vitamins - B-12 And Folic Acid Combinations - Drugs For Nutrition		
CELEBRATE B-12 QUICK-MELT ORAL TABLET,DISINTEGRATING 1,000-200 MCG (cyanocobalamin/mecobalamin/folic acid)	Tier 2	
DENOVO PLUS B12 ORAL CAPSULE 25,000 MCG DFE-2,000 MCG (methyltetrahydrofolate calcium/mecobalamin)	Tier 2	
LORMATE ORAL CAPSULE 1 MG-1 MG(1,670 MCG DFE)-500 MG (mecobalamin/levomefolate calcium/turmeric root extract)	Tier 2	
<i>me-thfolate glucos-mecobalamin oral tablet,disintegrating 1,000 mcg dfe- 2,500 mcg</i>	Tier 1	
<i>vitamin b12-folic acid oral tablet,disintegrating 2,500-400 mcg</i>	Tier 1	
Vitamins - B-12, Cyanocobalamin And Derivatives - Drugs For Nutrition		
ADENO-HYDROXO B12 ORAL TABLET,DISINTEGRATING 2,500 MCG (hydroxocobalamin acetate/cobamamide)	Tier 2	
B12 ACTIVE ORAL TABLET,CHEWABLE 1,000 MCG (mecobalamin)	Tier 2	
B12 SUBLINGUAL LOZENGE 5,000-100 MCG (cyanocobalamin/cobamamide)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 4	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral liquid 1,000 mcg/15 ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral lozenge 2,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral lozenge 500 mcg</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) oral tablet,chewable 500 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 3,000 mcg</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 3,000 mcg</i>	Tier 1	
<i>cyanocobalamin-cobamamide sublingual tablet 5,000-100 mcg</i>	Tier 1	
<i>cyanocobalamin-methylcobalamin sublingual drops 5,000 mcg/ml</i>	Tier 2	
<i>cyanocobalamin (vitamin B-12) (Dodex Injection Solution 1,000 Mcg/MI)</i>	Tier 4	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 4	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 4	
<i>mecobalamin (vitamin b12) oral lozenge 1,000 mcg</i>	Tier 2	
<i>mecobalamin (vitamin b12) oral tablet,chewable 1,000 mcg</i>	Tier 1	
<i>mecobalamin (vitamin b12) oral tablet,chewable 2,500 mcg, 5,000 mcg, 500 mcg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mecobalamin (vitamin b12) oral tablet, disintegrating 5,000 mcg</i>	Tier 1	
VITAMIN B-12 ORAL TABLET 1,000 MCG (cyanocobalamin (vitamin B-12))	Tier 1	
Vitamins - B-2, Riboflavin And Derivatives - Drugs For Nutrition		
<i>riboflavin (vitamin b2) oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition		
<i>niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)</i>	Tier 1	
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	Tier 2	
<i>niacin oral tablet 100 mg, 500 mg</i>	Tier 1	
<i>niacin oral tablet extended release 500 mg</i>	Tier 1	
<i>niacinamide oral tablet 500 mg</i>	Tier 1	
Vitamins - B-5, Pantothenic Acid And Derivatives - Drugs For Nutrition		
<i>calcium pantothenate oral capsule 500 mg</i>	Tier 1	
<i>pantethine oral capsule 450 mg</i>	Tier 1	
Vitamins - B-6, Pyridoxine And Derivatives - Drugs For Nutrition		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 4	
<i>pyridoxine (vitamin b6) oral liquid 100 mg/2.5 ml</i>	Tier 2	
<i>pyridoxine (vitamin b6) oral tablet 10 mg</i>	Tier 1	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Vitamins - Bioflavonoids - Drugs For Nutrition		
<i>quercetin oral capsule 500 mg</i>	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - Biotin - Drugs For Nutrition		
<i>biotin oral capsule 10,000 mcg, 5 mg</i>	Tier 1	
<i>biotin oral tablet 1 mg</i>	Tier 2	
<i>biotin oral tablet 10 mg</i>	Tier 1	
<i>biotin oral tablet,chewable 2,500 mcg</i>	Tier 1	
<i>biotin oral tablet,chewable 5,000 mcg</i>	Tier 1	
<i>biotin oral tablet,disintegrating 10,000 mcg, 5,000 mcg</i>	Tier 1	
HAIR, SKIN AND NAILS (BIOTIN) ORAL TABLET,CHEWABLE 10,000 MCG (biotin)	Tier 1	
VITAJEY BIOTIN ORAL TABLET,CHEWABLE 2,500 MCG (biotin)	Tier 1	
Vitamins - C, Ascorbic Acid And Derivatives - Drugs For Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (ascorbic acid)	Tier 4	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 4	
<i>ascorbic acid (vitamin c) oral capsule 1,000 mg</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg</i>	Tier 1	
<i>ascorbic acid (vitamin c) oral tablet,chewable 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 2	
<i>ascorbic acid-ascorbate sodium oral tablet,chewable 94 mg</i>	Tier 1	
BUFFERED C POWDER ORAL POWDER IN PACKET 3,000 MG (ascorbic acid/minerals)	Tier 2	
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (ascorbate calcium/ascorbyl palmitate)	Tier 1	
LIQUID C ORAL LIQUID 500 MG/5 ML (ascorbic acid)	Tier 1	
VITAJEY DAILY C ORAL TABLET,CHEWABLE 125 MG (ascorbic acid)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG (ascorbic acid)	Tier 1	
XCELLENT C ORAL CAPSULE 750-7.5 MG (ascorbate calcium, magnesium, potassium/black pepper extract)	Tier 2	
Vitamins - D And K Combinations - Drugs For Nutrition		
DECARA K ORAL CAPSULE 1,250-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
DOSOKAP ORAL TABLET 137.5-200 MCG (cholecalciferol (vit D3)/vitamin K2)	Tier 2	
K-RIGHT ORAL CAPSULE 50-500-1,500 MCG (cholecalciferol (vit D3)/vitamin K1/MK4/MK7)	Tier 2	
<i>vitamin d2-vitamin k1 oral drops 20-120 mcg/4 drops</i>	Tier 1	
<i>vitamin d3-vitamin k2 oral capsule 125 mcg (5,000 unit)-100 mcg, 125-90 mcg, 250 mcg (10,000 unit)-45 mcg</i>	Tier 1	
Vitamins - D Derivatives - Drugs For Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral capsule 62.5 mcg (2,500 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml), 25 mcg/drop (1000 unit/drop)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral drops 125 mcg/0.5 ml (5k unit/0.5ml)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholecalciferol (vitamin d3) oral tablet 250 mcg (10,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 25 mcg (1,000 unit)</i>	Tier 1	
<i>cholecalciferol (vitamin d3) oral tablet, chewable 50 mcg (2,000 unit), 62.5 mcg (2,500 unit)</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral tablet, disintegrating 125 mcg (5,000 unit)</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral tablet, disintegrating 50 mcg (2,000 unit)</i>	Tier 1	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin D3))	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	Tier 1	
OSTEO-VIT3 ORAL DROPS 1,250 MCG/3 ML (cholecalciferol (vitamin D3))	Tier 2	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML) (cholecalciferol (vitamin D3))	Tier 1	
ergocalciferol (vitamin D2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT) (cholecalciferol (vitamin D3))	Tier 1	
Vitamins - E - Drugs For Nutrition		
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral capsule 90 mg (200 unit)</i>	Tier 1	
<i>vitamin e (dl, acetate) oral drops 45 mg/0.25ml 100 unit/0.25ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin e acetate (bulk) liquid 125 unit/ml</i>	Tier 2	
Vitamins - Folic Acid And Derivatives - Drugs For Nutrition		
<i>folic acid injection solution 5 mg/ml</i>	Tier 4	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PV	
HYLAZINC ORAL TABLET 1 MG-1.5 MG- 1.7 MG-50 MG (folic acid/thiamine/riboflavin/niacin/pyridoxine/B12/C/zinc)	Tier 2	
<i>methyltetrahydrofolate glucos oral capsule 1,700 mcg dfe, 680 mcg dfe, 8,500 mcg dfe</i>	Tier 1	
Vitamins - Folic Acid Combinations - Drugs For Nutrition		
FOLCYTEINE ORAL TABLET 1 MG-47 MG- 20 MCG-16 MG (folic acid/calcium citrate/vitamin D3/mag citrate/a-cysteine)	Tier 2	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG (cyanocobalamin/folic acid/pyridoxine)	Tier 1	
Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
K1-1000 ORAL CAPSULE 1,000 MCG (phytonadione (vit K1))	Tier 2	
MK-7 ORAL CAPSULE 180 MCG, 90 MCG (vitamin K2)	Tier 2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 4	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 4	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vit K1))	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/ml)	Tier 4	
<i>vitamin k2 (mk-4) oral tablet 100 mcg</i>	Tier 2	
<i>vitamin k2 oral capsule 100 mcg, 45 mcg</i>	Tier 1	
<i>vitamin k2 oral drops 90 mcg/0.5 ml</i>	Tier 2	
Endocrine		
Antihyperglycemic - Dual Sglt1 And Sglt2 Inhibitors		
INPEFA ORAL TABLET 200 MG, 400 MG (sotagliflozin)	Tier 2	ST: 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 2	PA
Endocrine - Hormones		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs - Drugs For Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)	Tier 2	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)	Tier 2	
Abortifacients- Progesterone Receptor Antagonist - Drugs For Women		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 2	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECORLEV ORAL TABLET 150 MG (levoketoconazole)	Tier 2	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (corticotropin)	Tier 4	PA
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (glucagon)	Tier 2	ST: Must meet any of the following requirements: Glucagon Emergency Kit, Gvoke, or Zegalogue in 120 days
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon HCl)	Tier 4	
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	
<i>glucose oral tablet, chewable 2 gram</i>	Tier 1	
<i>glucose oral tablet, chewable 4 gram</i>	Tier 1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (glucagon)	Tier 4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (glucagon)	Tier 4	
INSTA-GLUCOSE (WITH DEXTRIN) ORAL GEL 24 GRAM/31 GRAM (dextrose/dextrin/maltose)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SWEET CHEEKS ORAL GEL IN SYRINGE 1.2 GRAM /3 ML (40 %) (dextrose)	Tier 2	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (dasiglucagon HCl)	Tier 4	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (dasiglucagon HCl)	Tier 4	
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 2	PA
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 2	PA
Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (inotersen sodium)	Tier 4	PA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (eplontersen sodium)	Tier 4	PA
Androgen - Single Agents - Drugs For Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (testosterone)	Tier 2	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (testosterone undecanoate)	Tier 2	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (testosterone undecanoate)	Tier 2	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 2	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (testosterone)	Tier 2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 4	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (testosterone undecanoate)	Tier 2	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (testosterone enanthate)	Tier 4	PA
Antidiuretic And Vasopressor Hormones - Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (desmopressin acetate)	Tier 2	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (desmopressin acetate)	Tier 2	QL (3.8 GM per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	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		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 1	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	Tier 2	
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	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 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Dopamine Receptor Agonists - Drugs For Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (bromocriptine mesylate)	Tier 2	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 4	PA
Antihyperglycemic - Glucagon-Like Peptide-1 (Glp-1) Receptor Agonists - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (exenatide microspheres)	Tier 2	PA
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 4	PA
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	PA
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 2	PA
<i>mifepristone oral tablet 300 mg</i>	Tier 2	PA
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)	Tier 2	ST: 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 HCl)	Tier 2	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 HCl)	Tier 2	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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (dapagliflozin propanediol/metformin HCl)	Tier 2	
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations - Drugs For Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin/linagliptin)	Tier 2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (dapagliflozin propanediol/saxagliptin HCl)	Tier 2	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (ertugliflozin pidolate/sitagliptin phosphate)	Tier 2	
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 2	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	
Antihyperglycemic - Sulfonylurea And Biguanide Combinations - Drugs For Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations - Drugs For Diabetes		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit And Thiazolidinedione - Drugs For Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 2	ST: 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		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 2	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 HCl)	Tier 2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl)	Tier 2	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (linagliptin/metformin HCl)	Tier 2	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	Tier 1	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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-Sglit-2 Inhibitor, Dpp-4 Inhibitor And Biguanide Comb - Drugs For Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG (empagliflozin/linagliptin/metformin HCl)	Tier 2	
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs For Menopause And Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (vosoritide)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs For Menopause And Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (abaloparatide)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA
Bone Resorption Inhibitors - Bisphosphonate And Vitamin D Combinations - Drugs For Menopause And Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (alendronate sodium/cholecalciferol (vitamin D3))	Tier 2	
Bone Resorption Inhibitors - Bisphosphonates - Drugs For Menopause And Bone Loss		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (alendronate sodium)	Tier 2	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)
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	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		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 2	QL (4 EA per 1 day)
Calcitonins - Drugs For Menopause And Bone Loss		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 4	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
Estrogen And Progestin With Antimineralocorticoid Activity, Combination - Drugs For Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (drospirenone/estradiol)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Estrogen And Selective Estrogen Receptor Modulator (Serm) Combinations - Drugs For Women		
DUAVEE ORAL TABLET 0.45-20 MG (estrogens, conjugated/bazedoxifene acetate)	Tier 2	
Estrogen-Androgen - Drugs For Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens,esterified/methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens,esterified/methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
Estrogen-Progestin - Drugs For Women		
estradiol/norethindrone acetate (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 0.5-100 MG (estradiol/progesterone)	Tier 2	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 2	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 2	QL (1 EA per 7 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (estradiol/norethindrone acetate)	Tier 2	QL (2 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate-ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
Estrogens - Drugs For Women		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 4	
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 2	ST: Must meet the following requirement: Alora or Estradiol in 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 4	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 2	ST: Must meet the following requirement: Alora or Estradiol in 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (estradiol)	Tier 2	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 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (estradiol)	Tier 2	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fertility Enhancer - Luteal Phase Supporting, Progesterone-Type - Drugs For Women		
CRINONE VAGINAL GEL 8 % (progesterone, micronized)	Tier 2	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 2	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
Follicle-Stimulating And Luteinizing Hormones - Drugs For Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)	Tier 4	
Follicle-Stimulating Hormone (Fsh) - Drugs For Women		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (follitropin beta, recombinant)	Tier 4	ST: 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 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin alfa, recombinant)	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin alfa, recombinant)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Glucocorticoid Salt Combinations - Drugs For Inflammation		
BETALOAN SUIK KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa)	Tier 2	
Glucocorticoids - Drugs For Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (vamorolone)	Tier 2	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (hydrocortisone)	Tier 2	PA
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 2	PA
dexamethasone (Dexabliss Oral Tablets,Dose Pack 1.5 Mg (39 Tabs))	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone sodium phosphate)	Tier 2	
DMT SUIK KIT 10 MG/ML (dexamethasone/PF/norflurane/pentafluoropropane (HFC 245fa))	Tier 2	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 2	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (budesonide)	Tier 2	PA
HEMADY ORAL TABLET 20 MG (dexamethasone)	Tier 2	QL (2 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone oral tablet 5 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG (prednisone)	Tier 2	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML (hydrocortisone sodium succinate/PF)	Tier 4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sodium succinate)	Tier 4	
dexamethasone (Taperdex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs), 1.5 Mg (49 Tabs))	Tier 1	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 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (budesonide)	Tier 2	PA
TRILOAN II SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
TRILOAN SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 2	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (dexamethasone)	Tier 2	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
Gonadotropin Inhibitor Pituitary Suppressants - Drugs For Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs For Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (pegvisomant)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME |Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (tesamorelin acetate)	Tier 4	PA
Growth Hormones - Drugs For Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (somatropin)	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (somatropin)	Tier 4	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (somatropin)	Tier 4	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (somatrogonghla)	Tier 4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	Tier 4	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somapacitan-beco)	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)	Tier 4	PA
Human Chorionic Gonadotropin (Hcg) - Drugs For Women		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 4	ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (chorionic gonadotropin, human)	Tier 4	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)	Tier 4	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 4	ST: 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (insulin NPH human isophane/insulin regular, human)	Tier 2	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 2	ST: Must meet the following requirement: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
Human Insulins - Intermediate Acting - Drugs For Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin NPH human isophane)	Tier 2	ST: 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 2	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 2	PA
Human Insulins - Short Acting - Drugs For Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular, human)	Tier 2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (insulin regular, human)	Tier 2	
MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) (insulin regular, human in 0.9 % sodium chloride)	Tier 2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin regular, human)	Tier 2	ST: 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 2	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	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 2	ST: Must meet any of the following requirements: Humalog Mix 75-25 in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 2	ST: Must meet any of the following requirements: Humalog Mix 75-25 in 120 days
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	
Insulin Analogs - Long Acting - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine, human recombinant analog)	Tier 2	ST: 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 2	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 2	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 2	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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine, human recombinant analog)	Tier 2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	Tier 2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	Tier 2	
Insulin Analogs - Rapid Acting - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 2	ST: Must meet the following requirement: Lyumjev in 120 days
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 2	ST: Must meet the following requirement: Lyumjev in 120 days
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin glulisine)	Tier 2	ST: Must meet the following requirement: Lyumjev in 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glulisine)	Tier 2	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 2	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 2	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 2	ST: Must meet the following requirement: Lyumjev in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin aspart (niacinamide))	Tier 2	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	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)	Tier 2	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 2	ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 2	ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro-aabc)	Tier 2	
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro-aabc)	Tier 2	
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
DM2 COMBO PACK, TABLET AND STRIP 500 MG (metformin HCl/blood sugar diagnostic)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet 625 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	Tier 1	ST: Must meet the following requirement: Metformin HCL in 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML (metformin HCl)	Tier 2	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		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)	Tier 4	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 4	QL (1 EA per 1 day)
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (nafarelin acetate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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		
<i>cetorelix subcutaneous kit 0.25 mg</i>	Tier 4	
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 MI)	Tier 4	ST: Must meet the following requirement: Cetorelix Acetate in 120 days
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	ST: Must meet the following requirement: Cetorelix Acetate in 120 days
ORLISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)	Tier 2	
Menopausal Symptoms Suppressant-Ssri Antidepressant Type - Drugs For Women		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST: Must meet the following requirements: Paroxetine HCL or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
Mineralocorticoids - Drugs For Inflammation		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs For Women		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Progestins - Drugs For Women		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 4	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs For Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	PV	\$0 COPAY IF QUANTITY 1 IN 1 DAY
Somatostatic Agents - Drugs For Growth		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (octreotide acetate)	Tier 2	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide diaspertate)	Tier 4	PA
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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	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	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (levothyroxine sodium)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (levothyroxine sodium)	Tier 2	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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	PA
Enzymes - Vitamins And Minerals		
Enzymes - Vitamins And Minerals		
<i>bromelains oral tablet 500 mg</i>	Tier 2	
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 4	
Fdb Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (homeopathic drugs)	Tier 2	
CANTHARIS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
CRALONIN ORAL DROPS (homeopathic drugs)	Tier 2	
EYE ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
LAMIOFLUR ORAL DROPS (homeopathic drugs)	Tier 2	
PLANTAGO-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 2	
POPULUS COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
PSORINOHEEL ORAL DROPS (homeopathic drugs)	Tier 2	
RENEEL ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
SABAL-HOMACCORD ORAL DROPS (homeopathic drugs)	Tier 2	
SYZYGIUM COMPOSITUM ORAL DROPS (homeopathic drugs)	Tier 2	
VERTIGOHEEL ORAL DROPS (homeopathic drugs)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERTIGOHEEL ORAL TABLET,SOLUBLE (homeopathic drugs)	Tier 2	
Gastrointestinal Therapy Agents		
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML (fecal microbiota, live-jslm)	Tier 2	PA
VOWST ORAL CAPSULE (fecal microbiota spores, live-brpk)	Tier 2	PA
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (vonoprazan fumarate)	Tier 2	PA
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antacid - Calcium - Drugs For Ulcers And Stomach Acid		
PRELIEF ORAL TABLET 65 MG (calcium glycerophosphate)	Tier 2	
Antacid - Magnesium - Drugs For Ulcers And Stomach Acid		
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	Tier 1	
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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs For Diarrhea		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG (crofelemer)	Tier 2	ST: 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 2	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs For Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG (difenoxin HCl/atropine sulfate)	Tier 2	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 2	
Antidiarrheal Miscellaneous Combinations - Drugs For Diarrhea		
BANATROL PLUS ORAL POWDER IN PACKET (banana flakes/transgalactooligosaccharides)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal Opioid Agents - Drugs For Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antiemetic - Anticholinergics - Drugs For Vomiting And Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
Antiemetic - Antihistamines - Drugs For Vomiting And Nausea		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>meclizine oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiemetic - Antihistamine-Vitamin Combinations - Drugs For Vomiting And Nausea		
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG (doxylamine succinate/pyridoxine HCl (vitamin B6))	Tier 2	QL (60 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 2	QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	Tier 2	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 1 FILL)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (granisetron)	Tier 2	QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (aprepitant)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (rolapitant HCl)	Tier 2	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb - Drugs For Vomiting And Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (netupitant/palonosetron HCl)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	Tier 2	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Digestive Enzyme Mixtures - Drugs For The Stomach		
BEVITROL ORAL CAPSULE 9,000-112,500- 112,500 UNIT (lipase/protease/amylase)	Tier 2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (lipase/protease/amylase)	Tier 2	
GASTRACID ORAL CAPSULE 100-350-300-20 MG (pepsin/glutamic acid/betaine HCl/gentian root extract)	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (lipase/protease/amylase)	Tier 2	
PANXYME PH ORAL CAPSULE 10.2-10-45 MG (lipase/protease/amylase)	Tier 2	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (lipase/protease/amylase)	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase)	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (lipase/protease/amylase)	Tier 2	
Digestive Enzymes - Drugs For The Stomach		
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT (lactase)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactase oral tablet 3,000 unit, 9,000 unit</i>	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 2	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	Tier 2	PA
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 2	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Tier 1	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
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 2	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexlansoprazole oral capsule, biphase delayed release 30 mg, 60 mg</i>	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)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	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)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	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)
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (esomeprazole magnesium)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 1	ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (omeprazole magnesium)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastric Acid Secretion Reducer-Proton Pump Inhibitor And Antacid Comb - Drugs For Ulcers And Stomach Acid		
KONVOMEPEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML (omeprazole/sodium bicarbonate)	Tier 2	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 ML per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 1	ST: 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		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists - Drugs For The Stomach		
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	Tier 2	ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastrointestinal Antiflatulents - Drugs For The Stomach		
<i>activated charcoal oral capsule 260 mg</i>	Tier 1	
<i>activated charcoal oral capsule 280 mg</i>	Tier 2	
BEANAID ORAL CAPSULE 300 UNIT (alpha-D-galactosidase)	Tier 1	
BEANO ORAL TABLET 400 UNIT (alpha-D-galactosidase)	Tier 2	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (alpha-D-galactosidase)	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (metoclopramide HCl)	Tier 2	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	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 2	
Gi Antispasmodic - Quaternary Ammonium Compounds - Drugs For Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (glycopyrrolate)	Tier 2	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 1	ST: 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 4	
Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gi Antispasmodic And Benzodiazepine Combinations - Drugs For Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
Gi Antispasmodic Combinations Other - Drugs For Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	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 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	Tier 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	Tier 1	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine Hb)	Tier 2	ST: 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		
<i>bismuth subcit k-metronidz-tn oral capsule 140-125-125 mg</i>	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor And Antibiotics Combinations - Drugs For Ulcers And Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (omeprazole/clarithromycin/amoxicillin trihydrate)	Tier 2	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (omeprazole magnesium/amoxicillin trihydrate/rifabutin)	Tier 2	QL (168 EA per 14 days); Age (Min 18 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
H.Pylori Therapy-Potassium-Competitive Acid Blocker And Antibiotics - Drugs For The Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (vonoprazan fumarate/amoxicillin trihydrate)	Tier 2	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (vonoprazan fumarate/amoxicillin trihydrate/clarithromycin)	Tier 2	PA
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	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 2	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ibs Agent - Selective Partial 5-Ht4 Receptor Agonists - Drugs For Irritable Bowel Syndrome		
ZELNORM ORAL TABLET 6 MG (tegaserod hydrogen maleate)	Tier 2	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Ibs Agent - Sodium-Hydrogen Exchanger 3 (Nhe3) Inhibitor - Drugs For Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (tenapanor HCl)	Tier 2	PA
Inflammatory Bowel Agent - Interleukin-12 And Il-23 Inhibitors, Mc Ab - Drugs For Inflammatory Bowel Disease		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 4	PA
Inflammatory Bowel Agent - Interleukin-23 (Il-23) Inhibitor, Mc Ab - Drugs For Inflammatory Bowel Disease		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (mirikizumab-mrkz)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (risankizumab-rzaa)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	Tier 2	ST: Must meet the following requirement: Mesalamine DR in 120 days
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (mesalamine)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs For Inflammatory Bowel Disease		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 1	ST: Must meet the following requirement: Balsalazide Disodium in 120 days
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (hydrocortisone acetate)	Tier 2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG (budesonide)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Integrin Receptor Antagonist, Mc Antibody - Drugs For Inflammatory Bowel Disease		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (vedolizumab)	Tier 4	PA
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (upadacitinib)	Tier 2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (tofacitinib citrate)	Tier 2	PA
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (etrasimod arginine)	Tier 2	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 2	PA
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 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-afzb)	Tier 4	PA
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 4	PA
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adbm subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML (adalimumab-atto)	Tier 4	PA
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 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML (adalimumab-bwwd)	Tier 4	PA
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-bwwd)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 4	PA
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (adalimumab-adaz)	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
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 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML (adalimumab-adaz)	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML (adalimumab-adaz)	Tier 4	PA
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 4	PA
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	Tier 4	PA
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML (adalimumab-aqvh)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (infliximab-dyyb)	Tier 4	PA
Intestinal Flora Modifiers - Drugs For Diarrhea		
ACIDOPHILUS PROBIOTIC BLEND ORAL CAPSULE 175 MG (Lactobacillus acidophilus,salivarius/B.bifidum/S.thermophil)	Tier 2	
<i>acidophilus-pectin, citrus oral capsule 7.5 mg (30 mill cell)-100 mg</i>	Tier 1	
<i>acidophilus-pectin, citrus oral tablet 25 million cell -100 mg</i>	Tier 1	
ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL (Lactobacillus combination no.9)	Tier 1	
ADVANCED PROBIOTIC ORAL CAPSULE 625 MG (10 BILLION CELL) (L.acidophilus/L.casei/L.lactis/L.rhamnosus/B.lactis/B.longum)	Tier 2	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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/bacteriophages)	Tier 2	
BACICAP ORAL CAPSULE 20 BILLION CELL (Lactobacillus acidophilus,paracasei,plantarum/B.animalis)	Tier 2	
BACID WITH LACTOSPORE ORAL CAPSULE 1 BILLION CELL (Bacillus coagulans)	Tier 2	
<i>bacillus coagulan,subtilis-xos oral tablet,chewable 1 billion cell- 40 mg</i>	Tier 1	
BILAC ORAL CAPSULE 33 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
BIOMEPRO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 2	
BIOMEPRO ORAL LIQUID 100 BILLION CELL/104 ML (Lactobacillus acidophilus/Lactobacillus casei/L. rhamnosus)	Tier 2	
CHILDRENS CHEWABLE PROBIOTIC ORAL TABLET,CHEWABLE 1.5 BILLION CELL (L. acidophilus/L. rhamnosus/B. breve/S. thermophilus)	Tier 1	
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (L.acidophilus,casei,rhamnosus/B.breve,longum)	Tier 1	
CLAIRVEE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL- 400 MCG DFE (L. acidophilus/L. rhamnosus/levomefolate sodium/lactoferrin)	Tier 2	
CULTURELLE ABDOMINAL SUPP-CMFT ORAL POWDER IN PACKET 2 BILLION CELL- 4 GRAM (Bacillus coagulans/fucosyllactose)	Tier 2	
CULTURELLE ADVANCED REGULARITY ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE BABY DIGESTIVE CALM ORAL DROPS 2 BILLION CELL/5 DROPS (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 2	
CULTURELLE BABY HEALTH DEVELOP ORAL POWDER IN PACKET 2 BILLION CELL- 50 MG-300 MG (L. rhamnosus/B. animalis/dha/fucosyllactose/vitamin D3)	Tier 2	
CULTURELLE BABY PROBIOTIC-DHA ORAL DROPS 2.5 B CELL- 70 MG/0.5 ML (Lactobacillus rhamnosus GG/Bifidobacterium animalis/dha)	Tier 2	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL -200 MG, 12 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 2	
CULTURELLE GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 2	
CULTURELLE IMMUNE DEFENSE ORAL TABLET,CHEWABLE 10 BILLION CELL -90 MG-3 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 2	
CULTURELLE KIDS 4 IN 1 IMMUNE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-20 MCG (L. rhamnosus/ascorbic acid/vitamin D3/zinc oxide/elderberry)	Tier 2	
CULTURELLE KIDS GROW-THRIVE ORAL POWDER IN PACKET 3.5 BILLION CELL-1 GRAM (Lactobacillus rhamnosus/Bifidobac animalis/fucosyllactose/D3)	Tier 2	
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 2	
CULTURELLE KIDS IMMUNE DEFENSE ORAL TABLET,CHEWABLE 5 BILLION CELL- 90 MG-1.88 MG (L. rhamnosus GG/ascorbic acid/zinc oxide/elderberry fruit)	Tier 2	
CULTURELLE KIDS PROBIO-FIBER ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM (Lactobacillus rhamnosus GG/fiber)	Tier 2	
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CULTURELLE KIDS PROBIOTICS ORAL TABLET,CHEWABLE 5 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE METABOLISM-WT MGMT ORAL CAPSULE 12 BILLION CELL -1.7 MG-2.4 MCG (Lactobacillus rhamnosus/Bifido animalis/vit B6/vit B12)	Tier 2	
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL (Lactobacillus rhamnosus GG)	Tier 2	
CULTURELLE PRENATAL PROBIOTIC ORAL TABLET,CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
CULTURELLE PROBIOTIC-PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
CULTURELLE TOTAL BALANCE ORAL CAPSULE 11 BILLION CELL (Lactobacillus paracasei/Lactobacillus rhamnosus)	Tier 2	
CULTURELLE WOMEN'S WELLNESS ORAL TABLET,CHEWABLE 12 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
DAILY PROBIOTIC (4 STRAINS) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)	Tier 1	
DAILY PROBIOTIC (S. BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
DERMACINRX LACTEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBINATE ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBISOL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROBITRAN ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMACINRX PROBITROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DERMACINRX PROMEROL ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (Bacillus coagulans/digestive enzymes combo no.10)	Tier 2	
DIGEST PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (Bacillus coagulans/protease/amylase/lipase)	Tier 2	
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 2	
DIGESTIVE ADVANTAGE LACTOS SUP ORAL CAPSULE 500 MILLION CELL-3,000 UNIT (Bacillus coagulans/lactase)	Tier 2	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)	Tier 2	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifido infantis,longum)	Tier 1	
ENFAMIL DUAL PROBIOTICS-VIT D ORAL DROPS 2.5BILLION CELL -10 MCG/6 DROPS (Lactobacillus rhamnosus/Bifidobacterium animalis/vitamin D3)	Tier 2	
ENVIVE ORAL CAPSULE 12 BILLION CELL (L.acidoph,paracasei, B.lactis)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVIVO WITH MCT OIL FEEDING TUBE LIQUID 0.04 GRAM (8 BILL CELL/0.5ML (Bifidobacterium infantis)	Tier 2	
FEM DOPHILUS ORAL CAPSULE 1 BILLION CELL, 5 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 2	
FLORAJEN WOMEN ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 2	
FLORASAVE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL -15 MG (Lactobacillus no.65/Bifidobac no.7/B.subtilis/bacteriophages)	Tier 2	
FLORASTORBABY ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 2	
FLORASTORKIDS ORAL POWDER IN PACKET 250 MG (Saccharomyces boulardii)	Tier 2	
FLORASTORSELECT GUT BOOST ORAL CAPSULE 250-300 MG (Saccharomyces boulardii/inulin)	Tier 2	
FLORASTORSELECT IMMUNITY BOOST ORAL CAPSULE 250 MG-60 MG- 10 MCG-10 MG (Saccharomyces boulardii/vitamin C/vitamin D3/zinc gluconate)	Tier 2	
FLORATUMMYS QUICK DISSOLVE ORAL TABLET, EFFERVESCENT 2 BILLION CELL (Lactobacillus reuteri/Bifidobacterium infantis/FOS)	Tier 2	
FORTIFY OPT ADV (L. SALIVARUS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL-75 MG (Lactobacillus no.83/Bifido animal,bifid,infant/inulin/acacia)	Tier 2	
FORTIFY OPTIMA ADVANCED CARE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60 BILLION CELL-75 MG (Lactobacillus combo no.20/Bifido no.9/inulin/acacia)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (Lactobacillus acidophilus/B.animalis/B.bifidum/B.infantis)	Tier 2	
FORTIFY OPTIMA WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (L.acidophilus,gasseri/Bifidobact animalis,bifidum,infantis)	Tier 2	
FORTIFY PROBIOTIC 50 PLUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.21/Bifidobacterium combo no.7/inulin)	Tier 2	
FORTIFY PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL-50 MG, 50 BILLION CELL-50 MG (Lactobacillus combo no.51/Bifido animalis, bifidum/inulin)	Tier 2	
FORTIFY WOMEN PROBIO(L.SALIV.) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL-50 MG (Lactobacillus combo no.32/Bifidobacterium animalis/inulin)	Tier 2	
FORTIFY WOMEN PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL -50 MG (Lactobacillus combo no.51/Bifidobacterium animalis/inulin)	Tier 2	
IDEAL BOWEL SUPPORT ORAL CAPSULE 10 BILLION CELL (Lactobacillus plantarum)	Tier 2	
INFANT PROBIOTIC ORAL DROPS 1 BILLION CELL/0.5 ML (Bifidobacterium infantis)	Tier 2	
JARRO-DOPHILUS ALLERGEN FREE ORAL CAPSULE 10 BILLION CELL (L.acidoph,paracasei,plantarum,rhamn-B.animalis,breve)	Tier 2	
JARRO-DOPHILUS BABY ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (Lactobacillus casei/L.rhamnosus/Bifido no.4/GOS)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARRO-DOPHILUS BABY PROBIOTIC ORAL POWDER 3 BILLION CELL- 600 MG/GRAM (L.casei,rhamnosus/Bifidobacterium breve,infantis,longum/GOS)	Tier 2	
JARRO-DOPHILUS DIGEST SURE ORAL TABLET 5 BILLION CELL- 188 MG (L.acidophilus,plantarum,rhamnosus/B.animalis,breve/enzymes)	Tier 2	
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 2	
JARRO-DOPHILUS GUT CALM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8 BILLION CELL (Lactobac. plantarum/S. boulardii/Pediococcus acidilactici)	Tier 2	
JARRO-DOPHILUS KIDS ORAL TABLET,CHEWABLE 500 MILLION CELL-50 MG (L.acidophilus,plantarum/B.animalis,breve/FOS/inulin)	Tier 2	
JARRO-DOPHILUS PLUS FOS ORAL CAPSULE 3.4 BILLION CELL-210 MG (Lactobacillus no.33/Bifido animalis,longum/FOS/inulin)	Tier 2	
JARRO-DOPHILUS PRENATAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 6 BILLION CELL (L. crispatus,gasseri,jensenii,rhamnosus/B. infantis)	Tier 2	
JARRO-DOPHILUS ULTRA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 50 BILLION CELL (L.acidop,casei,helv,paracas,plant,rham,sal/B.anim,long,brev)	Tier 2	
JARRO-DOPHILUS WOMEN ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL, 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 2	
<i>lactobacillus acidophilus oral capsule 500 million cell</i>	Tier 1	
<i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactobacillus acidophilus oral tablet 1 billion cell</i>	Tier 1	
<i>lactobacillus acidoph-I.bulgar oral tablet 1 million cell</i>	Tier 1	
MAGE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 BILLION CELL -15 MG (L. acidoph,rhamn/Bifido animalis/B. subtilis/bacteriophages)	Tier 2	
MVW COMPLETE FORM PROBIOT MINI ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 BILLION CELL -15 MG (Lactobacil/Bifidobac/S.boulard/B.subtil/S.therm/bacteriophag)	Tier 2	
NEWFLORA ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
OMNI-BIOTIC AB-10 ORAL POWDER IN PACKET 5 BILLION CELL (L.acid,parac,plant,rhamn,saliv-B.anim,bifid,long-E.faecium)	Tier 2	
OMNI-BIOTIC BALANCE ORAL POWDER IN PACKET 2 BILLION CELL (L.acidoph,casei,salivar/B.animalis/Lactococ.lactis/E.faecium)	Tier 2	
OMNI-BIOTIC HETOX ORAL POWDER IN PACKET 15 BILLION CELL (L.acidophil,brevis,casei,sal/B.anim,bifid/Lactococcus lactis)	Tier 2	
OMNI-BIOTIC PANDA ORAL POWDER IN PACKET 3 BILLION CELL (Bifidobacterium animalis, bifidum/Lactococcus lactis)	Tier 2	
OMNI-BIOTIC STRESS RELEASE ORAL POWDER IN PACKET 7.5 BILLION CELL (L.acido,casei,para,plant,sali/B.anim,bif/Lactococcus lactis)	Tier 2	
ONE-A-DAY TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
PREBIOMAX ORAL TABLET,CHEWABLE 1.4 GRAM (xylooligosaccharides)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIMADOPHILUS BIFIDUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus,rhamnosus/Bifidobact.breve,longum)	Tier 2	
PRIMADOPHILUS ORIGINAL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5 BILLION CELL (Lactobacillus acidophilus/Lactobacillus rhamnosus GG)	Tier 2	
PRIMIDAR ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
PROBACAP ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)	Tier 2	
PROBIO DEFENSE ORAL CAPSULE 2 BILLION CELL- 2 MG-12.5 MCG (L. helveticus,rhamnosus/B. longum/zinc yeast/selenium yeast)	Tier 2	
PROBIOMAX 350 DF ORAL POWDER IN PACKET 350 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 2	
PROBIOMAX COMPLETE DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 45 BILLION CELL (Lacto no.89/Bifido no.9/L.lactis/S.thermophilus)	Tier 2	
PROBIOMAX DAILY DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum)	Tier 2	
PROBIOMAX DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 100 BILLION CELL (Lactobacillus acidophilus,plantarum/Bifido animalis,longum)	Tier 2	
PROBIOMAX IG 26 DF ORAL CAPSULE 500 MILLION CELL-500 MG (Bacillus coagulans/hyperimmune egg)	Tier 2	
PROBIOMAX LEAN DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL (Bifidobacterium animalis)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOMAX PLUS DF ORAL POWDER IN PACKET 40 BILLION CELL -1.5 GRAM (L.acidophilus,plantarum/B.animalis,longum/S.boulardii/larch)	Tier 2	
PROBIOMAX SB DF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 35 BILLION CELL (L.acidophilus/L.plantarum/B.animalis/B.longum/S.boulardii)	Tier 2	
PROBIONEXX ORAL CAPSULE 500 MG (Lacto99/B.bifidum/L.lactis/S.boul/S.therm/B.coag/enzyme/herb)	Tier 2	
PROBIOTIC (B. COAGULANS) ORAL TABLET,CHEWABLE 1 BILLION CELL, 2.5 BILLION CELL (Bacillus coagulans)	Tier 1	
PROBIOTIC (S.BOULARDII) ORAL CAPSULE 250 MG (Saccharomyces boulardii)	Tier 1	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET,CHEWABLE 2 BILLION CELL- 5 MCG (Bacillus coagulans/cholecalciferol (vit D3))	Tier 1	
PROBIOTIC ACIDOPHILUS(14-STRN) ORAL TABLET,CHEWABLE 3 BILLION CELL (Lactobacillus no.66/Bifidobacterium no.4/S.thermophilus)	Tier 1	
PROBIOTIC COLON SUPPORT ORAL CAPSULE 1.5 BILLION CELL (Lactobacillus gasseri/Bifidobacterium bifidum/Bifido longum)	Tier 1	
PROBIOTIC DIGEST SUPP (4-STRN) ORAL CAPSULE 11 BILLION CELL -15 MG (Lactobacillus paracasei,rhamnosus/B.animalis/ascorbic acid)	Tier 1	
PROBIOTIC DIGEST SUPP (6-STRN) ORAL CAPSULE 10 BILLION CELL -100 MG (L.acidoph,bulgar,paracasei,rhamnosu/B.animalis,longum/inulin)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROBIOTIC DIGEST(L.RHAM,INULN) ORAL CAPSULE 20 BILLION CELL -200 MG (Lactobacillus rhamnosus GG/inulin)	Tier 1	
PROBIOTIC DIGEST(LACTO,BIFIDO) ORAL CAPSULE 1.5 BILLION CELL (L.acidophilus/L.gasseri/L.rhamnosus/B.bifidum/B.longum)	Tier 1	
PROBIOTIC DUO ORAL TABLET,CHEWABLE 1.5 BILLION CELL (Bacillus coagulans/Bacillus subtilis)	Tier 2	
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG (Bacillus coagulans/inulin)	Tier 1	
PROBIOTIC ORAL CAPSULE 20 BILLION CELL (Lactobacillus combination no.10)	Tier 1	
PROBIOTIC ORAL CAPSULE 3 BILLION CELL (Lactobacillus combination no.4)	Tier 1	
PROBIOTIC PEARLS ACIDOPHILUS ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium longum)	Tier 2	
PROBIOTIC PEARLS WOMEN'S ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1 BILLION CELL (Lactobac acidophilus/Lactobac plantarum/Lactobac rhamnosus)	Tier 2	
PROBIOTIC YEAST SUPPORT ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5.02 BILLION CELL (Lactobacillus crispatus/Kluyveromyces marxianus)	Tier 2	
PROBIOTIC-IMMUNE ORAL TABLET,CHEWABLE 1 BILLION CELL- 45 MG-25 MCG (Bacillus coagulans,subtilis/vitamin C/vit D3/zinc gluconate)	Tier 2	
PROBIZEN ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 1	
PROMELLA ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
REJUVAFLOR ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPHRESH PRO-B ORAL CAPSULE 5 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 2	
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL (Saccharomyces boulardii)	Tier 1	
REVITAFLOL ORAL CAPSULE 10 BILLION CELL (Lactobacillus acidophilus)	Tier 1	
<i>saccharomyces boulardii oral capsule 250 mg</i>	Tier 1	
<i>saccharomyces boulardii-yeast oral capsule, delayed release(dr/lec) 5 billion cell- 200 mg</i>	Tier 1	
SENIOR PROBIOTIC ORAL CAPSULE 15 BILLION CELL (Lactobacillus combination no.4)	Tier 1	
SIMILAC PROBIOTIC TRI-BLEND ORAL POWDER IN PACKET 1 BILLION CELL (Bifidobacterium animalis/Bifidobacterium infantis/S. thermoph)	Tier 2	
TRUBIOTICS BABY ORAL DROPS 3 BILLION CELL /0.27 ML (Bifidobacterium animalis)	Tier 2	
TRUBIOTICS GUMMY ORAL TABLET,CHEWABLE 1.5BILLION CELL -7.5 MCG-1.8 G (Bacillus subtilis/cholecalciferol (vit D3)/inulin)	Tier 2	
TRUBIOTICS KIDS CHEWABLE ORAL TABLET,CHEWABLE 6 BILLION CELL (Lactobacillus rhamnosus GG/Bifidobacterium animalis (lactis))	Tier 2	
TRUBIOTICS KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1.8 GRAM (Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
TRUBIOTICS ORAL CAPSULE 2 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
ULTIMATE FLORA BABY PROBIOTIC ORAL POWDER 4 BILLION CELL/GRAM (Lactobacillus rhamnosus/Bifido bifidum,breve,infantis,longum)	Tier 2	
ULTRAFLOL WOMEN'S ORAL CAPSULE 2 BILLION CELL (Lactobacillus reuteri/Lactobacillus rhamnosus GG)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UP4 PROBIOTICS ADULT 50 PLUS ORAL CAPSULE 25 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 2	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 2	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (Lactobacillus acidophilus/Bifidobacterium animalis/vit D2)	Tier 2	
UP4 PROBIOTICS MEN'S ORAL CAPSULE 50 BILLION CELL -90 MG-30 MCG (Lactobac no.21/Bifidobac no.7/vit C/vit D3/vit B6/vit B12)	Tier 2	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (Lactobacillus combination no.51/Bifidobacterium combo no.4)	Tier 2	
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (L.acidophilus/L.gasseri/L.plant/L.rham/B.animalis/cranberry)	Tier 2	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 2	
VISBIOME ORAL DROPS 0.5 BILLION CELL/DROP (Lactobacillus no.2/Bifidobacterium no.1/S.thermophilus)	Tier 2	
WELLPRO-31 ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 2	
XYBIOTIC ORAL CAPSULE 15 BILLION CELL -1,000 MCG-25MG (L. acidophilus/Bacillus coagulans/folic acid/inulin)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUM-YUM DOPHILUS ORAL TABLET,CHEWABLE 2.5 BILLION CELL-50 MG, 500 MILLION CELL-50 MG (L.acidophilus,plantarum/B.animalis,breve/FOS/inulin)	Tier 2	
Irritable Bowel Syndrome (ibs) Agents - Drugs For Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 2	PA
ZELNORM ORAL TABLET 6 MG (tegaserod hydrogen maleate)	Tier 2	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 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER 3 GRAM/4 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL POWDER IN PACKET 3 GRAM/4 GRAM (wheat dextrin)	Tier 2	
BENEFIBER SUGAR FREE (DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM (wheat dextrin)	Tier 2	
BEST FIBER ORAL POWDER 3 GRAM/3.5 GRAM (wheat dextrin)	Tier 1	
CHILDRENS FIBER GUMMY BEAR ORAL TABLET,CHEWABLE 1.5 GRAM (polydextrose)	Tier 1	
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM (dextrin)	Tier 1	
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM (psyllium husk/aspartame)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
EASY FIBER (WHEAT DEXTRIN) ORAL TABLET,CHEWABLE 1 GRAM-100 MG CALCIUM (wheat dextrin/calcium carbonate)	Tier 1	
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM (dextrin)	Tier 1	
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk/aspartame)	Tier 1	
FIBER GUMMIES (WITH B-COMPLEX) ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose/vitamin B complex)	Tier 1	
FIBER GUMMIES ORAL TABLET,CHEWABLE 2 GRAM (inulin)	Tier 1	
FIBER SUPPLEMENT(WHEATDEXTRIN) ORAL POWDER 3 GRAM/3.8 GRAM (wheat dextrin)	Tier 1	
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
FIBERWELL ORAL TABLET,CHEWABLE 2.5 GRAM (polydextrose)	Tier 2	
HYFIBER FOR KIDS ORAL LIQUID 6 GRAM/15 ML (fructooligosaccharides/polydextrose)	Tier 2	
KONSYL DAILY FIBER (STEVIA) ORAL POWDER IN PACKET 3.5 GRAM (psyllium husk/sweetleaf)	Tier 2	
KONSYL SUGAR-FREE ORAL POWDER IN PACKET 6 GRAM (psyllium husk)	Tier 2	
NUTRISOURCE FIBER ORAL PACKET (guar gum)	Tier 1	
NUTRISOURCE FIBER ORAL POWDER (guar gum)	Tier 1	
PREBIOTIC FIBER (FOS) ORAL TABLET,CHEWABLE 2.5 GRAM (fructooligosaccharides)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREBIOTIC FIBER ORAL TABLET,CHEWABLE 2 GRAM (inulin)	Tier 1	
PREBIOTIC INULIN-FOS ORAL POWDER 3 GRAM/3.8GRAM (SCOOP) (fructooligosaccharides/inulin)	Tier 2	
<i>psyllium husk oral capsule 0.4 gram</i>	Tier 1	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk/aspartame)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM (psyllium husk (with sugar))	Tier 2	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
SMOOTH TEXTURE FIBER ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk/aspartame)	Tier 1	
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 2	ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (2 EA per 1 day)
<i>lactulose oral packet 10 gram</i>	Tier 1	ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sorbitol solution 70 %</i>	Tier 2	
Laxative - Saline/Osmotic Mixtures - Drugs To Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	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)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	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)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	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)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	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)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	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)
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 2	
SENOKOT ORAL TABLET,CHEWABLE 8.7 MG (senna leaf extract)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENOKOT-CHAMOMILE ORAL TEA 1,400 MG- 1,100 MG (senna leaf/herbal complex no.324)	Tier 2	
Laxative - Stimulant And Saline/Osmotic Combinations - Drugs To Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/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)
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		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	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 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 4	PA
Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach		
<i>glutamine oral powder 100 %</i>	Tier 1	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
Genitourinary Therapy - Drugs For The Urinary System		
Bph Agent- 5-Alpha Reductase Inhib And Alpha-1 Adrenoceptor Antag Comb - Drugs For The Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST: 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 2	
Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	Tier 2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (cysteamine bitartrate)	Tier 2	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (cysteamine bitartrate)	Tier 2	PA
G.U. Irrigants - Anti-Infective - Drugs For The Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
G.U. Irrigants - Drugs For The Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (citric acid/gluconolactone/magnesium carbonate)	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
Interstitial Cystitis Agents - Drugs For The Urinary System		
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	Tier 2	
Kidney Stone Agents - Drugs For The Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 2	
<i>tiopronin oral tablet 100 mg</i>	Tier 2	
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 2	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
GEMTESA ORAL TABLET 75 MG (vibegron)	Tier 2	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 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Oxalosis Agent - Oxalate Inhibitor, Small Interfering Rna Directed - Drugs For The Urinary System		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (nedosiran sodium)	Tier 4	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (nedosiran sodium)	Tier 4	
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
Phosphate Binders - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	ST: 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)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (lanthanum carbonate)	Tier 2	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)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	QL (6 EA per 1 day)
Phosphate Binders - Iron-Based - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 2	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (tolvaptan)	Tier 2	PA
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-5-Alpha Phosphodiesterase Type 5 Inhibitor - Drugs For The Prostate		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
Prostatic Hypertrophy Agent-Type I And II 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs For Infections		
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (potassium phosphate,monobasic)	Tier 2	
WES-PHOS 250 NEUTRAL ORAL TABLET 250 MG (sodium phosphate,dibasic/pot phos,monob/sod phosphate mono)	Tier 1	
Urinary Alkalinizer - Citrates - Drugs For Infections		
LITHOLYTE ORAL POWDER IN PACKET 10 MEQ (potassium citrate/magnesium citrate/sodium bicarbonate)	Tier 2	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (citric acid/sodium citrate)	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml, 500-334 mg/5 ml</i>	Tier 1	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML (sodium/potassium/potassium citrate/sodium citrate/cit ac)	Tier 1	
Urinary Analgesics - Drugs For Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine And Salts - Drugs For Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (methenamine mandelate/sodium phosphate,monobasic)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs For Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	
Urinary Antibacterials Other - Drugs For Infections		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
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 2	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	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		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (solifenacin succinate)	Tier 2	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 2	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs For The Bladder		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (oxybutynin chloride)	Tier 2	ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (oxybutynin)	Tier 2	ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME | Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs For The Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout And Hyperuricemia Therapy - Drugs For Pain And Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (colchicine)	Tier 2	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		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>allopurinol oral tablet 200 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hyperuricemia Tx - Urat1 Inhibitor And Xanthine Oxidase Inhibitor Comb - Gout Drugs		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (lesinurad/allopurinol)	Tier 2	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 2	PA
Pnh - Complement Factor B Inhibitors		
FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)	Tier 2	PA
Hematological Agents - Drugs For The Blood		
Agents To Treat Attp- Anti Von Willebrand Factor (Vwf) A1 Domain - Drugs For The Blood		
CABLIVI INJECTION KIT 11 MG (caplacizumab-yhdp)	Tier 4	PA
CABLIVI INJECTION RECON SOLN 11 MG (caplacizumab-yhdp)	Tier 4	PA
Agents To Treat Paroxysmal Nocturnal Hemoglobinuria (Pnh) - Drugs For The Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)	Tier 4	PA
FABHALTA ORAL CAPSULE 200 MG (iptacopan HCl)	Tier 2	PA
Anticoagulants - Citrate-Based - Drugs To Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 2	
ACD-A SOLUTION (citrate dextrose solution)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 2	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (sodium chloride/sodium citrate)	Tier 2	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Anticoagulants - Coumarin - Drugs To Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
Anti-Inhibitor Coagulation Complex - Drugs To Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (anti-inhibitor coagulant complex)	Tier 4	
Blood Cell And Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
C1 Esterase Inhibitor Agents - Drugs For The Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 4	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) (C1 esterase inhibitor)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 4	PA
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 2	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)
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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Erythropoietins - Drugs For The Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (darbepoetin alfa in polysorbate 80)	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (darbepoetin alfa in polysorbate 80)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (epoetin alfa)	Tier 4	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML (methoxy polyethylene glycol-epoetin beta)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa-epbx)	Tier 4	PA
Factor Ix Preparations - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (factor IX recombinant, Fc fusion protein)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX recombinant,albumin fusion protein)	Tier 4	
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 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX complex, prothrombin cplx conc(pcc) no.4, 3-factor)	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX (human) recombinant, pegylated)	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 4	
Factor Vii Preparations - Drugs To Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (coagulation factor VIIa (recombinant))	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG) (coagulation factor VIIa recombinant-jncw)	Tier 4	
Factor Viii Preparations (Ahf) - Drugs To Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length, peg)	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor VIII recomb,single-chn,B-dom truncated)	Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von Willebrand factor,human)	Tier 4	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rFVIII Fc-VWF-XTEN,BDD-ehtl)	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (FVIII) recombinant, Fc fusion protein)	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-dom truncated peg-exei)	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (antihemophilic factor, human/von Willebrand factor, human)	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) rec, B-domain deleted peg-auc)	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length)	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant, full length)	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII recombinant, B-domain truncated)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (antihemophilic factor VIII rec HEK cell, B-domain deleted)	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII, recombinant porcine sequence)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor VIII, human recombinant)	Tier 4	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von Willebrand factor, human)	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb, B-domain deleted)	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (factor VIII) recomb, B-domain deleted)	Tier 4	
Factor 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 4	PA
Factor X Preparations - Drugs To Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)	Tier 4	
Factor XIII Preparations - Drugs To Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)	Tier 4	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-jmdb)	Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-pbbk)	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (tbo-filgrastim)	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (tbo-filgrastim)	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim)	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim)	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim)	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim-aafi)	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-aafi)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-apgf)	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-ayow)	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (eflapegrastim-xnst)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-fpgk)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-bmez)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)	Tier 4	PA
Hematorheologic Agents - Drugs For The Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hemostatic Systemic- Von Willebrand Factor (Vwf) Preparations - Drugs To Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (von Willebrand factor (recombinant))	Tier 4	
Hemostatic Topical Agents - Drugs To Prevent Bleeding		
ASTRINGYN TOPICAL SOLUTION 259 MG/G (ferric subsulfate)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVITENE FLOUR TOPICAL POWDER (microfibrillar collagen)	Tier 2	
AVITENE TOPICAL POWDER IN PACKET (microfibrillar collagen)	Tier 2	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (microfibrillar collagen)	Tier 2	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (microfibrillar collagen)	Tier 2	
GELFILM IMPLANT FILM (gelatin)	Tier 2	
GEL-FLOW NT TOPICAL SYRINGE (gelatin sponge,absorbable)	Tier 2	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (thrombin (bovine)/gelatin sponge,absorbable)	Tier 2	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (gelatin sponge,absorbable/porcine skin)	Tier 2	
GELFOAM TOPICAL SPONGE 4 (gelatin sponge,absorbable/porcine skin)	Tier 2	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (ferric subsulfate)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (thrombin (recombinant))	Tier 2	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (recombinant))	Tier 2	
SURGIFLO TOPICAL SYRINGE (gelatin sponge,absorbable)	Tier 2	
SYRINGE AVITENE TOPICAL POWDER (microfibrillar collagen)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic)	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (thrombin (bovine))	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT (thrombin (bovine))	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " (thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic)	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (microfibrillar collagen)	Tier 2	
Hemostatic Topical Combinations - Drugs To Prevent Bleeding		
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " (fibrinogen/thrombin (human plasma derived))	Tier 2	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 2	
FLOSEAL TOPICAL KIT 2,500 UNIT (thrombin(human plasma derived)/gelatin matrix, bovine)	Tier 2	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (fibrinogen/thrombin (human plasma derived))	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (thrombin(human plasma derived)/fibrinogen/calcium chloride)	Tier 2	
Heparin Flush Formulations - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 4	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 4	
Heparins - Drugs To Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 4	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 4	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 4	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 4	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 4	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 4	
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 4	
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML (enoxaparin sodium)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin sodium,porcine)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin sodium,porcine)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin sodium,porcine)	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (dalteparin sodium,porcine)	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)	Tier 4	QL (18 ML per 30 days)
Plasma Proteins Which Facilitate Anticoagulation - Drugs For The Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (plasminogen, human-tvmh)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-Triazolo-Pyrimidines (Cptps) - Drugs For The Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (ticagrelor)	Tier 2	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Phosphodiesterase Iii Inhibitors - Drugs For The Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs For The Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet,chewable 81 mg</i>	PV	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	PV	
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 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	PV	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	PV	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	PV	
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs For The Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhibitors-Salicylates And Proton Pump Inhib Comb - Drugs For The Blood		
<i>aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg</i>	Tier 1	PA
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin/omeprazole)	Tier 2	PA
Platelet Aggregation Inhib-Pdesterase And Adenosine Deaminase Inhibitr - Drugs For The Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(Par-1) Antagonist - Drugs For The Blood		
ZONTIVITY ORAL TABLET 2.08 MG (vorapaxar sulfate)	Tier 2	QL (1 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pnh - Complement (C3) Inhibitors - Drugs For The Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (pegcetacoplan)	Tier 4	PA
Pyruvate Kinase (Pk) Activators - Drugs For The Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (mitapivat sulfate)	Tier 2	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (mitapivat sulfate)	Tier 2	PA
Sickle Cell Anemia Agents, Others - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 2	PA
SIKLOS ORAL TABLET 1,000 MG (hydroxyurea)	Tier 2	ST: Must meet the following requirement: Droxia or Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG (hydroxyurea)	Tier 2	QL (2 EA per 1 day)
Sickle Hemoglobin (Hbs) Polymerization Inhibitor - Drugs For The Blood		
OXBRYTA ORAL TABLET 300 MG, 500 MG (voxelotor)	Tier 2	PA
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (voxelotor)	Tier 2	PA
Thrombin Inhibitor - Selective Direct And Reversible - Drugs To Prevent Blood Clots		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate mesylate)	Tier 2	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 2	PA
Thrombopoietin Receptor Agonists - Drugs For The Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (eltrombopag choline)	Tier 2	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (avatrombopag maleate)	Tier 2	PA
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	Tier 2	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	Tier 2	PA
Hepatobiliary System Treatment Agents		
Non-Alcoholic Steatohepatitis (Nash) Agents - Thr-Beta Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hepatobiliary System Treatment Agents - Drugs For The Liver		
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	Tier 2	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor - Drugs For The Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (odevixibat)	Tier 2	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG (odevixibat)	Tier 2	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	Tier 2	PA
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 2	ST: Must meet the following requirement: Generic Tacrolimus in 120 days
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus)	Tier 2	ST: 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPKYNIS ORAL CAPSULE 7.9 MG (voclosporin)	Tier 2	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs For Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (satralizumab-mwge)	Tier 4	PA
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
Locomotor System		
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)	Tier 2	PA
Friedreich Ataxia-Nuclear Factor Erythroid-Rel.Factor2(Nrf2) Activator		
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	Tier 2	PA
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Agents To Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 2	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 2	PA
Als Agents - Antioxidants/Anti-Inflammatories - Drugs For Nerves And Muscles		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (edaravone)	Tier 2	
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (edaravone)	Tier 2	
Amyotrophic Lateral Sclerosis (Als) Agents - Benzothiazoles - Drugs For Nerves And Muscles		
EXSERVAN ORAL FILM 50 MG (riluzole)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 2	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 2	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Antimyasthenic Agents Other - Drugs For Nerves And Muscles		
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	Tier 2	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (zilucoplan sodium)	Tier 4	PA
Musculoskeletal Therapy Agent - Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (hyaluronate sodium, stabilized)	Tier 4	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (hyaluronate sodium)	Tier 4	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (hyaluronate sod, cross-linked)	Tier 4	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (hyaluronate sodium)	Tier 4	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (hyaluronate sodium)	Tier 4	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (hyaluronate sodium, modified, non-crosslinked)	Tier 4	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (hyaluronate sodium, stabilized)	Tier 4	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (hyaluronate sodium)	Tier 4	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (hylan G-F 20)	Tier 4	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (hylan G-F 20)	Tier 4	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	PA
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)	Tier 2	QL (4 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	Tier 1	QL (4 EA per 1 day)
orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	Tier 1	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit electrodes)	Tier 2	
CYCLOTENS STARTER COMBO PACK 10 MG (cyclobenzaprine HCl/TENS unit/TENS unit electrodes)	Tier 2	
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG (baclofen)	Tier 2	PA
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day)
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
CYCLOPAK KIT 5 MG-2.5 %- 2.5 % (cyclobenzaprine/lidocaine/prilocaine/glycerin)	Tier 2	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 % (cyclobenzaprine HCl/lidocaine/menthol)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant, Salicylate, And Opioid Analgesic Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier - Drugs For Nerves And Muscles		
EVRYSOI ORAL RECON SOLN 0.75 MG/ML (risdiplam)	Tier 2	
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 2	
Medical Supplies And Dme - Blood Coagulation Testing Supplies - Medical Supplies And Durable Medical Equipment		
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
Medical Supplies And Dme - Blood Collection Needles - Medical Supplies And Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-TREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
BLU LINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH BLU LINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA D20 STRIP (blood sugar diagnostic)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
FORA V20 STRIP (blood sugar diagnostic)	Tier 3	
FORA V30A STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	
Medical Supplies And Dme - Blood Glucose-Ketone Comb. Test Supplies - Medical Supplies And Durable Medical Equipment		
CARETOUCH KETONE-GLUCOSE MONIT DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)	Tier 3	
PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Blood Pressure Device Combinations - Medical Supplies And Durable Medical Equipment		
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
Medical Supplies And Dme - Cervical Caps - Medical Supplies And Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	\$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 2	
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 2	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Conception Assistance Supplies - Medical Supplies And Durable Medical Equipment		
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 2	
Medical Supplies And Dme - Covid-19 Miscellaneous Testing Supplies - Medical Supplies And Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
BD VERITOR AT-HOME COVID19 TST KIT (COVID-19 antigen immunoassay test)	Tier 2	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 2	
BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)	Tier 2	
BINAXNOW COVD AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 2	
BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CELLTRION DIATRUST COV-19 HOME KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
<i>covid19 test adm.by pharmacist</i>	Tier 2	
CUE COVID-19 HOME TEST KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
EVERLYWELL COVID19 HOM COLLECT (COVID-19 test specimen collection)	Tier 2	
FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
MIDASPOT COVID19 ANTIBODY TEST KIT (COVID-19 IgG/IgM test cassette)	Tier 2	
OHC COVID-19 ANTIGEN HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 2	
QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)	Tier 2	
RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 2	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
Medical Supplies And Dme - Dental Supplies Other - Medical Supplies And Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (dental suction device/chlorhexidine/dental swab 1/mouthwash)	Tier 2	
Q-CARE RX Q4 KIT 0.12 % (dental suction device/chlorhexidine gl/dental swab comb no.1)	Tier 2	
Medical Supplies And Dme - Diaphragms - Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	\$0 COPAY

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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 2	
ENDEAVORRX (digital therapeutics,cognit. behavioral therapy for ADHD)	Tier 2	
LUMINOPIA DIGITAL APP (30-DAY) (digital therapeutics,amblyopia)	Tier 2	
MAHANA IBS (digital therapeutics,cognit. behavioral therapy for IBS)	Tier 2	
NERIVIO DIGITAL APP (MIGRAINE) (digital therapeutic, remote electrical neuromodulator device)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGULORA IBS DIGITAL APP (digital therapeutics,cognit. behavioral therapy for IBS)	Tier 2	
Medical Supplies And Dme - Drug Application Supplies - Medical Supplies And Durable Medical Equipment		
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 2	
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 2	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 2	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 2	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 2	
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 2	
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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 2	
PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment		
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
ADJUSTABLE LANCING DEVICE (lancing device)	Tier 3	
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 3	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCING DEVICE (lancing device)	Tier 3	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 3	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ALKALINE BATTERIES (diabetic supplies,miscell)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
AQUA LANCE LANCING DEVICE (lancing device)	Tier 3	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 3	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	Tier 3	
AUTOLET LANCING DEVICE (lancing device)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)	Tier 2	
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 3	
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Tier 3	
<i>blood glucose contrl hi,normal solution</i>	Tier 3	
<i>blood glucose control, normal solution</i>	Tier 3	
<i>blood glucose ctl high,nml,low solution</i>	Tier 3	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
<i>blood-glucose meter</i>	Tier 3	
<i>blood-glucose meter kit</i>	Tier 3	
BLU LINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Tier 3	
BLU LINK GLUCOSE MONITOR SYST (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE LANCING DEVICE (lancing device)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N (blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	Tier 3	
CARESENS N VOICE (blood-glucose meter)	Tier 3	
CARESOFT LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
CARETOUCH LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	PA
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	Tier 3	
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)	Tier 3	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR METER (blood-glucose meter)	Tier 3	
CONTOUR METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	
DARIO BLOOD GLUCOSE MONITOR DEVICE (blood-glucose meter,for mobile device)	Tier 3	
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
DROPLET GENTEEL LANCING DEVICE (lancing device)	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	
DROPLET LANCING DEVICE (lancing device)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH BLU LINK GLUC SYST (blood-glucose meter)	Tier 3	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX NG (blood-glucose meter)	Tier 3	
EASYMAX NG KIT (blood-glucose meter)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 3	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE LANCING DEVICE (lancing device)	Tier 3	
EMBRACE PRO GLUCOSE METER (blood-glucose meter)	Tier 3	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
EVENCARE G2 (blood-glucose meter)	Tier 3	
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVENCARE KIT (blood-glucose meter)	Tier 3	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Tier 3	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVERSENSE E3 SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D20 KIT (blood-glucose meter)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G30A (blood-glucose meter)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORA LANCING DEVICE (lancing device)	Tier 3	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA V10 KIT (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
FORA V20 KIT (blood-glucose meter)	Tier 3	
FORA V30A (blood-glucose meter)	Tier 3	
FORA V30A KIT (blood-glucose meter)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORTISCARE T1 BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX (blood-glucose meter)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 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)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE333 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies, miscell)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
HEALTHY ACCENTS AUTOLET (lancing device)	Tier 3	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 3	
HYPOLANCE AST LANCING KIT (lancing device/lancets)	Tier 3	
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY METER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT (blood-glucose meter)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INSUL-CAP (diabetic supplies,miscell)	Tier 3	
INSUL-EZE (diabetic supplies,miscell)	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS, ULTRA THIN (lancets)	Tier 3	
<i>lancing device</i>	Tier 3	
LANCING DEVICE WITH LANCETS (lancing device)	Tier 3	
<i>lancing device with lancets kit</i>	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MEDISENSE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	Tier 3	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
MICRODOT LANCET 28 GAUGE (lancets)	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MINI LANCING DEVICE (lancing device)	Tier 3	
MINIMED QUICK-SERTER (MMT-395) (diabetic supplies, miscell)	Tier 3	
MOBILE LANCETS 30 GAUGE (lancets)	Tier 3	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	Tier 3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high, normal, low)	Tier 3	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	Tier 3	
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high, normal, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL PLUS LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS METER (blood-glucose meter)	Tier 3	
ON CALL PLUS METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL VIVID METER (blood-glucose meter)	Tier 3	
ON CALL VIVID METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
OPTUMRX (blood-glucose meter)	Tier 3	
OPTUMRX KIT (blood-glucose meter)	Tier 3	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
OVAL TAPE (diabetic supplies,miscell)	Tier 3	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
POGO AUTOMATIC BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRODIGY LANCING DEVICE (lancing device)	Tier 3	
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 3	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM KIT (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELION PRIME METER (blood-glucose meter)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
RIGHTEST GM700SB GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST MAX PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SINGLE-LET (lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	
SOFT TOUCH LANCETS (lancets)	Tier 3	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)	Tier 3	
TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)	Tier 2	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUEDRAW LANCING DEVICE (lancing device)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
ULTI-LANCE (lancing device)	Tier 3	
ULTI-LANCE KIT (lancing device/lancets)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 3	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	Tier 3	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
WAVESENSE AMP KIT (blood-glucose meter)	Tier 3	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
WAVESENSE PRESTO (blood-glucose meter)	Tier 3	
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 3	
Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 2	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)	Tier 2	
Medical Supplies And Dme - Infant Diapers - Medical Supplies And Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAPERS, UNISEX SIZE 1 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 2	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
Medical Supplies And Dme - Insulin Needles- Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 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 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
DROPLET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle, insulin, 0.5 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, disposable, insulin 1 mL)	Tier 1	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle, insulin disposable, 1 mL)	Tier 1	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)	Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SAFETY SYRINGE 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 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)	Tier 3	
OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)	Tier 2	
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Tier 1	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	Tier 1	
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 mL)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con.disp.unit)	Tier 1	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1 ML 30 X 1/2", 1 ML 31 X 5/16" (syringe with needle, insulin, 1 mL and sharps container)	Tier 1	
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16" (syringe-needle, insulin, 0.5 mL/container, empty)	Tier 1	
ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, remover and disposal unit)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle, insulin, 0.3 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle, insulin, 0.5 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle, disposable, insulin 1 mL)	Tier 1	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Iv Sets-Tubing - Medical Supplies And Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (intravenous catheter)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)	Tier 2	
FILTERED EXTENSION SET INFUSION SET (intravenous administration extension set with filter)	Tier 2	
HI-VOLUME PUMPING CHAMBER SET (transfer sets)	Tier 2	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (intravenous catheter)	Tier 2	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)	Tier 2	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)	Tier 2	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (intravenous administration set)	Tier 2	
MICROBORE EXTENSION SET INFUSION SET (intravenous administration extension set)	Tier 2	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 2	
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 2	
RATE FLOW REGULATOR IV SET INFUSION SET (intravenous administration set)	Tier 2	
TRANSFER SET (transfer sets)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment		
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 2	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 2	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transf r pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transf r pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transf pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transf pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)	Tier 2	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
<i>eua patient assessment</i>	Tier 2	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 2	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 2	
PTS COLLECT CAPILLARY TUBE (medical supply, miscellaneous)	Tier 2	
RECONSTITUBE KIT (medical supply, miscellaneous)	Tier 2	
SUPPOSITORY SHELL, SMALL DEVICE (suppository mold)	Tier 2	
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 2	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)	Tier 2	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
VIBRANT ORAL CAPSULE (vibrating transient device for constipation)	Tier 2	
VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)	Tier 2	
XENOVIEW EMPTY DELIVERY BAG (inhalation bag with mouthpiece)	Tier 2	
Medical Supplies And Dme - Nebulizers - Medical Supplies And Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AEROECLIPSE XL NEBULIZER (nebulizer)	Tier 2	
AERONEB GO NEBULIZER (nebulizer)	Tier 2	
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
ALTERA NEBULIZER HANDSET (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
AURA PORTANEB (nebulizer)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
LC PLUS (nebulizer)	Tier 2	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 2	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)	Tier 2	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINI PLUS NEBULIZER (nebulizer)	Tier 2	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 2	
PARI LC SPRINT SINUS (nebulizer)	Tier 2	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 2	
SIDESTREAM (nebulizer)	Tier 2	
SIDESTREAM NEBULIZER (nebulizer)	Tier 2	
SIDESTREAM PLUS (nebulizer)	Tier 2	
SINUSTAR NEBULIZER (nebulizer)	Tier 2	
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 2	
TRUNEB NEBULIZER (nebulizer)	Tier 2	
VIXONE NEBULIZER (nebulizer)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (nebulizer)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizer)	Tier 2	
Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)	Tier 1	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
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 2	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD ECLIPSE LUER-LOK NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)	Tier 1	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD 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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1" (needles, disposable)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME |Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASYPPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
<i>filter needles needle 19 x 1", 19 x 1 1/2"</i>	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER 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 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 2	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (syringe,safety with needle,12 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 mL and self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)	Tier 1	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 2	
SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)	Tier 1	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
<i>syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 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"</i>	Tier 1	
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 1	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 1	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
HALO B-LOCK CLOSED LINE ADAPTR (connector luer lock, closed system)	Tier 2	
HALO CLOSED BAG ADAPTOR (infusion adapter, closed system)	Tier 2	
HALO CLOSED LINE ADAPTOR (connector luer lock, closed system)	Tier 2	
HALO CLOSED SYRINGE ADAPTOR (needle injector, luer lock, closed system)	Tier 2	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM (vial size converter, closed system)	Tier 2	
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 2	
I-PORT (injection ports)	Tier 2	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 2	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 2	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	Tier 2	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 2	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 2	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 2	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 2	
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 3	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 3	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 3	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PERSONAL BEST FULL RANGE DEVICE (peak flow meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 3	
PIKO 1 DEVICE (peak flow meter)	Tier 3	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AERONEB GO (nebulizer accessories)	Tier 2	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 2	
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler,assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (inhaler,assist device with large mask)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler,assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler,assist device with small mask)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 2	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
MICROSPACER SPACER (inhaler, assist devices)	Tier 2	
<i>nebulizer and compressor device</i>	Tier 2	
NOSE CLIP (nebulizer accessories)	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 2	
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 2	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 2	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 2	
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 2	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 2	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 2	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SILICONE MASK (nebulizer accessories)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 2	
Medical Supplies And Dme - Scar Treatments - Medical Supplies And Durable Medical Equipment		
CELACYN TOPICAL GEL WITH PUMP (emollient combination no.60)	Tier 2	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)	Tier 2	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCARE TOPICAL KIT 2 X 5.5 " (gel-matrix pad,silicone-dimethicone-dime-decameoct-oct-vit E)	Tier 2	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SILINOIN TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SKARLITE TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 2	
ZILACAINE PATCH TOPICAL COMBO PACK 5 % (lidocaine/silicone, adhesive)	Tier 2	
Medical Supplies And Dme - Subcutaneous Administration Supply - Medical Supplies And Durable Medical Equipment		
INSUFLON INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices - Medical Supplies And Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 4	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, subcut automated dosing, bluetooth)	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)	Tier 4	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,radio freq)	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 4	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)	Tier 4	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 10 units/day, disposable)	Tier 4	
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 15 units/day, disposable)	Tier 4	
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 20 units/day, disposable)	Tier 4	
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 25 units/day, disposable)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 4	
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 40 units/day, disposable)	Tier 4	
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 35 units/day, disposable)	Tier 4	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	
Medical Supplies And Dme - Subcutaneous Insulin Pump - Medical Supplies And Durable Medical Equipment		
ILET INSULIN PUMP (subcutaneous insulin pump)	Tier 2	
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Urinary Catheters And Related Devices - Medical Supplies And Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 2	
APOGEE IC INTERMITT CATHETER 14-6 FR-" (catheter)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)	Tier 2	
BARDEX I.C. FOLEY CATHETER 24 FR (catheter)	Tier 2	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 2	
DOVER FOLEY CATHETER 24 FR (catheter)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
FEMALE CATHETER 14 FR (catheter)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 2	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (urinary bag/catheter)	Tier 2	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)	Tier 2	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (catheter)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
TOUCH-TROL 10 FR (catheter)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)	Tier 2	
Medical Supplies And Dme - Urine Ketone Tests - Medical Supplies And Durable Medical Equipment		
KETONE CARE STRIP (urine acetone test strips)	Tier 3	
KETONE URINE TEST STRIP (urine acetone test strips)	Tier 3	
KETOSTIX STRIP (urine acetone test strips)	Tier 3	
TRUEPLUS KETONE STRIP (urine acetone test strips)	Tier 3	
Medical Supplies And Dme- Blood Collection Sets With Local Anesthetics - Medical Supplies And Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 2	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (blood collection set/lidocaine/prilocaine)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies - Medical Supplies And Durable Medical Equipment		
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
2-IN-1 LANCET DEVICE 30 GAUGE (lancets)	Tier 3	
2TEK CONTROL (HIGH-NORMAL) SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
2TEK GLUCOSE/BLOOD PRESSURE KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK FASTCLIX LANCING DEV KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR (blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK MULTICLIX LANCET KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE (lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (lancets)	Tier 3	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ACCU-CHEK SOFT DEV LANCETS KIT (lancing device/lancets)	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACCUTREND GLUCOSE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
ADJUSTABLE LANCING DEVICE (lancing device)	Tier 3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (catheter)	Tier 2	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (urinary bag/catheter)	Tier 2	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 3	
ADVANCED LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVIN COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCING DEVICE (lancing device)	Tier 3	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ADVOCATE SYRINGES SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 2	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 2	
AEROECLIPSE II NEBULIZER (nebulizer)	Tier 2	
AEROECLIPSE XL NEBULIZER (nebulizer)	Tier 2	
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AERONEB GO (nebulizer accessories)	Tier 2	
AERONEB GO NEBULIZER (nebulizer)	Tier 2	
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 2	
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 2	
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX CONTROL NORM-HI SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
AIRS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
ALKALINE BATTERIES (diabetic supplies,miscell)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 2	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 2	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 2	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 0.5 mL)	Tier 1	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 " (foam bandage)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " (foam bandage)	Tier 2	
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 2	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (foam bandage)	Tier 2	
ALTERA NEBULIZER HANDSET (nebulizer)	Tier 2	
ALTERA NEBULIZER SYSTEM (nebulizer)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ALTERNATE SITE LANCING DEVICE (lancing device)	Tier 3	
AMIELLE VAGINAL TRAINER KIT (medical supply, miscellaneous)	Tier 2	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (catheter)	Tier 2	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (catheter)	Tier 2	
AQINJECT 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 2	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
AQUA LANCE LANCING DEVICE (lancing device)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 2	
ASPYRERX DIGITAL APP (90-DAY) (digital therapeutics,cognit. behavioral therapy for T2DM)	Tier 2	
ASSURE 4 CONTROL SOLUTION COMBO PACK (blood-glucose calib. control)	Tier 3	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
ASSURE LANCE 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 3	
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	
ASTHMA CHECK METER DEVICE (peak flow meter)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 3	
AURA PORTANEB (nebulizer)	Tier 2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTO-LANCET MINI (lancing device)	Tier 3	
AUTOLET IMPRESSION LANC DEV KIT (lancing device/lancets)	Tier 3	
AUTOLET LANCING DEVICE (lancing device)	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
BARDEX I.C. FOLEY CATHETER 24 FR (catheter)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 mL)	Tier 1	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
BD MICROTAINER LANCET 1.5 X 2 MM (blade lancet, safety)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (intravenous catheter kit)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 mL)	Tier 1	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	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 2	
BD VERITOR SYSTEM SARS-COV-2 KIT (COVID-19 antigen immunoassay test)	Tier 2	
BIGFOOT UNITY KIT (flash glucose sensor/blood glucose test strips/pen needles)	Tier 2	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (data transfer pen cap for insulin glulisine, reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-ASPART DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-FIASP DEVICE (data transfer pen cap for insulin aspart (B3), reusable, BT)	Tier 2	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (data transfr pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (data transfer pen cap for insulin lispro, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (data transfer pen cap for insulin lispro-aabc, reusable, BT)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (data transfer pen cap for insulin aspart, reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (data transf pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (data transf pen cap for insulin glargine,reusable,bluetooth)	Tier 2	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (data transfer pen cap for insulin degludec, reusable, BT)	Tier 2	
BINAXNOW COVD AG CARD HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG CARD KIT (COVID-19 antigen immunoassay test)	Tier 2	
BINAXNOW COVID-19 AG SELF TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " (dressing, collagen/sodium alginate/carboxymethylcellulose)	Tier 2	
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Tier 3	
<i>blood glucose contrl hi,normal solution</i>	Tier 3	
<i>blood glucose control, normal solution</i>	Tier 3	
<i>blood glucose ctl high,nml,low solution</i>	Tier 3	
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
<i>blood-glucose meter</i>	Tier 3	
<i>blood-glucose meter kit</i>	Tier 3	
BLU LINK DIABETIC TEST BUNDLE KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLU LINK GLUCOSE MONITOR SYST (blood-glucose meter)	Tier 3	
BLU LINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 2	
BOYS TRAINING PANTS 4T-5T (diaper/brief, infant-toddler, disposable)	Tier 2	
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK, ADULT SPACER (inhaler, assist device with large mask)	Tier 2	
BREATHERITE SPACER-MASK, CHILD SPACER (inhaler, assist device with medium mask)	Tier 2	
BREATHERITE SPACER-MASK, INFANT SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE SPACER-MASK, S.CHLD SPACER (inhaler, assist device with small mask)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 2	
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic, disc-type)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CAREONE LANCING DEVICE (lancing device)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
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 2	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 mL)	Tier 1	
CARESENS CONTROL A AND B SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARESENS N (blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER (blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CARESENS N VOICE (blood-glucose meter)	Tier 3	
CARESOFT LANCING DEVICE (lancing device)	Tier 3	
CARESTART COVID-19 AG HOME TST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CARETOUCH CONTROL SOLN L2-L3 SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 3	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
CARETOUCH KETONE-GLUCOSE MONIT DEVICE (blood ketone and glucose monitor)	Tier 3	
CARETOUCH LANCING DEVICE (lancing device)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (gel dressing)	Tier 2	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	PV	\$0 COPAY
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
CELLPAD TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CELLTRION DIATRUST COV-19 HOME KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 2	PA
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	PA
CHEMSTRIP BG LOG BOOK (diabetic supplies,miscell)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHOICE DM CLARUS NORM CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	
CHOICEDM CLARUS STRIP (blood sugar diagnostic)	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
CLEVER CHOICE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE VOICE PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
CLINITEST COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS (lancets)	Tier 3	
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (lancets)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORTSEAL SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
CONCEPTION KIT (conception assistance supplies combination no.1)	Tier 2	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
CONTOUR CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
CONTOUR CONTROL SOLUTION, NML SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR METER (blood-glucose meter)	Tier 3	
CONTOUR METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT LINK KIT (blood-glucose meter, wireless)	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
CORDX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
<i>covid19 test adm.by pharmacist</i>	Tier 2	
CUE COVID-19 HOME TEST KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
CURAFIL GEL WOUND TOPICAL GEL (gel dressing)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (polyhexamethylene biguanide/gauze bandage)	Tier 2	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (gauze bandage)	Tier 2	
CURITY DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (iodoform)	Tier 2	
DARIO BLOOD GLUCOSE MONITOR DEVICE (blood-glucose meter,for mobile device)	Tier 3	
DARIO BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 1	
DERM-SILK TOPICAL PAD 2.5 X 2 " (gel-matrix pad dressing, silicone)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (nebulizer)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 RECEIVER (blood-glucose meter,continuous)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIAPERS, UNISEX SIZE 1 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 2 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 3 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 4 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 5 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 2	
DIATRUE CONTROL SOLN NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 mL)	Tier 1	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOVER FOLEY CATHETER 24 FR (catheter)	Tier 2	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (catheter)	Tier 2	
DOVER RED RUBBER ROBINSON CATH 8 FR (catheter)	Tier 2	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 2	
DROPLET GENTEEL LANCING DEVICE (lancing device)	Tier 3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 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 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)	Tier 3	
DROPLET LANCING DEVICE (lancing device)	Tier 3	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64" (pen needle, diabetic)	Tier 1	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
DROPSAFE 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPSAFE INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
DROPSAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 2	
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	PV	\$0 COPAY
EAR POPPER INFLATION DEVICE NASAL DEVICE (middle ear inflation device)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2" (syringe with needle, insulin, 0.3 mL)	Tier 1	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle, insulin, 0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE LUER SLIP TB SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY MINI EJECT LANCING DEVICE (lancing device)	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY PLUS II TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASY STEP STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TALK PLUS II HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TALK PLUS II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH BLU LINK GLUC SYST (blood-glucose meter)	Tier 3	
EASY TOUCH BLU LINK TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 30 X 1/2 " (needles, safety)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH INSULIN SAFETY SYR SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCING DEVICE (lancing device)	Tier 3	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 mL)	Tier 1	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (syringe without needle,insulin disposable, 1 mL)	Tier 1	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYGLUCO TEST STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX 15 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX NG (blood-glucose meter)	Tier 3	
EASYMAX NG KIT (blood-glucose meter)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EASYMAX STRIP (blood sugar diagnostic)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 3	
EASYPOINT NEEDLE NEEDLE 25 GAUGE X 1 1/2" (needles, safety)	Tier 2	
EASY-TOUCH BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EBASE CONTROLLER DEVICE (compressor, for nebulizer)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
ELEMENT COMPACT GLUCOSE METER (blood-glucose meter)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR (blood-glucose meter)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
ELEMENT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ELLUME COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT (blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE LANCING DEVICE (lancing device)	Tier 3	
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
EMBRACE PRO GLUCOSE METER (blood-glucose meter)	Tier 3	
EMBRACE PRO SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
EMBRACE TALK BLOOD GLUCOSE SYS KIT (blood-glucose meter)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION (blood glucose calibration control solution, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EMBRACE TALK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE WAVE GLUCOSE TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
EMBRACE WAVE PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
ENDEAVORRX (digital therapeutics,cognit. behavioral therapy for ADHD)	Tier 2	
ENTERAL GRAVITY BAG SET-ENFit (feeder container with gravity set, ENFit)	Tier 2	
<i>eua patient assessment</i>	Tier 2	
EVENCARE G2 (blood-glucose meter)	Tier 3	
EVENCARE G2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE G3 CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE KIT (blood-glucose meter)	Tier 3	
EVENCARE MINI GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE MINI MONITOR SYSTEM (blood-glucose meter)	Tier 3	
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
EVENCARE SOLUTION (blood glucose calibration control high and low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	
EVERLYWELL COVID19 HOM COLLECT (COVID-19 test specimen collection)	Tier 2	
EVERSENSE E3 SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
EVOLUTION BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
EVOLUTION NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
EXEL HYPODERMIC NEEDLES NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 1	
EXEL INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
EXEL INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART PLUS SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
EZ SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	PV	\$0 COPAY
FASTEP COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FC2 FEMALE CONDOM (condoms, female)	PV	\$0 COPAY
FEMALE CATHETER 14 FR (catheter)	Tier 2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	PV	\$0 COPAY
<i>filter needles needle 19 x 1 ", 19 x 1 1/2 "</i>	Tier 2	
FILTERED EXTENSION SET INFUSION SET (intravenous administration extension set with filter)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 3	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOWFLEX COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FORA 6 CONNECT GLUCOSE STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA D10 KIT (blood-glucose meter and wrist blood pressure monitor)	Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D15G STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA D20 KIT (blood-glucose meter)	Tier 3	
FORA D20 STRIP (blood sugar diagnostic)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE (blood-glucose and blood pressure meter with adult cuff)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA G20 KIT (blood-glucose meter)	Tier 3	
FORA G20 STRIP (blood sugar diagnostic)	Tier 3	
FORA G30A (blood-glucose meter)	Tier 3	
FORA G30-PREMIUM V10 TEST STRP STRIP (blood sugar diagnostic)	Tier 3	
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA GD50 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORA LANCING DEVICE (lancing device)	Tier 3	
FORA LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORA NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	
FORA TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G ADV MOBILE MULTI MTR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G ADVAN PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORA TN'G ADVANCE PRO MONITOR DEVICE (blood ketone and glucose monitor)	Tier 3	
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G VOICE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V10 KIT (blood-glucose meter)	Tier 3	
FORA V10 STRIP (blood sugar diagnostic)	Tier 3	
FORA V10-V12-D10-D20 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
FORA V12 GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V20 KIT (blood-glucose meter)	Tier 3	
FORA V20 STRIP (blood sugar diagnostic)	Tier 3	
FORA V30A (blood-glucose meter)	Tier 3	
FORA V30A KIT (blood-glucose meter)	Tier 3	
FORA V30A STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD20 STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FORTISCARE G1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
FORTISCARE GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FORTISCARE HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
FORTISCARE LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
FORTISCARE NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE T1 BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (transfer device, closed system)	Tier 2	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 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)	Tier 3	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE (blood-glucose sensor)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GE100 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GE333 CONTROL SOLUTION NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GENABIO COVID-19 RAPID AT-HOME KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 2	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 3	
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies,miscell)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GM100 KIT (blood-glucose meter)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
GOJJI LANCING DEVICE (lancing device)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOJJI MULTI-FUNCTIONAL METER DEVICE (blood ketone and glucose monitor)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT (blood ketone and glucose monitor)	Tier 3	
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	Tier 3	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GOTOKNOW COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days)
GUARDIAN 4 GLUCOSE SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
GUARDIAN 4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 2	PA
HALO B-LOCK CLOSED LINE ADAPTR (connector luer lock, closed system)	Tier 2	
HALO CLOSED BAG ADAPTOR (infusion adapter, closed system)	Tier 2	
HALO CLOSED LINE ADAPTOR (connector luer lock, closed system)	Tier 2	
HALO CLOSED SYRINGE ADAPTOR (needle injector, luer lock, closed system)	Tier 2	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM (vial size converter, closed system)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARMONY CONTROL L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
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)	Tier 3	
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	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 3	
HI-VOLUME PUMPING CHAMBER SET (transfer sets)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPOLANCE AST LANCING KIT (lancing device/lancets)	Tier 3	
ID NOW COVID-19 TEST KIT KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	
IGLUOSE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
IGLUOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
ILET INFUSION KIT-INSET 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (infusion set for insulin pump/insulin pump cartridge)	Tier 2	
ILET INSULIN PUMP (subcutaneous insulin pump)	Tier 2	
IN-CHECK NASAL WITH MASK DEVICE (peak flow meter)	Tier 3	
IN-CHECK ORAL FLOW METER DEVICE (peak flow meter)	Tier 3	
INCONTROL LANCING DEVICE (lancing device)	Tier 3	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INDICAID COVID-19 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INFINITY CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
INFINITY METER KIT KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFINITY STARTER KIT KIT (blood-glucose meter)	Tier 3	
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE ESSENCE DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE GO NEBULIZER (nebulizer)	Tier 2	
INNOSPIRE MINI DEVICE (nebulizer and compressor)	Tier 2	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin lispro)	Tier 3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (insulin pen, reusable, bluetooth for use with insulin aspart)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSUFロン INFUSION SET 25 X 18 MM (subcutaneous administration set)	Tier 2	
INSUL-CAP (diabetic supplies,miscell)	Tier 3	
INSUL-EZE (diabetic supplies,miscell)	Tier 3	
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	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	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 1	
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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 mL)	Tier 1	
INTELISWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 2	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 mL)	Tier 1	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
I-PORT (injection ports)	Tier 2	
I-PORT ADVANCE 6 MM INJEC PORT (injection ports)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (injection ports)	Tier 2	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 1	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (intravenous administration set)	Tier 2	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (intravenous administration set)	Tier 2	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (intravenous administration set)	Tier 2	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (blood administration set)	Tier 2	
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 2	
KANGAROO EPUMP SET (feeder container with pump set)	Tier 2	
KANGAROO GRAVITY SET (feeder container with gravity set)	Tier 2	
KELOTOP TOPICAL PAD 4.7 X 5.7 " (gel-matrix pad dressing, silicone)	Tier 2	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 2	
KENGUARD FOLEY CATHETER 18-16 FR-" (catheter)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 2	
KERAGEL TOPICAL GEL (gel dressing)	Tier 2	
KERAGELT TOPICAL GEL (gel dressing)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (polyhexamethylene biguanide/gauze bandage)	Tier 2	
KETONE CARE STRIP (urine acetone test strips)	Tier 3	
KETONE URINE TEST STRIP (urine acetone test strips)	Tier 3	
KETOSTIX STRIP (urine acetone test strips)	Tier 3	
KIMONO 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
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 3	
LANCETS, SUPER THIN (lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 3	
LANCETS, ULTRA THIN (lancets)	Tier 3	
<i>lancing device</i>	Tier 3	
LANCING DEVICE WITH LANCETS (lancing device)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lancing device with lancets kit</i>	Tier 3	
LANCING SYSTEM (lancing device)	Tier 3	
LANZO LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
LC PLUS (nebulizer)	Tier 2	
LC PLUS NEBULIZER-PED MASK (nebulizer)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 2	
LOFRIC 12-16 FR-", 14-16 FR-" (catheter)	Tier 2	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (urinary bag/catheter)	Tier 2	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 2	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (catheter)	Tier 2	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (catheter)	Tier 2	
LUCIRA CHECK-IT COVID HOME TST KIT (COVID-19 molecular nucleic acid test assay)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
LUER 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMINOPIA DIGITAL APP (30-DAY) (digital therapeutics, amblyopia)	Tier 2	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1" (needles, safety)	Tier 2	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe, safety with needle, 1 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16" (syringe with needle, insulin, safety, 0.3 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe, safety with needle, 1 mL)	Tier 1	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (catheter)	Tier 2	
MAHANA IBS (digital therapeutics, cognit. behavioral therapy for IBS)	Tier 2	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe with needle, disposable, insulin 1 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (alginate dressing/carboxymethylcellulose)	Tier 2	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizer)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizer)	Tier 2	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " (calcium alginate/honey)	Tier 2	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (honey/hydrocolloid dressing)	Tier 2	
MEDISENSE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK (blood-glucose calib. control)	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (lancets)	Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (blade lancet, safety)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
METER-CHECK SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 3	
MICROAIR MESH NEBULIZER (nebulizer)	Tier 2	
MICROBORE EXTENSION SET INFUSION SET (intravenous administration extension set)	Tier 2	
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
MICRODOT 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)	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic disposable, safety)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICROLET 2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLET LANCET (lancets)	Tier 3	
MICROLET NEXT LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
MICROLIFE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MICROSPACER SPACER (inhaler, assist devices)	Tier 2	
MIDASPOT COVID19 ANTIBODY TEST KIT (COVID-19 IgG/IgM test cassette)	Tier 2	
MINI LANCING DEVICE (lancing device)	Tier 3	
MINI PLUS NEBULIZER (nebulizer)	Tier 2	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 1	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 770G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED 780G INSULIN PUMP (subcutaneous insulin pump)	Tier 2	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED MIO ADVANCE INF SET43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED QUICK-SERTER (MMT-395) (diabetic supplies, miscell)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
MOBILE LANCETS 30 GAUGE (lancets)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML (drainage bag)	Tier 2	
MONOJECT 140CC PISTON SYRINGE SYRINGE (syringe, disposable)	Tier 1	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle, disposable, 3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (syring w-needl 0.5 mL,kit-tray)	Tier 1	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (syringe with needle 1 mL, disposable kit-tray)	Tier 1	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 2	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 2	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT INSULIN SAFETY SYRING SYRINGE 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (intravenous equipment)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 12 ML (syringe, disposable, 12 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 3 ML (syringe, disposable, 3 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT REGULAR LUER SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
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", 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (syringe with cannula,disposable 12 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (syringe with cannula, disposable, 3 mL)	Tier 1	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (syringe with cannula, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (syringe, disposable, 35 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 mL)	Tier 1	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 mL)	Tier 1	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 mL)	Tier 1	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOLET LANCETS 21 GAUGE (lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 3	
MULTI-LANCET DEVICE 2 KIT (lancing device/lancets)	Tier 3	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
<i>nebulizer and compressor device</i>	Tier 2	
NERIVIO DIGITAL APP (MIGRAINE) (digital therapeutic, remote electrical neuromodulator device)	Tier 2	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (intravenous catheter)	Tier 2	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 2	
NORM-JECT SYRINGE 10 ML (syringe, disposable, 10 mL)	Tier 1	
NORM-JECT SYRINGE 20 ML (syringe, disposable, 20 mL)	Tier 1	
NORM-JECT TUBERKULIN SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
NOSE CLIP (nebulizer accessories)	Tier 2	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER DEVICE (blood ketone and glucose monitor)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER KIT (blood ketone and glucose monitor)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
NOVA SUREFLEX LANCETS (lancets)	Tier 3	
NOVAMAX PLUS GLU-KET SOLUTION (blood glucose and ketone control, normal)	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 1	
NOVOFINE 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)	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM (silicone adhesive)	Tier 2	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (porcine acellular small intestine submucosa, fenestrated)	Tier 2	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (porcine acell submucosa, meshed)	Tier 2	
OHC COVID-19 ANTIGEN HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, subcut automated dosing, bluetooth)	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (insulin pump cart,automated dosing,BT,G6/G7 with controller)	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,subcut automated dosing,BT,G6/G7)	Tier 4	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,radio freq)	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous infusion,BT and controller)	Tier 4	
OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)	Tier 2	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (insulin pump cartridge,continuous subcut infusion,bluetooth)	Tier 4	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 10 units/day, disposable)	Tier 4	
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 15 units/day, disposable)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 20 units/day, disposable)	Tier 4	
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 25 units/day, disposable)	Tier 4	
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 30 units/day, disposable)	Tier 4	
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 40 units/day, disposable)	Tier 4	
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (insulin pump cartridge, basal rate 35 units/day, disposable)	Tier 4	
ON CALL EXPRESS CONTROL SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 3	
ON CALL PLUS LANCING DEVICE (lancing device)	Tier 3	
ON CALL PLUS METER (blood-glucose meter)	Tier 3	
ON CALL PLUS METER KIT (blood-glucose meter)	Tier 3	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL VIVID CONTROL SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
ON CALL VIVID METER (blood-glucose meter)	Tier 3	
ON CALL VIVID METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER (blood-glucose meter)	Tier 3	
ON CALL VIVID PAL METER KIT (blood-glucose meter)	Tier 3	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON-GO COVID-19 AG AT HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 2	
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	
OPTUMRX (blood-glucose meter)	Tier 3	
OPTUMRX KIT (blood-glucose meter)	Tier 3	
OPTUMRX SOLUTION (blood glucose calibration control solution, high and normal)	Tier 3	
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	
OVAL TAPE (diabetic supplies,miscell)	Tier 3	
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 1	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 1	
PARI BABY CONV KIT - SIZE 1 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 2 KIT (nebulizer accessories)	Tier 2	
PARI BABY CONV KIT - SIZE 3 KIT (nebulizer accessories)	Tier 2	
PARI LC SPRINT NEBULIZER SET (nebulizer)	Tier 2	
PARI LC SPRINT SINUS (nebulizer)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 2	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 2	
PCCA ACCUPEN-15 DEVICE (topical cream metered-dose device)	Tier 2	
PEAK AIR PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 1/2", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 1	
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	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)	Tier 3	
PERSONAL BEST LOW RANGE DEVICE (peak flow meter)	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE (petrolatum,white)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 2	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (assembly system, vial to transfer device, closed system)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (connector luer lock, closed system)	Tier 2	
PHASEAL INFUSION ADAPTER (infusion adapter, closed system)	Tier 2	
PHASEAL INFUSION CLAMP (clamp, IV tubing)	Tier 2	
PHASEAL INJECTOR LUER (needle injector, luer, closed system)	Tier 2	
PHASEAL INJECTOR LUER LOCK (needle injector, luer lock, closed system)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (intravenous piggyback administration set)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHASEAL Y-SITE (y-site line connector, closed system)	Tier 2	
PIKO 1 DEVICE (peak flow meter)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 2	
PILOT COVID-19 AT-HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PIP BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION (blood glucose calibration control high and low)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PIXEL COVID19 HOME COLLECT KIT (COVID-19 test specimen collection)	Tier 2	
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 2	
POCKET PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
POGO AUTOMATIC BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
POLY HUB NEEDLE NEEDLE 30 GAUGE X 1/2" (needles, disposable)	Tier 1	
PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK (blood-glucose calib. control)	Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK (blood-glucose calib. control)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION PCX PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION PCX TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION POINT OF CARE TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION Q-I-D TEST STRIP (blood sugar diagnostic)	Tier 3	
PRECISION XTRA KETONE-GLUCOSE KIT (blood ketone and glucose monitor)	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	
PREMIUM V10 STRIP (blood sugar diagnostic)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRO COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (lancets)	Tier 3	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 2	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 2	
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PRO VOICE V8-V9 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
PRODIGY INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
PRODIGY LANCING DEVICE (lancing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER (nebulizer)	Tier 2	
PRODIGY NO CODING STRIP (blood sugar diagnostic)	Tier 3	
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor)	Tier 2	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (nebulizer and compressor)	Tier 2	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 2	
PROSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 2	
PTS COLLECT CAPILLARY TUBE (medical supply, miscellaneous)	Tier 2	
PTS PANELS EGLU TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE (compressor, for nebulizer)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (nebulizer and compressor)	Tier 2	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (dressing, collagen/silver)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
PURECOMFORT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 2	
QUICKVUE AT-HOME COVID-19 TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUICKVUE SARS ANTIGEN KIT (COVID-19 antigen immunoassay test)	Tier 2	
QUINTET AC (blood-glucose meter)	Tier 3	
QUINTET AC STRIP (blood sugar diagnostic)	Tier 3	
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RAPID SARS-COV-2 AG HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 2	
RATE FLOW REGULATOR IV SET INFUSION SET (intravenous administration set)	Tier 2	
RECONSTITUTE KIT (medical supply, miscellaneous)	Tier 2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
REFUAH PLUS STRIP (blood sugar diagnostic)	Tier 3	
REGULORA IBS DIGITAL APP (digital therapeutics,cognit. behavioral therapy for IBS)	Tier 2	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED MINI LANCING DEVICE (lancing device)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 3	
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 3	
RELION CONFIRM KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION CONFIRM-MICRO STRIP (blood sugar diagnostic)	Tier 3	
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
RELION PRIME METER (blood-glucose meter)	Tier 3	
RELION PRIME TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RELION ULTIMA STRIP (blood sugar diagnostic)	Tier 3	
RELIZORB CARTRIDGE (enteral pump accessory for fat hydrolysis)	Tier 2	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " (hydrocolloid dressing)	Tier 2	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " (hydrocolloid dressing)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (silver/calcium alginate)	Tier 2	
REUSABLE NEBULIZER KIT KIT (nebulizer accessories)	Tier 2	
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
REVEAL TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GD500 LANCING DEVICE (lancing device)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
RIGHTEST GM250S GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM260 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 3	
RIGHTEST GM700SB GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GS250S TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS260 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GS700 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Tier 3	
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
RIGHTEST GT333 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RIGHTEST MAX PLUS GLUCOSE MTR (blood-glucose meter)	Tier 3	
RIGHTEST MAX TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 2	
ROBINSON CLEAR VINYL CATHETER 16 FR (catheter)	Tier 2	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe w-needle 0.3 mL,insulin,safety w-self-cont.dis.unit)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (insulin syringe-needle,safety,disposal unit,0.5 mL)	Tier 1	
SAFESNAP INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (syringe with needle 1 mL,insulin,safety w-self-con.disp.unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (syringe,needle,safety 1 mL,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML (syringe, safety 10 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (syringe,safety needle 10 mL and self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 mL, self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 mL with safety needle,self-contained disposal unit)	Tier 1	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 mL, self-contained disposal unit)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 mL and self-contained disposal unit)	Tier 1	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 2	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 1	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 2	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 2	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SCARHEAL TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SCARSILK TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 1	
SECURESAFE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SELF-CATHETER, FEMALE 14 FR (catheter)	Tier 2	
SIDESTREAM (nebulizer)	Tier 2	
SIDESTREAM MASK (nebulizer accessories)	Tier 2	
SIDESTREAM NEBULIZER (nebulizer)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIDESTREAM PLUS (nebulizer)	Tier 2	
SILADERM TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SILADONE TOPICAL SHEET 2 X 2.5 " (silicone adhesive)	Tier 2	
SILASTIC FOLEY CATHETER 20 FR (catheter)	Tier 2	
SILICONE MASK (nebulizer accessories)	Tier 2	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 2	
SILINOIN TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SIL-K TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SILTREX TOPICAL PAD 2 X 5.5 " (gel-matrix pad dressing, silicone)	Tier 2	
SINGLE-LET (lancets)	Tier 3	
SINUSTAR NEBULIZER (nebulizer)	Tier 2	
SKARLITE TOPICAL PAD 1.57 X 5.12 " (gel-matrix pad dressing, silicone)	Tier 2	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" (pen needle, diabetic, safety)	Tier 1	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 3	
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
SMARTDIABETES VANTAGE (lancing device)	Tier 3	
SMARTEST CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SMARTEST EJECT KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMARTEST LANCET (lancets)	Tier 3	
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER (blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT (blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT (blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT (blood-glucose meter)	Tier 3	
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOFIA SARS ANTIGEN FIA KIT (COVID-19 antigen immunoassay test)	Tier 2	
SOFIA2 FLU-SARS ANTIGEN FIA KIT (COVID-19, influenza A, influenza B antigen immunoassay test)	Tier 2	
SOFT TOUCH LANCETS (lancets)	Tier 3	
SOLUS V2 AUDIBLE METER (blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT (blood-glucose meter)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION (blood glucose calibration control solution, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose calibration control solution, high)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SOLUS V2 LANCING DEVICE KIT (lancing device/lancets)	Tier 3	
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 2	
SOOTHENEB MESH NEBULIZER (nebulizer)	Tier 2	
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 2	
SPECTRAGEL TOPICAL GEL (gel dressing)	Tier 2	
SPEEDICATH (FEMALE) 16 FR (catheter)	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST KIT (COVID-19 antigen immunoassay test)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
STERILANCE TL 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
STRATACTX TOPICAL GEL (gel dressing)	Tier 2	
STRATAGRT TOPICAL GEL (gel dressing)	Tier 2	
STRATAVRT TOPICAL GEL (gel dressing)	Tier 2	
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (compressor, for nebulizer)	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SUPPOSITORY SHELL, SMALL DEVICE (suppository mold)	Tier 2	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCING PEN (lancing device)	Tier 3	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic, safety)	Tier 1	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
SUREFLEX DEVICE WITH LANCETS KIT (lancing device/lancets)	Tier 3	
SUREFLEX LANCING DEVICE (lancing device)	Tier 3	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
SURE-JECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-PEN LANCING DEVICE (lancing device)	Tier 3	
SURE-TEST EASYPLUS MINI METER (blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP (blood sugar diagnostic)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, safety)	Tier 2	
SURGUARD2 SAFETY NEEDLE 30 GAUGE X 1 1/2" (needles, safety)	Tier 1	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
<i>syringe (disposable) syringe 20 ml, 3 ml, 30 ml, 5 ml, 60 ml</i>	Tier 1	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (syringe with needle,disposable, 3 mL)	Tier 1	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (syringe with needle,disposable, 3 mL)	Tier 1	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 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"</i>	Tier 1	
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 1	
SYRINGE WITHOUT NEEDLE SYRINGE (syringe, disposable)	Tier 1	
SZOSIL TOPICAL SHEET 5 CM X 14 CM (silicone adhesive)	Tier 2	
SZOSIL TOPICAL STRIP 1.4 X 6 " (silicone adhesive)	Tier 2	
T.E.D. ANTI-EMBOLISM STOCKING (compression stocking, knee high, regular length, small)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T.E.D. KNEE LENGTH-M-LONG (compression stocking,knee high,long length,small circumferen)	Tier 2	
T.E.D. KNEE LENGTH-S-REGULAR (compression stocking, knee high, regular length, small)	Tier 2	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 2	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 4	
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TD GOLD LEVEL 1 CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TD GOLD LEVEL 3 CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TD GOLD TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.5 mL (half unit mark))	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TELCARE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TELCARE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT (lancets/blood glucose test strips/pen needles/gauze)	Tier 3	
TEMPO SMART BUTTON DEVICE (data transfer accessory (insulin pen), bluetooth)	Tier 2	
TEMPO WELCOME KIT KIT (blood glucose meter/insulin data transf accessory, bluetooth)	Tier 2	
TENS 502 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENS 504 DEVICE (Transcutaneous Electrical Nerve Stimulators (TENS Units))	Tier 2	
TENSCARE ITOUCH SURE VAGINAL DEVICE (incont device,muscle toner,elt)	Tier 2	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (syringe with needle,disposable, 5 mL)	Tier 1	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 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	
TERUMO SYRINGE SYRINGE 30 ML (syringe, disposable, 30 mL)	Tier 1	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
TEST N'GO TEST STRIP (blood sugar diagnostic)	Tier 3	
THERAHOONEY TOPICAL BANDAGE 4 X 5 " (honey)	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8" (syringe with needle,insulin,0.3 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (syringe with needle,insulin,0.5 mL)	Tier 1	
THINPRO INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 2	
TOOMEY SYRINGE SYRINGE 70 ML (syringe, disposable irrigation, 70 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TOPCARE ULTRA COMFORT SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	
TOUCH-TROL 10 FR (catheter)	Tier 2	
TRANSFER SET (transfer sets)	Tier 2	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 3	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX LEVEL 1 SOLUTION (blood glucose calibration control solution, low)	Tier 3	
TRUE METRIX LEVEL 2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
TRUE METRIX LEVEL 3 SOLUTION (blood glucose calibration control solution, high)	Tier 3	
TRUE METRIX PRO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUEDRAW LANCING DEVICE (lancing device)	Tier 3	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUEPLUS KETONE STRIP (urine acetone test strips)	Tier 3	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	
TRUETEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK TEST STRIP (blood sugar diagnostic)	Tier 3	
TRUNEB NEBULIZER (nebulizer)	Tier 2	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
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

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 mL)	Tier 1	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 1	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 3	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 1/4" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE INSULIN SYRINGE SYRINGE 1/2 ML 31 GAUGE X 1/4" (syringe with needle,insulin,0.5 mL)	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 mL)	Tier 1	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 mL)	Tier 1	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 mL)	Tier 1	
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 1	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16" (syringe with needle,insulin disposable,0.3 mL/empty 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)	Tier 3	
ULTI-LANCE KIT (lancing device/lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 3	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 29 (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 3	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
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	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 3	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (lancets)	Tier 3	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 3	
ULTRA TLC LANCETS (lancets)	Tier 3	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRACARE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRACARE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 3	
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 1	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK HIGH-LOW CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
ULTRATRAK STRIP (blood sugar diagnostic)	Tier 3	
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION (blood glucose calibration control high and low)	Tier 3	
ULTRATRAK ULTIMATE STRIP (blood sugar diagnostic)	Tier 3	
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)	Tier 3	
UNILET GP LANCET (lancets)	Tier 3	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 3	
UNILET LANCETS 30 GAUGE (lancets)	Tier 3	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
UNISTIK 2 DEVICE KIT (lancing device/lancets)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 3	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 3	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 3	
UNISTIK 3 NORMAL LANCET 23 GAUGE (lancets)	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 3	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 3	
UNISTIK NORMAL LANCETS 23 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTRIP LOW CONTROL SOLUTION (blood glucose calibration control solution, low)	Tier 3	
UNISTRIP1 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16" (syringe with needle, insulin, safety, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 mL)	Tier 1	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 mL)	Tier 1	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 mL)	Tier 1	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (urinary bag/catheter)	Tier 2	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 2	
VARITHENA ADMINISTRATION PACK (transfer set/syringe, disposable/bandages,compression/tubing)	Tier 2	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
VERIFINE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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)	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	
VIBRANT ORAL CAPSULE (vibrating transient device for constipation)	Tier 2	
VIBRANT STARTER KIT COMBO PACK (vibrating transient device for constipation)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 2	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION (blood glucose calibration control solutions high,normal,low)	Tier 3	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION (blood glucose calibration control high and low)	Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCING DEVICE (lancing device)	Tier 3	
VIXONE NEBULIZER (nebulizer)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (nebulizer)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizer)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 2	
WAVESENSE AMP KIT (blood-glucose meter)	Tier 3	
WAVESENSE CONTROL SOLUTION SOLUTION (blood glucose calibration control solution, normal)	Tier 3	
WAVESENSE JAZZ STRIP (blood sugar diagnostic)	Tier 3	
WAVESENSE PRESTO (blood-glucose meter)	Tier 3	
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 3	
WAVESENSE PRESTO STRIP (blood sugar diagnostic)	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	PV	\$0 COPAY

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
XENOVUE EMPTY DELIVERY BAG (inhalation bag with mouthpiece)	Tier 2	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
XEROFORM TOPICAL BANDAGE 5 X 9 " (bismuth tribromophenate/petrolatum,white)	Tier 2	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (gel dressing)	Tier 2	
ZENPHOR TOPICAL GEL (gel dressing)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 4	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs For Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (fosdenopterin hydrobromide)	Tier 4	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs For Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (elapegademase-lvlr)	Tier 4	PA
Metabolic Modifiers		
Metabolic Modifier - Pompe Disease - Gcs Inhibitor		
OPFOLDA ORAL CAPSULE 65 MG (miglustat)	Tier 2	PA
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs That Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (eliglustat tartrate)	Tier 2	
<i>miglustat oral capsule 100 mg</i>	Tier 2	PA
miglustat (Yargesa Oral Capsule 100 Mg)	Tier 2	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine triacetate)	Tier 2	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs That Alter Metabolism		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	Tier 2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 2	PA
Metabolic Modifier - Phosphatidylinositol-3-Kinase (Pi3k) Inhibitors - Drugs That Alter Metabolism		
JOENJA ORAL TABLET 70 MG (leniolisib phosphate)	Tier 2	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (alpelisib)	Tier 2	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating Agents - Drugs That Alter Metabolism		
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (sodium phenylbutyrate)	Tier 2	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (sodium phenylbutyrate)	Tier 2	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (glycerol phenylbutyrate)	Tier 2	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 2	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 2	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (Cps 1) Activator - Drugs That Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 2	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 HCl)	Tier 2	PA
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 2	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 2	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	Tier 2	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin dihydrochloride)	Tier 2	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 2	
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 2	
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase - Drugs That Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (pegvaliase-pqpz)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs That Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (lonafarnib)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	PV	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluoride), 1 mg (2.2 mg sod. fluoride)</i>	PV	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride/potassium nitrate)	Tier 2	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	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 HCl/oxymetazoline HCl)	Tier 2	
ORAQIX DENTAL CARTRIDGE 2.5-2.5 % (lidocaine/prilocaine)	Tier 2	
Mouth And Throat - Antifungals - Drugs For The Mouth And Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth And Throat - Anti-Infective Mixtures - Drugs For The Mouth And Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (sulfuric acid/sulfonated phenol)	Tier 2	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % (sulfuric acid/sulfonated phenol)	Tier 2	
Mouth And Throat - Antiseptics - Drugs For The Mouth And Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
CAPHOSOL MUCOUS MEMBRANE SOLUTION (saliva substitute combo no.2)	Tier 2	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LIQUID (flaxseed)	Tier 2	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos)	Tier 2	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG (saliva substitute combination no.11)	Tier 2	
Mouth And Throat - Glucocorticoids - Drugs For The Mouth And Throat		
triamcinolone acetonide (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth And Throat - Local Anesthetic Amides - Drugs For The Mouth And Throat		
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
lidocaine HCl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth And Throat - Mucositis-Stomatitis Agents - Drugs For The Mouth And Throat		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELX MUCOUS MEMBRANE GEL (povidone/taurine/zinc gluconate/peg-40 castor oil)	Tier 2	
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 2	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (potassium sorbate/maltodextrin/aloe vera/mann ps)	Tier 2	
ORAPEUTIC MUCOUS MEMBRANE GEL (xylitol/pectin/acemannan/sodium bicarbonate)	Tier 2	
Mouth And Throat - Protectants - Drugs For The Mouth And Throat		
GELX MUCOUS MEMBRANE GEL (povidone/taurine/zinc gluconate/peg-40 castor oil)	Tier 2	
MUGARD MUCOUS MEMBRANE SOLUTION (glycerin/carbomer homopolymer type A/potassium hydroxide)	Tier 2	
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 2	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (sucralfate malate, polymerized)	Tier 2	
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
XYLIGEL MUCOUS MEMBRANE GEL (saliva stimulant combination no.9)	Tier 2	
XYLIMELTS MUCOUS MEMBRANE MUCO-ADHESIVE BUCCAL TABLET 500 MG (xylitol)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 HCl microspheres)	Tier 2	PA
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs For The Mouth And Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Therapy For Drooling- Primary Or Secondary Sialorrhea-Anticholinergic - Drugs For The Mouth And Throat		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
Multiple Sclerosis Agents - Drugs For The Nervous System		
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (ofatumumab)	Tier 4	PA
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (interferon beta-1a)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA
Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 95 MG (monomethyl fumarate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)	Tier 2	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 1	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/MI, 40 Mg/MI)	Tier 1	PA
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG (diroximel fumarate)	Tier 2	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 1	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 1	PA
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 1	PA
GILENYA ORAL CAPSULE 0.25 MG (fingolimod HCl)	Tier 2	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (siponimod)	Tier 2	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (siponimod)	Tier 2	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 2	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (ponesimod)	Tier 2	PA
PONVORY ORAL TABLET 20 MG (ponesimod)	Tier 2	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (fingolimod lauryl sulfate)	Tier 2	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 2	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 2	PA
Ophthalmic Agents		
Ophthalmic Antiparasitics		
XDEMYVY OPHTHALMIC (EYE) DROPS 0.25 % (lotilaner)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Agents - Drugs For The Eye		
Artificial Tears And Lubricant Single Agents - Drugs For The Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (chondroitin sulfate A sodium/PF)	Tier 2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (hydroxypropyl cellulose)	Tier 2	
MIEBO OPHTHALMIC (EYE) DROPS 100 % (perfluorohexyloctane/PF)	Tier 2	PA
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	Tier 2	
Miotics - Direct Acting - Drugs For Glaucoma		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic And Cycloplegic Combinations - Drugs For The Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (cyclopentolate HCl/phenylephrine HCl)	Tier 2	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Adrenergic Receptor Agonist - Drugs For The Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (oxymetazoline HCl/PF)	Tier 2	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (brinzolamide/brimonidine tartrate)	Tier 2	
Ophthalmic - Agents For Corneal Collagen Cross-Linking - Drugs For The Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 2	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (riboflavin 5-phosphate sodium (B2))	Tier 2	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (riboflavin 5-phosphate sodium in 20 % dextran)	Tier 2	
Ophthalmic - Agents For Presbyopia - Drugs For The Eye		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % (pilocarpine HCl)	Tier 2	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin B/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (tobramycin/dexamethasone)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (tobramycin/dexamethasone)	Tier 2	ST: Must meet the following requirement: generic ophthalmic Tobramycin/Dexamethasone drops in 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (tobramycin/loteprednol etabonate)	Tier 2	
Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Ophthalmic Antibiotic - Vancomycin And Derivatives - Anti-Infective/Anti-Inflammatories		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs For The Eye		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine Hbr)	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs For The Eye		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 2	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)	Tier 2	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	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)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 % (cetirizine HCl)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (dexamethasone)	Tier 2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (loteprednol etabonate)	Tier 2	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone acetate)	Tier 2	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)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (fluorometholone)	Tier 2	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 2	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)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST: 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)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (dexamethasone)	Tier 2	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 2	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)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (cyclosporine)	Tier 2	ST: 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	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (cyclosporine)	Tier 2	QL (5.5 ML per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (cyclosporine)	Tier 2	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (cyclosporine)	Tier 2	PA
Ophthalmic - Anti-Inflammatory, Lfa-1 Antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (lifitegrast)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (ketorolac tromethamine/PF)	Tier 2	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	ST: Must meet the following requirement: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	ST: Must meet the following requirement: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (5 ML per 16 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Must meet the following requirement: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3.4 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (nepafenac)	Tier 2	ST: 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		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (cysteamine HCl)	Tier 2	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCl)	Tier 2	PA
Ophthalmic - Decongestants - Drugs For Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)	Tier 2	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-Blockers - Drugs For Glaucoma		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (timolol)	Tier 2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (betaxolol HCl)	Tier 2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs For The Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (benoxinate HCl/fluorescein sodium)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
proparacaine HCl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine HCl)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (chloroprocaine HCl/PF)	Tier 2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs For The Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (lidocaine HCl/PF)	Tier 2	
Ophthalmic - Mast Cell Stabilizers - Drugs For Itchy Eye		
ALOCRILOPHTHALMIC (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)
ALOMIDOPHTHALMIC (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)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropicamide/proparacaine/phenylephrine/ketorolac in water)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Rho Kinase Inhibitor And Prostaglandin Analog Combination - Drugs For Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (netarsudil mesylate/latanoprost)	Tier 2	ST: 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 2	
Ophthalmic - Viscoelastic Agents - Drugs For The Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (hyaluronate sodium)	Tier 4	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (hyaluronate sodium)	Tier 4	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML (hyaluronate sodium)	Tier 4	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (hyaluronate sodium)	Tier 4	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (hyaluronate sodium)	Tier 4	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 4	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (hyaluronate sodium)	Tier 4	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
neomycin sulfate/bacitracin/polymyxin B (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin B sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (besifloxacin HCl)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (ciprofloxacin HCl)	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antifungals - Tetraene Polyene-Type - Drugs For The Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 2	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	Tier 2	ST: 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		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (apraclonidine HCl)	Tier 2	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
IYUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 % (latanoprost/PF)	Tier 2	ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)	Tier 2	ST: 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 2	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)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil mesylate)	Tier 2	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Drugs For The Ear		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (ciprofloxacin HCl/hydrocortisone)	Tier 2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom)	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-Infectives Other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (hydrocortisone/pramoxine HCl/chloroxylenol)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 MI)	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 2	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		
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	Tier 1	QL (236 ML per 1 FILL)
Antihistamine - 1st Generation - Ethanolamines - Drugs For Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 2	ST: 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		
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	Tier 1	QL (236 ML per 1 FILL)
diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 2	ST: Must meet the following requirement: Carbinoxamine Maleate in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2Nd Generation - Drugs For Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperazines - Drugs For Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2Nd Generation - Piperidines - Drugs For Allergies		
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: Desloratadine or Levocetirizine tablets in 120 days; QL (1 EA per 1 day)
Antitussives - Non-Opioid - Drugs For Allergies		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG (zileuton)	Tier 2	ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 4	
Asthma Therapy - Immunoglobulin E (Ige) Inhibitors, Mab - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (omalizumab)	Tier 4	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (ciclesonide)	Tier 2	ST: 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 2	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 2	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (mometasone furoate)	Tier 2	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)	Tier 2	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (Il-4) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 4	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Interleukin-5 (Il-5) Inhibitors, Mab - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (mepolizumab)	Tier 4	PA
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 4	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, Mab - Drugs For Asthma/Copd		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (tezepelumab-ekko)	Tier 4	PA
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (theophylline anhydrous)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium bromide)	Tier 2	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)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (aclidinium bromide)	Tier 2	ST: Must meet the following requirement: Spiriva Respimat or Tiotropium Bromide in 120 days; QL (1 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the
First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)	Tier 2	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)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/Copd - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs For Asthma/Copd		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	ST: Must meet any of the following requirements: Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (salmeterol xinafoate)	Tier 2	QL (60 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs For Asthma/Copd		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION (albuterol sulfate)	Tier 2	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 2	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		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium bromide/vilanterol trifenate)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (glycopyrrolate/formoterol fumarate)	Tier 2	ST: 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 2	ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (tiotropium bromide/olodaterol HCl)	Tier 2	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs For Asthma/Copd		
ADVAIR 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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	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 trifenate)	Tier 2	QL (60 EA per 30 days)
budesonide/formoterol fumarate (Breynd Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 2	ST: 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 2	ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 2	ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 trifenate)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenate)	Tier 2	QL (2 EA per 1 day)
Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 2	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)	Tier 2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 2	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	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 2	PA
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 2	PA
Cystic Fib-Transmemb Conduct. Reg.(Cftr) Potentiator And Corrector Cmb - Drugs For Cystic Fibrosis		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor/ivacaftor)	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)	Tier 2	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor)	Tier 2	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	PA
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 4	
Lung Surfactants - Drugs For The Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (poractant alfa)	Tier 2	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (calfactant)	Tier 2	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (beractant)	Tier 2	
Mucolytics - Drugs For The Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (dornase alfa)	Tier 2	PA
Nasal Anesthetics - Allergy		
<i>cocaine nasal solution 4 %</i>	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Antihistamine And Anti-Inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	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 2	QL (29 GM per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	QL (30.5 GM per 30 days)
Nasal Corticosteroids - Allergy		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (ciclesonide)	Tier 2	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)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
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 2	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 2	PA
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs For The Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (varenicline tartrate)	Tier 2	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 2	
Non-Opioid Antitussive-1St Gen.Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
brompheniramine maleate/pseudoephedrine HCl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs For Cough And Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1St Generation Antihistamine Combinations - Drugs For Cough And Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (chlorpheniramine maleate/codeine phosphate)	Tier 2	ST: Must meet the following requirement: Promethazine HCL/codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications
PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)
PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 HCl/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML (brompheniramine maleate/pseudoephedrine HCl/codeine phosphat)	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (chlorpheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (brompheniramine maleate/phenylephrine HCl/codeine phosphate)	Tier 2	Age (Min 12 Years)
promethazine/phenylephrine HCl/codeine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)	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 HCl/codeine phosphat)	Tier 1	Age (Min 12 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs For Cough And Cold		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
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 2	Age (Min 12 Years)

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

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 1	Age (Min 12 Years)
Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (codeine phosphate/guaifenesin)	Tier 1	Age (Min 12 Years)
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs For The Lungs		
<i>pirfenidone oral capsule 267 mg</i>	Tier 2	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 2	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 2	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Products - Drugs For Women		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	Tier 2	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)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (clindamycin phosphate)	Tier 2	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
XACIATO VAGINAL GEL 2 % (clindamycin phosphate)	Tier 2	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (miconazole nitrate)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs For Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 2	
Vaginal Antiseptic Mixtures - Drugs For Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)	Tier 2	
RELAGARD VAGINAL GEL 0.9-0.025 % (acetic acid/oxyquinoline sulfate)	Tier 2	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (oxyquinoline sulfate/sodium lauryl sulfate)	Tier 2	
Vaginal Estrogens - Drugs For Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (estradiol)	Tier 2	ST: Must meet the following requirements: Estradiol and Premarin in 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (estradiol acetate)	Tier 2	ST: 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 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Progestins - Drugs For Women		
CRINONE VAGINAL GEL 4 % (progesterone, micronized)	Tier 2	

Tier 1 = Generic Drugs | Tier 2 = Brand Name Drugs | Tier 3 = Other pharmacy items and certain DME
|Tier 4 = Self-administered Injectable Medications

PV = Preventive-Care Benefits required under the Affordable Care Act (ACA)

PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit

The categorical list of drugs in this Formulary groups drugs into drug categories and class based on the First National Databank (FDB).

This Drug Formulary was updated: 05/01/2024

Index of Drugs

- 1ST TIER UNIFINE
PENTIPS..... 521, 586
- 1ST TIER UNIFINE
PENTIPS PLUS..... 521, 586
- 2-IN-1 LANCET DEVICE
..... 490, 586
- 2TEK CONTROL (HIGH-
NORMAL)..... 490, 586
- 2TEK GLUCOSE/BLOOD
PRESSURE..... 484, 491, 586
- A-25 (VIT A PALMITATE).... 356
- abacavir*..... 60
- abacavir-lamivudine*..... 62
- ABC COMPLETE SENIOR
WOMEN'S..... 324
- ABILIFY MYCITE
MAINTENANCE KIT 171, 184
- ABILIFY MYCITE STARTER
KIT..... 171, 184
- abiraterone*..... 80, 82
- ABLYSINOL..... 138
- ABRILADA(CF)..... 26, 30, 415
- ABRILADA(CF) PEN
..... 26, 29, 414
- ABRYSVO..... 97
- ABSORICA LD..... 234
- ACAI BERRY DIET..... 6
- acamprosate*..... 210
- acarbose*..... 369
- ACCRUFER..... 317
- ACCUCAINE KIT..... 46, 288
- ACCU-CHEK AVIVA
CONTROL SOLN..... 491, 586
- ACCU-CHEK AVIVA PLUS
TEST STRP..... 475, 586
- ACCU-CHEK FASTCLIX
LANCET DRUM..... 491, 586
- ACCU-CHEK FASTCLIX
LANCING DEV..... 491, 586
- ACCU-CHEK GUIDE
GLUCOSE METER.... 491, 586
- ACCU-CHEK GUIDE L1-L2
CTRL SOL..... 491, 586
- ACCU-CHEK GUIDE ME
GLUCOSE MTR..... 491, 586
- ACCU-CHEK GUIDE TEST
STRIPS..... 475, 586
- ACCU-CHEK MULTICLIX
LANCET..... 491, 586
- ACCU-CHEK SAFE-T-PRO
..... 491, 586
- ACCU-CHEK SAFE-T-PRO
PLUS..... 491, 587
- ACCU-CHEK SMARTVIEW
CONTRL SOL..... 491, 587
- ACCU-CHEK SMARTVIEW
TEST STRIP..... 475, 587
- ACCU-CHEK SOFT DEV
LANCETS..... 491, 587
- ACCU-CHEK SOFTCLIX
LANCETS..... 491, 587
- Accutane..... 234
- ACCUTREND GLUCOSE
CONTROL..... 491, 587
- ACCUTREND GLUCOSE
TEST STRIPS..... 475, 587
- ACD SOLUTION A..... 448
- ACD-A..... 448, 449
- ACE AEROSOL CLOUD
ENHANCER..... 570, 587
- acebutolol*..... 130
- ACESO AG..... 304
- acetaminophen-caff-
dihydrocod*..... 18, 19
- acetaminophen-codeine*..... 18
- acetazolamide*..... 136
- acetic acid*..... 439, 723
- acetylcarnitine*..... 309
- acetylcysteine*..... 48, 738
- acetylglucosamine*..... 1
- ACIDOPHILUS PROBIOTIC
BLEND..... 418
- ACIDOPHILUS-PECTIN..... 398
- acidophilus-pectin, citrus*.... 418
- ACIOXIA..... 280
- ACIOXIAY..... 235
- ACIPHEX SPRINKLE..... 403
- acitretin*..... 256
- ACTEMRA..... 37
- ACTEMRA ACTPEN..... 36
- ACTHAR..... 366
- ACTICOAT 7 DRESSING.... 304
- ACTICOAT DRESSING..... 304
- ACTICOAT FLEX 3
DRESSING..... 304
- ACTICOAT FLEX 7
DRESSING..... 304
- ACTICOAT SURGICAL
DRESSING..... 304
- ACTIFLOVIT..... 312
- ACTI-LANCE LANCETS
..... 491, 587
- ACTIMMUNE..... 55
- activated charcoal*..... 407
- ACTIVE-PAC..... 147, 205
- ACTIVNUTRIENTS..... 325
- ACTIVNUTRIENTS (NO
IRON)..... 324
- ACTIVNUTRIENTS
CHEWABLE..... 324
- ACTIVNUTRIENTS
MULTIVITAMIN..... 325
- ACTIVNUTRIENTS(NO
COPPER-IRON)..... 325
- ACUICYN..... 269
- ACUVAIL (PF)..... 713
- acyclovir*..... 68, 260
- ADACEL(TDAP
ADOLESN/ADULT)(PF)..... 103
- ADAINZDE..... 241
- ADAINZOXIA..... 243
- adalimumab-aacf*.... 26, 30, 415
- adalimumab-adaz*.... 26, 30, 415
- adalimumab-adbm*... 26, 30, 415
- ADALIMUMAB-ADBM(CF)
PEN CROHNS..... 26, 30, 415
- ADALIMUMAB-ADBM(CF)
PEN PS-UV..... 26, 30, 415
- adalimumab-fkjp*..... 26, 30, 415
- adapalene*..... 244
- adapalene-benzoyl peroxide* 243
- ADASUVE..... 169
- ADBRY..... 248
- adefovir*..... 66
- ADEINZDE..... 241
- ADEK GUMMIES PLUS
ZINC..... 335
- ADEMPAS..... 140
- ADENO-HYDROXO B12.... 358
- adenovirus vac live type-4, 7*
..... 101, 106
- adenovirus vaccine live type-
4*..... 101, 106
- adenovirus vaccine live type-
7*..... 101, 106

ADJUSTABLE LANCING	ADVOCATE SYRINGES	AGAMATRIX AMP TEST
DEVICE..... 491, 587	..... 521, 522, 588	STRIPS.....475, 589
ADLARITY..... 216	ADYNOVATE..... 453	AGAMATRIX CONTROL
ADMELOG SOLOSTAR U-	ADZENYS XR-ODT 173, 185	HIGH.....492, 589
100 INSULIN..... 390	AEMCOLO.....72	AGAMATRIX CONTROL
ADMELOG U-100 INSULIN	AEROBIKA OSCILLATING	NORM-HI.....492, 589
LISPRO..... 390	PEP SYSTM..... 570, 588	AGAMATRIX CONTROL
ADTHYZA.....394	AEROCHAMBER MINI 570, 588	SOLN-LEVEL 2..... 492, 589
ADULT 50 PLUS EYE	AEROCHAMBER MV .. 570, 588	AGAMATRIX CONTROL
HEALTH..... 3, 325	AEROCHAMBER PLUS	SOLN-LEVEL 4..... 492, 590
ADULT 50 PLUS	FLOW-VU..... 570, 588	AGAMATRIX PRESTO
PROBIOTIC.....418	AEROCHAMBER PLUS	TEST STRIPS..... 475, 590
ADULT ASPIRIN REGIMEN	FLOW-VU,L MSK..... 570, 588	AGAMREE.....382
.....45, 463	AEROCHAMBER PLUS	AIMOVIG AUTOINJECTOR 194
ADULT LOW DOSE	FLOW-VU,M MSK..... 570, 588	AIMSCO LATEX CONDOM
ASPIRIN..... 45, 463	AEROCHAMBER PLUS	.....545, 590
ADULT MULTIVITAMIN	FLOW-VU,S MSK.....570, 589	AIRDUO DIGIHALER..... 735
GUMMIES..... 325	AEROCHAMBER PLUS Z	AIRS DISPOSABLE
ADULTS 50 PLUS..... 325	STAT..... 571, 589	NEBULIZER..... 548, 590
ADULTS MULTIVITAMIN.... 325	AEROCHAMBER PLUS Z	AIRSUPRA..... 735
ADVAIR HFA..... 734	STAT LG MSK.....570, 589	AIRZONE PEAK FLOW
ADVANCE PLUS	AEROCHAMBER PLUS Z	METER.....569, 590
INTERMITTENT..... 582, 587	STAT MD MSK..... 570, 589	AJOVY AUTOINJECTOR.... 194
ADVANCED ALLERGY	AEROCHAMBER PLUS Z	AJOVY SYRINGE.....194
COLLECT KIT..... 270	STAT SM MSK..... 571, 589	AKEEGA..... 79
ADVANCED GLUC METER	AEROCHAMBER Z-STAT	AKLIEF..... 244
TEST STRIP.....475, 587	PLUS-FLW SG..... 571, 589	AKTEN (PF).....717
ADVANCED GLUCOSE	AEROECLIPSE II	AKYNZEO (NETUPITANT). 401
METER.....491, 587	NEBULIZER..... 548, 589	Ala-Cort..... 270
ADVANCED LANCING	AEROECLIPSE XL	ALADERM PLUS.....287
DEVICE..... 491, 587	NEBULIZER..... 548, 589	ALAMAX CR.....3
ADVANCED PROBIOTIC....418	AEROGEAR ACTION	ALAMAX PROTECT.....3
ADVANCED SKIN CARE.... 265	ASTHMA KIT..... 569, 589	Ala-Scalp..... 270
ADVANCED TRAVEL	AERONEB GO..... 571, 589	<i>albendazole</i> 52
LANCETS..... 491, 587	AERONEB GO NEBULIZER	<i>albuterol sulfate</i> 733
ADVATE..... 452	..... 548, 589	Alcaine.....716
ADVIN COVID-19 AG	AEROTRACH PLUS....571, 589	<i>alclometasone</i> 270
HOME TEST.....485, 587	AEROVENT PLUS..... 571, 589	ALCORTIN A..... 250
ADVOCATE LANCET ..492, 588	Afirmelle.....220	ALECENSA..... 81
ADVOCATE LANCING	AFLURIA QD 2023-24(3YR	<i>alendronate</i>.....376
DEVICE..... 492, 588	UP)(PF)..... 107	ALFAMINO JUNIOR.....339
ADVOCATE PEN NEEDLE	AFLURIA QUAD 2023-	ALFERON N..... 283
..... 521, 588	2024(6MO UP)..... 107	<i>alfuzosin</i> 442
ADVOCATE REDI-CODE	AFREZZA..... 387	ALINIA..... 57
PLUS..... 475, 492, 588	AFSTYLA.....453	<i>aliskiren</i> 141
ADVOCATE REDI-CODE	AFTER PILL..... 232	ALIVE CALCIUM-VITAMIN
PLUS CTRL L.....492, 588	AFTERA..... 232	D3..... 316
ADVOCATE REDI-CODE+	AGAMATRIX AMP GLUC	ALIVE DIABETIC
CTRL HIGH..... 492, 588	MONITOR SYS..... 492, 589	MULTIVITAMIN..... 325
		ALIVE ENERGY 50 PLUS...325

ALIVE KIDS CHEWABLE 343	ALL FLOW 5000 PFT FILTER..... 571, 590	ALTERNATE SITE LANCING DEVICE 492, 591
ALIVE MAX POTENCY 325	ALL FLOW 6000 PFT FILTER..... 571, 590	ALTOPREV 119
ALIVE MAX3 POTENCY 325	ALLERGIST TRAY 1/2 ML 27GX3/8" 549, 590	ALTRENO 244
ALIVE MEN'S 50 PLUS MULTIVIT 326	ALLERGIST TRAY INTRADERMAL BEV ... 549, 590	ALTUVIIIIO 453
ALIVE MEN'S 50 PLUS MV (VIT K)..... 326	ALLERGIST TRAY REGULAR BEVEL 549, 590	<i>alum, ammonium (bulk)</i> 212
ALIVE MEN'S 50 PLUS ULTRA..... 326	ALLERGY SYRINGE... 549, 590	ALUNBRIG 81
ALIVE MEN'S ENERGY 326	ALLEVYN 305, 591	ALVAIZ 466
ALIVE MEN'S GUMMY 326	ALLEVYN ADHESIVE DRESSING 304, 490, 590	ALVESCO 728
ALIVE MEN'S MAX3 POTENCY 326	ALLEVYN AG 304	<i>alvimopan</i> 50
ALIVE MEN'S ULTRA POTENCY 326	ALLEVYN AG ADHESIVE ... 304	Alyacen 1/35 (28) 220
ALIVE PREMIUM ADULT ... 326	ALLEVYN AG GENTLE DRESSING 304	Alyacen 7/7/7 (28) 229
ALIVE PREMIUM KIDS 343	ALLEVYN HEEL 304, 591	Alyq 141
ALIVE PREMIUM MEN'S ... 326	ALLEVYN LIFE DRESSING 304, 591	Amabelz 378
ALIVE PREMIUM PRENATAL 326	<i>allopurinol</i> 447	<i>amantadine hcl</i> 166
ALIVE PREMIUM WOMEN'S 327	<i>almotriptan malate</i> 196	<i>ambrisentan</i> 140
ALIVE PREMIUM WOMEN'S 50 PLUS 326	ALOCRI 717	<i>amcinonide</i> 270
ALIVE WOMEN'S 50 PLUS (BLEND) 327	<i>alogliptin</i> 369	AMELUZ 292
ALIVE WOMEN'S 50 PLUS GUMMY 327	<i>alogliptin-metformin</i> 374	Amethia 219
ALIVE WOMEN'S ENERGY 327	<i>alogliptin-pioglitazone</i> 374	Amethyst (28) 220
ALIVE WOMEN'S GUMMY VITAMIN 327	ALOMIDE 717	AMIELLE VAGINAL TRAINER 546, 591
ALIVE WOMEN'S ULTRA POTENCY 327	<i>alosectron</i> 411, 432	<i>amiloride</i> 136
ALKALINE BATTERIES 492, 590	<i>alpha lipoic acid</i> 3	<i>amiloride- hydrochlorothiazide</i> 136
ALKALOL NASAL WASH.... 741	<i>alpha lipoic acid-biotin</i> 3	<i>aminocaproic acid</i> 457
ALKA-SELTZER PM (MELATONIN) 192, 397	ALPHA LIPOIC SUSTAIN- BIOTIN 3	<i>amiodarone</i> 117
ALKINDI SPRINKLE 382	ALPHANATE 453	<i>amitriptyline</i> 163
ALL FLOW 1000 KIT ... 571, 590	ALPHANINE SD 451	<i>amitriptyline- chlordiazepoxide</i> 162, 181
ALL FLOW 1000 PFT FILTER..... 571, 590	<i>alprazolam</i> 142, 181	AMJEVITA(CF) 26, 30, 415
ALL FLOW 3000 KIT ... 571, 590	ALPRAZOLAM INTENSOL 142, 180	AMJEVITA(CF) AUTOINJECTOR 26, 30, 415
ALL FLOW 3000 PFT FILTER..... 571, 590	ALPROLIX 451	<i>amlodipine</i> 133
ALL FLOW 4000 KIT ... 571, 590	ALTABAX 250	<i>amlodipine-atorvastatin</i> 129
ALL FLOW 4000 PFT FILTER..... 571, 590	ALTACAINE 717	<i>amlodipine-benazepril</i> 110
ALL FLOW 5000 KIT ... 571, 590	ALTAFLUOR BENOX.. 715, 716	<i>amlodipine-olmesartan</i> 113
	Altavera (28) 220	<i>amlodipine-valsartan</i> 113
	ALTERA NEBULIZER HANDSET 548, 591	<i>amlodipine-valsartan- hcthiaid</i> 113
	ALTERA NEBULIZER SYSTEM 548, 591	<i>ammonium lactate</i> 268, 269
	ALTERNATE SITE LANCET 492, 591	Amnesteem 234
		<i>amoxapine</i> 163
		<i>amoxicil-clarithromy- lansopraz</i> 410
		<i>amoxicillin</i> 51, 52
		<i>amoxicillin-pot clavulanate</i> 52
		<i>amphetamine</i> 173, 186

<i>amphetamine sulfate</i>	AQINJECT SAFETY	ASPIR-TRIN..... 45, 463
..... 173, 186, 202	NEEDLE..... 550, 591	ASPRUZYO SPRINKLE..... 116
<i>ampicillin</i> 52	AQINJECT SAFETY	ASPYRERX DIGITAL APP
AMVISC..... 718	SYRINGE..... 550, 591, 592	(90-DAY)..... 488, 592
AMVISC PLUS..... 718	AQINJECT STANDARD	ASSURE 4 CONTROL
<i>amyl nitrite</i> 49, 115	NEEDLE..... 550, 592	SOLUTION..... 492, 592
AMZEEQ..... 236	AQUA LANCE LANCING	ASSURE 4 STRIPS..... 475, 592
ANACAINE..... 299	DEVICE..... 492, 592	ASSURE DOSE NORMAL
<i>anagrelide</i> 463	AQUORAL..... 700	CONTROL..... 492, 592
ANA-LEX KIT..... 48	ARAKODA..... 56	ASSURE DOSE NORM-HI
ANALPRAM-HC..... 282	ARALAST NP..... 738	CONTROL..... 492, 592
ANASCORP..... 98	Aranelle (28)..... 229	ASSURE ID DUO PRO
ANASTIA..... 297	ARANESP (IN	SFTY PEN NDL..... 522, 592
<i>anastrozole</i> 83	POLYSORBATE)..... 451	ASSURE ID PEN NEEDLE
ANDRODERM..... 367	ARAZLO..... 245	..... 522, 592
ANGELIQ..... 377	ARCALYST..... 25	ASSURE ID PRO PEN
ANNOVERA..... 231	ARESTIN..... 702	NEEDLE..... 522, 592
ANODYNE LPT..... 287	AREXVY (PF)..... 97	ASSURE LANCE..... 492, 592
ANORO ELLIPTA..... 734	<i>arformoterol</i> 732	ASSURE LANCE PLUS
<i>anticoag citrate phos</i>	<i>arginine (l-arginine)</i> 310	..... 492, 592
<i>dextrose</i> 449	<i>arginine hcl (l-arginine)</i> 310	ASSURE PLATINUM
ANTIOXIDANT FORMULA	ARGYLE TRACHEOSTOMY	GLUCOSE METER..... 493, 592
(SELENIUM)..... 3, 327	CARE TRAY..... 546, 592	ASSURE PLATINUM TEST
ANUCORT-HC..... 47	ARIKAYCE..... 51	STRIP..... 475, 592
ANZEMET..... 400	<i>aripiprazole</i> 171, 172, 184	ASSURE PRISM CONTROL
APADAZ..... 19	<i>armodafinil</i> 202	1-2 SOLN..... 493, 593
Apexicon E..... 270	ARMONAIR DIGIHALER..... 728	ASSURE PRISM MULTI
APIDRA SOLOSTAR U-100	ARMOUR THYROID..... 395	METER..... 493, 593
INSULIN..... 390	ARNUITY ELLIPTA..... 728	ASSURE PRISM MULTI
APIDRA U-100 INSULIN..... 390	ARTISS..... 297	STRIP..... 475, 593
APLENZIN..... 163	Ascomp With Codeine..... 18	ASTAGRAF XL..... 467
APLIGRAF..... 302	ASCOR..... 361	ASTERO..... 297
APOGEE IC INTERMIT	<i>ascorbate calcium-</i>	ASTHMA CHECK METER
CATHETER..... 582, 591	<i>bioflavonoid</i> 312	..... 569, 593
APOGEE PLUS INTERMITT	<i>ascorbic acid (vitamin c)</i> 361	ASTHMAPACK
CATHETER..... 582, 591	<i>ascorbic acid(vitamin</i>	CHILDREN'S..... 569, 593
<i>apomorphine</i> 166	<i>c)(bulk)</i> 213, 361	ASTRINGYN..... 457
<i>apraclonidine</i> 721	<i>ascorbic acid-ascorbate</i>	<i>atazanavir</i> 72
<i>aprepitant</i> 400, 401	<i>sodium</i> 361	<i>atenolol</i> 130
APRETUDE..... 58	<i>ascorbic acid-zinc oxide</i> 324	<i>atenolol-chlorthalidone</i> 134
Apri..... 220	<i>asenapine maleate</i> 167, 184	<i>atomoxetine</i> 179
APTIOM..... 148, 149	Ashlyna..... 219	ATORVALIQ..... 119
APTIVUS..... 71	<i>ashwagandha extract</i> 6	<i>atorvastatin</i> 119
AQINJECT 3.0 LOCK	<i>ashwagandha root extract</i> 6	<i>atovaquone</i> 56
SYRINGE..... 549, 591	ASMANEX HFA..... 728	<i>atovaquone-proguanil</i> 55
AQINJECT LUER LOCK	ASMANEX TWISTHALER... 728	ATRANTIL..... 6
SYRINGE..... 549, 550, 591	<i>aspirin</i> 45, 463	ATRAPRO CP..... 266
AQINJECT PEN NEEDLE	ASPIRIN CHILDRENS.. 45, 463	ATRAPRO DERMAL
..... 522, 591	<i>aspirin-dipyridamole</i> 462	SPRAY..... 95, 303
	<i>aspirin-omeprazole</i> 464	ATRAPRO HYDROGEL..... 266

ATROPEN.....	138	AVITA.....	245	BAL-CARE DHA	
<i>atropine</i>	709	AVITENE.....	458	ESSENTIAL.....	345
<i>atropine sulfate (pf)</i>	709	AVITENE FLOUR.....	458	<i>balsalazide</i>	412
ATROVENT HFA.....	732	AVO CREAM.....	266	<i>balsam peru (bulk)</i>	7, 213
Aubra.....	221	AVONEX.....	702	<i>balsam peru-castor oil</i>	307
Aubra Eq.....	221	Ayuna.....	221	BALVERSA.....	86
AUGMENTIN.....	52	AYVAKIT.....	91	Balziva (28).....	221
AUGTYRO.....	91	AZADROX.....	249	BANATROL PLUS.....	398
AURA PORTANEB.....	548, 593	AZASITE.....	720	BAQSIMI.....	366
Aurovela 1.5/30 (21).....	221	<i>azathioprine</i>	36, 469	BARACLUDGE.....	66
Aurovela 1/20 (21).....	221	<i>azelaic acid</i>	236, 294	BARDEX I.C. FOLEY	
Aurovela 24 Fe.....	221	<i>azelastine</i>	709, 739	CATHETER.....	582, 593
Aurovela Fe 1.5/30 (28).....	221	<i>azelastine-fluticasone</i>	739	BASADROX.....	249
Aurovela Fe 1-20 (28).....	221	AZELEX.....	236, 294	BASAGLAR KWIKPEN U-	
AURUMHEEL.....	396	AZESCO.....	354	100 INSULIN.....	389
AURYXIA.....	317, 440, 441	<i>azithromycin</i>	69	BAXDELA.....	65
AUSTEDO.....	199, 200, 201	AZO COMPLETE		BAYER ASPIRIN.....	45, 463
AUSTEDO 12MG START		FEMININE BALANCE.....	418	BAYER LOW DOSE	
TITR(WK1-4).....	199, 200, 201	AZO CRANBERRY PLUS		ASPIRIN.....	45, 463
AUSTEDO TD TITRATN PK		PROBIOTIC.....	6	B-COMPLEX INJECTION...	311
(WK 1-2).....	199, 200, 201	AZO CRANBERRY PLUS		B-COMPLEX PLUS B-12....	357
AUSTEDO XR.....	199, 200, 201	VIT C.....	6	<i>b-complex with vitamin c</i>	310
AUSTEDO XR TITRATION		AZO DUAL PROTECTION..	419	BD ALLERGIST TRAY REG	
KT(WK1-4).....	199, 200, 201	AZO MEN.....	7	BEVEL.....	550, 594
AUTOJECT 2 INJECTION		AZOPT.....	715	BD ALLERGY SYRINGE	
DEVICE.....	522, 593	AZSTARYS.....	173	.....	550, 594
AUTO-LANCET MINI...	493, 593	Azurette (28).....	219	BD AUTOSHIELD DUO	
AUTOLET IMPRESSION		B ACTIV.....	310	PEN NEEDLE.....	522, 594
LANC DEV.....	493, 593	B COMPLEX 100.....	311	BD BLUNT PLASTIC	
AUTOLET LANCING		B COMPLEX-VITAMIN C....	357	CANNULA.....	550, 594
DEVICE.....	493, 593	<i>b complex-vitamin c-folic</i>		BD BULK SYRINGE SLIP	
AUTOPEN 1 TO 21 UNITS		<i>acid</i>	310	TIP.....	550, 594
.....	522, 593	B12.....	358	BD ECCENTRIC TIP	
AUTOPEN 2 TO 42 UNITS		B12 ACTIVE.....	358	SYRINGE.....	550, 594
.....	522, 593	<i>b12-methyltetrahydrofolate-</i>		BD ECLIPSE LUER-LOK	
AUTOSOFT 30.....	584, 593	<i>b6</i>	357	.....	522, 550, 551, 594
AUTOSOFT 90.....	584, 593	BABY COUGH.....	5	BD FILTER NEEDLE-5	
AUTOSOFT XC INFUSION		BABY COUGH-MUCUS.....	5	MICRON.....	551, 594
SET 23".....	584, 593	BACICAP.....	419	BD INSULIN SYRINGE	
AUTOSOFT XC INFUSION		BACID WITH		.....	522, 523, 595
SET 32".....	584, 593	LACTOSPORE.....	419	BD INSULIN SYRINGE	
AUTOSOFT XC INFUSION		<i>bacillus coagulan,subtilis-</i>		(HALF UNIT).....	522, 594
SET 43".....	584, 593	<i>xos</i>	419	BD INSULIN SYRINGE	
AUVELITY.....	158	<i>bacitracin</i>	719	MICRO-FINE.....	522, 595
AUVI-Q.....	134	<i>bacitracin-polymyxin b</i>	719	BD INSULIN SYRINGE U-	
AVEIDA.....	294	<i>baclofen</i>	472	500.....	523, 595
AVEIDAOXIA.....	294	BAFIERTAM.....	703	BD INSULIN SYRINGE	
AVENOVA.....	269	BALANCED B-50		ULTRA-FINE.....	523, 595
Aviane.....	221	COMPLEX (FOLIC).....	310		
AVIDOXY DK.....	73	BAL-CARE DHA.....	345		

BD INSYTE AUTOGUARD 544, 595	BD SYRINGE SLIP TIP NONSTERILE..... 553, 598, 599	BENZODOX 60..... 74
BD INTEGRA SYRINGE 551, 595	BD SYRINGE-DUAL CANNULA..... 554, 599	<i>benzoin (bulk)</i> 213, 293
BD INTERLINK BLUNT PLASTIC CAN..... 551, 595	BD TUBERCULIN SLIP-TIP 554, 599	<i>benzonatate</i> 727
BD INTERLINK SYRINGE 551, 595	BD TUBERCULIN SYRINGE 554, 599	<i>benzoyl peroxide</i> 242
BD LO-DOSE MICRO-FINE IV..... 523, 596	BD ULTRA-FINE MICRO PEN NEEDLE..... 524, 599	<i>benztropine</i> 165
BD LUER-LOK BULK SYRINGE..... 551, 596	BD ULTRA-FINE MINI PEN NEEDLE..... 524, 599	<i>bepotastine besilate</i> 710
BD LUER-LOK SYRINGE 551, 552, 596	BD ULTRA-FINE NANO PEN NEEDLE..... 524, 599	BERGACOR..... 7
BD LUER-LOK TIP CONTROL SYRING..... 552, 596	BD ULTRA-FINE ORIG PEN NEEDLE..... 524, 599	BERGACOR PLUS..... 7
BD MICROTAINER LANCET..... 493, 596, 597	BD ULTRA-FINE SHORT PEN NEEDLE..... 524, 599	BERINERT..... 450
BD NANO 2ND GEN PEN NEEDLE..... 523, 597	BD VEO INSULIN SYR (HALF UNIT)..... 524, 599	BESER KIT..... 281
BD POSIFLUSH NORMAL SALINE 0.9..... 355	BD VEO INSULIN SYRINGE UF..... 524, 599, 600	BESIVANCE..... 720
BD SAFETYGLIDE ALLERGIST TRAY..... 552, 597	BD VERITOR AT-HOME COVID19 TST..... 485, 600	BESREMI..... 87
BD SAFETYGLIDE INSULIN SYRINGE..... 523, 597	BD VERITOR SARS-COV-2, FLU A-B..... 485, 600	BEST FIBER..... 432
BD SAFETYGLIDE SHIELDING REG..... 552, 597	BD VERITOR SYSTEM SARS-COV-2..... 485, 600	<i>beta carotene</i> 357
BD SAFETYGLIDE SYRINGE..... 523, 552, 597	BEANAID..... 407	BETADINE OPHTHALMIC PREP..... 721
BD SAFETYGLIDE TB REG BEVEL..... 552, 597	BEANO..... 407	<i>betaine</i> 696
BD SAFETYGLIDE TUBERCULIN..... 552, 597	BELBUCA..... 23	BETALOAN SUIK..... 382
BD SAF-T-INTIMA..... 544, 598	BELSOMRA..... 208	<i>betamethasone dipropionate</i> 270
BD SLIP TIP SYRINGE 552, 553, 598	<i>benazepril</i> 111	<i>betamethasone valerate</i> 270
B-D SLIP TIP SYRINGE 553, 598	<i>benazepril-</i> <i>hydrochlorothiazide</i> 111	<i>betamethasone, augmented</i> 270, 271
BD SPECIALTY USE NEEDLES..... 553, 598	BENEFIBER CLEAR SF (DEXTRIN)..... 432	BETASERON..... 703
BD SYRINGE..... 554, 599	BENEFIBER SUGAR FREE (DEXTRIN)..... 432	<i>betaxolol</i> 130, 716
BD SYRINGE CATH TIP NONSTERILE..... 553, 598	BENEFIX..... 451	<i>bethanechol chloride</i> 447
BD SYRINGE CATHETER TIP..... 553, 598	<i>benfotiamine</i> 358	BETIMOL..... 716
BD SYRINGE LUER-LOK NONSTERILE..... 553, 598	BENLYSTA..... 38	BETOPTIC S..... 716
BD SYRINGE LUER-LOK STERILE..... 553, 598	BENTIVITE BX..... 319	BEVESPI AEROSPHERE... 734
	BENZEPRO..... 242	BEVITROL..... 402
	BENZEPRO (MICROSPHERES)..... 242	<i>bexarotene</i> 93, 256
	<i>benzhydrocodone-</i> <i>acetaminophen</i> 19	BEXSERO..... 105
	<i>benznidazole</i> 56	BEYFORTUS..... 98
	BENZODOX 30..... 73	<i>bicalutamide</i> 82
		BIGFOOT UNITY..... 493, 600
		BIGFOOT UNITY PEN CAP- ADMELOG..... 546, 600
		BIGFOOT UNITY PEN CAP- APIDRA..... 546, 600
		BIGFOOT UNITY PEN CAP- ASPART..... 546, 600
		BIGFOOT UNITY PEN CAP- BASAGLAR..... 546, 600
		BIGFOOT UNITY PEN CAP- FIASP..... 546, 600
		BIGFOOT UNITY PEN CAP- HUMALOG..... 546, 600
		BIGFOOT UNITY PEN CAP- LANTUS..... 546, 600

BIGFOOT UNITY PEN CAP-LISPRO.....	546, 600	<i>blood glucose control, normal</i>	493, 601	BREATHERITE VALVED MDI SPACER.....	572, 602
BIGFOOT UNITY PEN CAP-LYUMJEV.....	547, 600	<i>blood glucose ctl high,nml,low</i>	493, 601	BREEZE 2 CONTROL SOLUTION, LOW.....	494, 602
BIGFOOT UNITY PEN CAP-NOVOLOG.....	547, 601	BLOOD GLUCOSE MONITORING.....	493, 601	BREEZE 2 CONTROL SOLUTION, NML.....	494, 602
BIGFOOT UNITY PEN CAP-TOUJEO.....	547, 601	BLOOD GLUCOSE TEST.....	475, 601	BREEZE 2 CONTROL SOLUTION,HIGH.....	494, 602
BIGFOOT UNITY PEN CAP-TOUJEOMX.....	547, 601	<i>blood-glucose meter</i>	493, 601	BREEZE 2 TEST STRIPS.....	475, 602
BIGFOOT UNITY PEN CAP-TRESIBA.....	547, 601	BLU LINK DIABETIC TEST BUNDLE.....	493, 601	BRENZAVVY.....	372
BIJUVA.....	378	BLU LINK GLUCOSE MONITOR SYST.....	493, 602	BREO ELLIPTA.....	735
BIKTARVY.....	62	BLU LINK GLUCOSE TEST STRIP.....	475, 602	BREXAFEMME.....	54
BILAC.....	419	<i>blunt needle, disposable</i>	554, 602	Breyna.....	735
<i>bilberry frt ext-grape skin xt</i>	3	BONEUP.....	314	BREZTRI AEROSPHERE...	736
<i>bimatoprost</i>	721	BONEUP (CALCIUM ASCORBATE).....	314	Briellyn.....	221
BIMZELX.....	247	BONJESTA.....	399	BRILINTA.....	462
BIMZELX AUTOINJECTOR	247	BOOST GLUCOSE CONTROL.....	339	<i>brimonidine</i>	294, 721
BINAXNOW COVD AG CARD HOME TST.....	485, 601	BOOSTRIX TDAP.....	103	<i>brimonidine-dorzolamide (pf)</i>	707
BINAXNOW COVID-19 AG CARD.....	485, 601	<i>borage seed oil</i>	7	<i>brimonidine-timolol</i>	714
BINAXNOW COVID-19 AG SELF TEST.....	485, 601	<i>bosentan</i>	140	BRIVIACT.....	152
BINOSTO.....	376	BOSULIF.....	91	<i>bromelains</i>	396
BIO C 1:1.....	312	BOWEL SUPPORT-IRRITABLE BOWEL.....	7	Bromfed Dm.....	741
BIOLON.....	718	BOYS TRAINING PANTS 4T-5T.....	520, 602	<i>bromfenac</i>	713, 714
BIOLYTE.....	321	BP 10-1.....	238	<i>bromocriptine</i>	165
BIOMEPRO.....	419	BPCO.....	307	<i>brompheniramine-pseudoeph-dm</i>	741
BIONIME RIGHTEST GM300 SYSTEM.....	493, 601	BPO.....	242	BRONCHITOL.....	737
BIONIME RIGHTEST TEST STRIPS.....	475, 601	BRAFTOVI.....	84	BRUKINSA.....	84, 91
BIOSTEP.....	305, 601	BREATHERITE MDI SPACER.....	571, 602	BRYHALI.....	257, 271
BIOSTEP AG.....	305	BREATHERITE SPACER-MASK, NEO.....	571, 602	<i>budesonide</i>	413, 729
BIOTEL CARE BGM-4 METER.....	493, 601	BREATHERITE SPACER-MASK,ADULT.....	571, 602	<i>budesonide-formoterol</i>	735
<i>biotin</i>	361	BREATHERITE SPACER-MASK,CHILD.....	571, 602	BUFFERED C POWDER....	361
<i>bismuth subcit k-metronidz-tcn</i>	410	BREATHERITE SPACER-MASK,INFANT.....	571, 602	BULLFROG MOSQUITO COAST.....	284
<i>bisoprolol fumarate</i>	130	BREATHERITE SPACER-MASK,S.CHLD.....	571, 602	BULLSEYE MINI SAFETY LANCETS.....	494, 603
<i>bisoprolol-hydrochlorothiazide</i>	134	BREATHERITE VALVED MDI CHAMBER.....	572, 602	<i>bumetanide</i>	136
<i>bitter melon extract</i>	7			<i>buprenorphine</i>	24
Blisovi 24 Fe.....	221			<i>buprenorphine hcl</i>	23, 24, 209
Blisovi Fe 1.5/30 (28).....	221			<i>buprenorphine-naloxone</i>	209
Blisovi Fe 1/20 (28).....	221			<i>bupropion hcl</i>	163
<i>blood glucose contrl hi,normal</i>	493, 601			<i>bupropion hcl (smoking deter)</i>	210
				<i>buspironone</i>	143
				<i>butalbital-acetaminop-caf-cod</i>	18
				<i>butalbital-acetaminophen</i>	24, 25

<i>butalbital-acetaminophen-caff</i>	25	<i>calcium-magnesium-vit d3-boron</i>	315	CAREPOINT LUER LOCK SYR-NEEDLE.....	554, 603
<i>butalbital-aspirin-caffeine</i>	44	<i>calcium-vitamin d3-vitamin k</i> 315		CAREPOINT LUER SLIP SYRINGE.....	554, 603
<i>butorphanol</i>	24	CALQUENCE (ACALABRUTINIB MAL). 84, 91		CAREPOINT LUER SLIP SYRING-NDL.....	554, 603
BUTTERFLY TOUCH LANCET.....	494, 603	CALTRATE 600 PLUS D.....	316	CAREPOINT PRECISION NEEDLE.....	554, 603
<i>butylated hydroxytoluene</i>	213	CALTRATE-D3 PLUS MINERALS.....	315	CAREPOINT SAFETY LL SYR-NEEDLE.....	554, 603
BYDUREON BCISE.....	370	Camila.....	228	CARESENS CONTROL A AND B.....	494, 603
BYETTA.....	370	CAMRESE.....	219	CARESENS LANCETS.....	494, 603
<i>cabergoline</i>	394	CAMRESE LO.....	219	CARESENS N.....	494, 603
CABLIVI.....	448	CAMZYOS.....	134	CARESENS N FELIZ BT GLUC METER.....	494, 603
CABOMETYX.....	89	<i>candesartan</i>	114	CARESENS N FELIZ GLUCOSE METER.....	494, 603
<i>cabotegravir</i>	58	<i>candesartan-hydrochlorothiazid</i>	113	CARESENS N TEST STRIPS.....	476, 604
CABTREO.....	241	CANDICIDAL.....	7	CARESENS N VOICE.....	494, 604
CADEAU DHA.....	345	<i>cantharidin in acetone</i>	285	CARESOFT LANCING DEVICE.....	494, 604
CADIRA COMPLIANT BLOOD STAT.....	583	CANTHARIS COMPOSITUM.....	396	CARESTART COVID-19 AG HOME TST.....	485, 604
<i>caffeine</i>	188	<i>capecitabine</i>	83	CARETOUCH CONTROL SOLN L2-L3.....	494, 604
<i>caffeine citrate</i>	188	CAPEX.....	271	CARETOUCH GLUCOSE MONITORING.....	494, 604
<i>calc carb-mag ox-d3-zinc gluc</i>	315	CAPHOSOL.....	700	CARETOUCH INSULIN SYRINGE.....	524, 604
<i>calc-d3-magnes-b6-zn-cu-mangan</i>	315	CAPLYTA.....	168	CARETOUCH KETONE-GLUCOSE MONIT.....	483, 604
<i>calcipotriene</i>	257	CAPRELSA.....	91	CARETOUCH LANCING DEVICE.....	494, 604
<i>calcipotriene-betamethasone</i>	246	CAPSFENAC PAK.....	289	CARETOUCH LUER LOCK SYRINGE.....	554, 555, 604
<i>calcitonin (salmon)</i>	377	CAPSINAC.....	289	CARETOUCH LUER LOCK SYR-NEEDLE.....	555, 604
<i>calcitriol</i>	257, 362, 694	CAPSUBLEND-H.....	213	CARETOUCH LUER SLIP SYRINGE.....	555, 605
<i>calcium 26-vit d3-magnesium 15</i>	315	CAPSULE #1.....	214	CARETOUCH PEN NEEDLE.....	525, 605
<i>calcium acetate</i>	314	CAPSULE #3 (HYPROMELLOSE).....	214	CARETOUCH SAFETY LANCETS.....	494, 605
<i>calcium acetate(phosphat bind)</i>	440	<i>captopril</i>	112	CARETOUCH TEST STRIP.....	476, 605
<i>calcium carb-mag ox-zinc sulf</i>	315	<i>captopril-hydrochlorothiazide</i>	111	CARETOUCH TWIST LANCET.....	494, 605
<i>calcium carbonate</i>	314	CARBAGLU.....	696		
<i>calcium carbonate-vitamin d3</i>	316	<i>carbamazepine</i>	149, 182, 183		
<i>calcium citrate</i>	314	<i>carbidopa</i>	165		
<i>calcium citrate-vitamin d3</i>	316	<i>carbidopa-levodopa</i>	164		
<i>calcium no.38-d3-mag-boron</i>	315	<i>carbidopa-levodopa-entacapone</i>	164		
<i>calcium pantothenate</i>	360	<i>carbinoxamine maleate</i> 724, 725			
<i>calcium phos-d3-magnesium-zinc</i>	315	CARDURA XL.....	138		
<i>calcium phosphate-vitamin d3</i>	316	CAREFINE PEN NEEDLE.....	524, 603		
<i>calcium-d3-zinc-copper-mangan</i>	315	CAREONE LANCING DEVICE.....	494, 603		
		CAREONE ULTRA THIN LANCET.....	494, 603		
		CAREPOINT LUER LOCK SYRINGE.....	554, 603		

<i>carglumic acid</i>	696	CEQUA.....	712	CHILDREN'S MULTIVIT (W	
<i>carisoprodol</i>	472	CEQUR SIMPLICITY ...	579, 605	LUTEIN).....	343
<i>carisoprodol-aspirin</i>	471	CEQUR SIMPLICITY		CHILDREN'S	
<i>carisoprodol-aspirin-codeine</i>		INSERTER.....	495, 605	MULTIVITAMIN.....	342, 343
.....	473, 474	CERACADE.....	266	CHILDREN'S	
CARNITEX.....	309	CERAMAX.....	266	MULTIVITAMIN GUMMY....	343
CARNITOR (SUGAR-FREE)		<i>ceramides 1,3,6-ii</i>	264	CHILDREN'S PROBIOTIC..	419
.....	695	CERASPORT ENDURANCE		CHILDREN'S SLEEP	
CAROTENALL.....	3	.....	321	(MELATONIN).....	191
CARRASYN HYDROGEL		CERASPORT EX1.....	321	CHLOHUX.....	280
WOUND DRESS.....	305, 605	CERASPORT PLUS.....	321	CHLOOXIA.....	280
<i>carteolol</i>	716	CERAVE.....	265	<i>chlordiazepoxide hcl</i>	142, 181
Cartia Xt.....	132	CERAVE AM.....	296	<i>chlordiazepoxide-clidinium</i>	
<i>carvedilol</i>	113	CERAVE DAILY		.....	181, 409
<i>carvedilol phosphate</i>	113	MOISTURIZING.....	264	<i>chlorhexidine gluconate</i>	699
CAYA CONTOURED...	487, 605	CERAVE FOAMING FACIAL		<i>chloroquine phosphate</i>	56
CAYSTON.....	737	.....	264	<i>chlorpromazine</i>	170
Caziant (28).....	229	CERAVE PM.....	264	<i>chlorthalidone</i>	137
<i>cefaclor</i>	64	CERAVE SA.....	265	<i>chlorzoxazone</i>	472
<i>cefadroxil</i>	64	CERAVE SA (WITH		CHOICE DM CLARUS	
CEFALY.....	547, 605	NIACINAMIDE).....	265	NORM CONTROL.....	495, 606
<i>cefdinir</i>	64	CERDELGA.....	695	CHOICEDM CLARUS	
<i>cefixime</i>	64, 65	CERTAVITE SENIOR.....	328	.....	476, 495, 606
<i>cefpodoxime</i>	65	CERTAVITE-ANTIOXIDANT		CHOLBAM.....	401
<i>cefprozil</i>	64	.....	336	CHOLECAL DF.....	356
<i>cefuroxime axetil</i>	64	CERVIDIL.....	365	<i>cholecalciferol (vitamin d3)</i>	
CELACYN.....	266, 578	CETACAINE.....	287	.....	362, 363
CELEBRATE B-12 QUICK-		CETACAINE ANESTHETIC	287	<i>cholestyramine (with sugar)</i> ..	117
MELT.....	358	CETAPHIL DAILY FACIAL		Cholestyramine Light...	117, 118
<i>celecoxib</i>	40	CLEANSER.....	296	<i>cholestyramine-aspartame</i> ..	118
CELLPAD.....	578, 605	CETAPHIL GENTLE SKIN		<i>choline,magnesium</i>	
CELLTRION DIATRUST		CLEANSER.....	296	<i>salicylate</i>	44
COV-19 HOME.....	485, 605	<i>cetirizine</i>	726	<i>chorionic gonadotropin,</i>	
<i>cellulose (bulk)</i>	215	<i>cetorelix</i>	393	<i>human</i>	386
CEM-UREA.....	285	<i>cevimeline</i>	701	<i>chromium picolinate</i>	323
CENTANY AT.....	249	Charlotte 24 Fe.....	222	CIBINQO.....	248
CENTRUM.....	328, 336	Chateal (28).....	222	CICASIL.....	578, 606
CENTRUM ADULT 50 PLUS		Chateal Eq (28).....	222	CICATRACE PAD.....	578, 606
.....	327	CHEMET.....	50	CICLODAN KIT.....	252
CENTRUM ADULTS.....	327	CHEMSTRIP BG LOG		<i>ciclopirox</i>	252
CENTRUM CHEWABLES...	327	BOOK.....	495, 605	<i>ciclopirox-ure-camph-menth-</i>	
CENTRUM MINIS ADULTS		CHENODAL.....	403	<i>euc</i>	252
50 PLUS.....	327	CHEST RUB (WITH PINE		<i>cilostazol</i>	463
CENTRUM MINIS MEN 50		OIL).....	300	CILOXAN.....	720
PLUS.....	328	CHILDREN'S ASPIRIN..	45, 463	CIMDUO.....	60
CENTRUM MINIS WOMEN		CHILDRENS CHEWABLE		<i>cimetidine</i>	403
50 PLUS.....	328	PROBIOTIC.....	419	CIMZIA.....	27, 30, 415
CENTRUM SILVER.....	328	CHILDRENS FIBER		CIMZIA POWDER FOR	
CENTRUM WOMEN.....	336	GUMMY BEAR.....	432	RECONST.....	27, 30, 415
<i>cephalexin</i>	64				

CIMZIA STARTER KIT	CLEVER CHEK LANCETS	<i>clindamycin palmitate hcl</i>.....69
.....27, 30, 415	.....495, 606	Clindamycin Pediatric..... 69
<i>cinacalcet</i>.....377	CLEVER CHOICE BLOOD	<i>clindamycin phosphate</i>
<i>cinnamon bark extract</i> 7	GLUC SYS..... 495, 606	.....236, 237, 744
CINRYZE.....450	CLEVER CHOICE	<i>clindamycin-benzoyl</i>
CIPRO..... 65	CHAMBER-LRG MASK	<i>peroxide</i>.....239
CIPRO HC..... 723	.....572, 606	<i>clindamycin-tretinoin</i>.....241
<i>ciprofloxacin</i>.....65	CLEVER CHOICE	CLINDESSE..... 744
<i>ciprofloxacin hcl</i> 65, 720, 723	CHAMBER-MED MASK	CLINITEST COVID-19
<i>ciprofloxacin-</i>	.....572, 606	HOME TEST.....485, 607
<i>dexamethasone</i> 723	CLEVER CHOICE	CLINPRO 5000.....698
<i>ciprofloxacin-fluocinolone</i> 723	CHAMBER-SM MASK.572, 606	<i>clobazam</i> 145, 181
<i>citalopram</i> 158	CLEVER CHOICE	<i>clobetasol</i> 271
CITRANATAL (DUAL-IRON)	GLUCOSE MONITOR.495, 606	<i>clobetasol-emollient</i>.....271
.....346	CLEVER CHOICE LEVEL 1	<i>clocortolone pivalate</i>.....272
CITRANATAL 90 DHA	CONTROL..... 495, 606	CLODAN KIT.....283
(ALGAL OIL).....346	CLEVER CHOICE LEVEL 2	CLOFENAX.....291
CITRANATAL ASSURE..... 346	CONTROL..... 495, 606	Clomid..... 381
CITRANATAL DHA (ALGAL	CLEVER CHOICE LEVEL 3	<i>clomiphene citrate</i> 381
OIL).....346	CONTROL..... 495, 606	<i>clomipramine</i> 163
CITRANATAL HARMONY	CLEVER CHOICE MICRO	<i>clonazepam</i> .142, 145, 146, 181
(IRON FUM)..... 346	.....495, 606	<i>clonidine</i> 135
CITRANATAL MEDLEY..... 328	CLEVER CHOICE MICRO	<i>clonidine hcl</i> 135, 172
<i>citric acid anhydrous (bulk)</i>	TEST STRIP.....476, 606	<i>clopidogrel</i> 464
.....213, 215	CLEVER CHOICE NEB KIT-	<i>clorazepate dipotassium</i>
<i>citric-sod citrat-sod phos-dex</i>	ADULT.....572, 607	.....142, 181
.....449	CLEVER CHOICE NEB KIT-	<i>clotrimazole</i> 253, 699
CITRUS BERGAMOT.....7	CHILD.....572, 607	<i>clotrimazole-betamethasone</i> 254
CLAIRVEE.....419	CLEVER CHOICE	<i>clozapine</i> 168, 169
Claravis.....234	NEBULIZER..... 572, 607	C-NATE DHA.....346
CLARINEX-D 12 HOUR..... 724	CLEVER CHOICE PEAK	COAGADEX..... 455
<i>clarithromycin</i> 69	FLOW METER.....569, 607	COAGUCHEK LANCETS
CLEANSING EYELID	CLEVER CHOICE PRO	.....495, 607
MOIST PADS..... 269	.....476, 495, 607	COAGUCHEK XS.....474, 607
CLEANSING EYELID	CLEVER CHOICE TALK	<i>coal tar</i>.....287
WIPES EXT STR.....269	GLUCOSE SYS.....495, 607	COARTEM.....55
CLEANSING WASH.... 239, 295	CLEVER CHOICE TALK	<i>cocaine</i> 738
CLEAR FIBER.....432	TEST..... 476, 607	<i>codeine sulfate</i> 11
CLEARSHIELD SODIUM	CLEVER CHOICE TEST	<i>codeine-butalbital-asa-caff</i> 18
CHLOR FLUSH..... 355	STRIPS.....476, 607	<i>codeine-guaifenesin</i> 743
<i>clemastine</i> 724, 725	CLEVER CHOICE VOICE	CODITUSSIN AC..... 743
CLENIA PLUS..... 239	PLUS TEST..... 476, 607	CODITUSSIN DAC.....742
CLENPIQ.....437	CLEVER CHOICE	<i>colchicine</i>.....447
CLEOCIN.....744	WHISPER AIRE PED..572, 607	<i>colesevelam</i>.....118
CLEVER CHEK BLOOD	CLICKFINE PEN NEEDLE	<i>colestipol</i> 118
GLUCOSE..... 495, 606	.....525, 607	COLLATYL..... 305
CLEVER CHEK BLOOD	CLIMARA PRO.....378	COLOR LANCETS..... 495, 607
GLUCOSE SYST.....495, 606	CLINDACIN ETZ..... 238	COMBIPATCH.....379
	CLINDACIN PAC.....238	COMBIVENT RESPIMAT....734
	<i>clindamycin hcl</i> 69	COMETRIQ..... 89

COMFORT EZ INSULIN SYRINGE.....	525, 607, 608	CONTOUR CONTROL SOLUTION, NML.....	496, 609	COTEMPLA XR-ODT ..	173, 174
COMFORT EZ LANCETS.....	495, 608	CONTOUR METER.....	496, 609	COVARYX.....	378
COMFORT EZ PEN NEEDLES.....	525, 608	CONTOUR NEXT EZ METER.....	496, 609	COVARYX H.S.....	378
COMFORT EZ PRO SAFETY PEN NDL.....	525, 608	CONTOUR NEXT GEN METER.....	496, 609	COVID-19 AT-HOME TEST.....	486, 610
COMFORT TOUCH PEN NEEDLE.....	525, 608	CONTOUR NEXT GLUCOSE METER.....	496, 609	<i>covid19 test adm.by pharmacist.....</i>	486, 610
COMFORT TOUCH PLUS SAFETY LANC.....	495, 608	CONTOUR NEXT LEV 1 CONTROL SOL.....	496, 609	COXANTO.....	43
COMFORT TOUCH ULT THIN LANCETS.....	496, 608	CONTOUR NEXT LEV 2 CONTROL SOL.....	496, 610	CRALONIN.....	396
COMFORTSEAL LARGE MASK.....	572, 608	CONTOUR NEXT LINK.....	496, 610	<i>cranberry conc-ascorbic acid...7</i>	
COMFORTSEAL MEDIUM MASK.....	572, 608	CONTOUR NEXT LINK 2.4.....	496, 610	<i>cranberry extract.....7</i>	
COMFORTSEAL SMALL MASK.....	572, 609	CONTOUR NEXT METER.....	496, 610	<i>cranberry fruit.....7</i>	
COMIRNATY 2023-24 (12Y UP)(PF).....	106	CONTOUR NEXT ONE METER.....	496, 610	<i>cranberry fruit concentrate.....7</i>	
COMPACT SPACE CHAMBER.....	572, 609	CONTOUR NEXT TEST STRIPS.....	476, 610	CRANBERRY URINARY TRACT HEALTH.....	7
COMPACT SPACE CHAMBER-LRG MASK.....	572, 609	CONTOUR TEST STRIPS.....	476, 610	CRANRX.....	7
COMPACT SPACE CHAMBER-MED MASK.....	572, 609	COPAXONE.....	704	CREON.....	402
COMPACT SPACE CHAMBER-SM MASK.....	572, 609	COPIKTRA.....	90	CRESEMBA.....	54
COMP-AIR NEBULIZER COMPRESSOR.....	573, 609	COQMAX OMEGA.....	126	CRINONE.....	381, 746
COMPLERA.....	62	CORDRAN.....	272	<i>cromolyn.....</i>	88, 717, 730
COMPLETE BALANCE MENOPAUSE RLF.....	192	CORDRAN TAPE LARGE ROLL.....	272	Crotan.....	302
COMPLETE MV ADULT 50 PLUS.....	328	CORDX COVID-19 AG HOME TEST.....	485, 610	CRYODOSE TA MEDIUM STREAM SPR.....	288
COMPLETE NATAL DHA.....	346	CORIFACT.....	455	CRYODOSE TA MIST SPRAY.....	288
COMPLETENATE.....	346	CORLANOR.....	137	CRYOSERV.....	213
Compro.....	399	CORTANE-B.....	723	Cryelle (28).....	222
CONCEPTION.....	485, 609	CORTIFOAM.....	413	CUE COVID-19 HOME TEST.....	486, 610
CONJUPRI.....	133	CORTISOLV.....	7	CULTURELLE.....	421
CONSENSI.....	131	<i>cortisone.....</i>	382	CULTURELLE ABDOMINAL SUPP-CMFT.....	419
Constulose.....	434	CORTISPORIN-TC.....	723	CULTURELLE ADVANCED REGULARITY.....	419
CONTOUR CONTROL SOLUTION, HIGH.....	496, 609	CORTROPHIN GEL.....	366	CULTURELLE BABY DIGESTIVE CALM.....	420
CONTOUR CONTROL SOLUTION, LOW.....	496, 609	COSAMIN AVOCA (WITH BOSWELLIA).....	1	CULTURELLE BABY HEALTH DEVELOP.....	420
		COSENTYX.....	248	CULTURELLE BABY PROBIOTIC-DHA.....	420
		COSENTYX (2 SYRINGES).....	247	CULTURELLE DIGESTIVE HEALTH.....	420
		COSENTYX PEN.....	248	CULTURELLE GUMMY.....	420
		COSENTYX PEN (2 PENS).....	248	CULTURELLE IMMUNE DEFENSE.....	420
		COSENTYX UNOREADY PEN.....	248	CULTURELLE KIDS 4 IN 1 IMMUNE.....	420
		COTELLIC.....	88	CULTURELLE KIDS GROW-THRIVE.....	420

CULTURELLE KIDS GUMMY.....	420	<i>cyanocobalamin-cobamamide</i>	359	DAIRY RELIEF.....	402
CULTURELLE KIDS IMMUNE DEFENSE.....	420	<i>cyanocobalamin-methylcobalamin</i>	357, 359	<i>dalfampridine</i>	704
CULTURELLE KIDS PROBIO-FIBER.....	420	CYCLINEX-2.....	342	<i>danazol</i>	384
CULTURELLE KIDS PROBIOTIC-MV.....	343	<i>cyclobenzaprine</i>	472	<i>dandelion root</i>	8
CULTURELLE KIDS PROBIOTICS.....	420, 421	CYCLOMYDRIL.....	706	DANDLELION KISSES.....	312
CULTURELLE KIDS PRO-MV-LUTEIN.....	343	CYCLOPAK.....	473	<i>dantrolene</i>	473
CULTURELLE METABOLISM-WT MGMT..	421	<i>cyclopentolate</i>	709	<i>dapsone</i>	55, 237
CULTURELLE PRENATAL PROBIOTIC.....	421	<i>cyclopen-tropic-phenyleph-watr</i>	706	<i>darifenacin</i>	445
CULTURELLE PROBIOTIC-MULTIVIT.....	328	<i>cyclopent-tropic-phen-ketr-wat</i>	706	DARIO BLOOD GLUCOSE MONITOR.....	496, 611
CULTURELLE PROBIOTIC-PREBIOTIC.....	421	<i>cyclophosphamide</i>	36, 81	DARIO BLOOD GLUCOSE TEST STRIP.....	476, 611
CULTURELLE TOTAL BALANCE.....	421	<i>cyclop-trop-propa-phen-ketr-wat</i>	706	DARTISLA.....	408
CULTURELLE WOMEN'S WELLNESS.....	421	<i>cycloserine</i>	63	<i>darunavir</i>	71
CUPRIMINE.....	37, 49	CYCLOSET.....	370	Dasetta 1/35 (28).....	222
CURAD XEROFORM PETROLATM DRESS.	490, 610	<i>cyclosporine</i>	36, 467	Dasetta 7/7/7 (28).....	229
CURAFIL GEL WOUND.....	305, 610	CYCLOSPORINE IN KLARITY.....	712	DAURISMO.....	86
<i>curcumin-phosphatidylcholine</i>	7	<i>cyclosporine modified</i>	36, 467	DAVIMET-M.....	336
CURCUPLEX-95.....	8	CYCLOTENS REFILL.....	472	DAVOL IRRIGATION SYRINGE.....	555, 611
CURITY AMD.....	489, 610	CYCLOTENS STARTER....	472	DAVOL PISTON IRRIGATION.....	555, 611
CURITY AMD (WITH POLYHEXAMETH).....	305, 610	CYLTEZO(CF).....	27, 31, 416	DAYAVITE.....	328
CURITY DRAINAGE BAG.....	520, 610	CYLTEZO(CF) PEN	27, 31, 416	DAYBUE.....	216
CURITY IODOFORM PACKING STRIP.....	490, 611	CYLTEZO(CF) PEN		Daysee.....	219
CUROSURF.....	738	CROHN'S-UC-HS....	27, 30, 415	DAYVIGO.....	209
CUTAQUIG.....	99	CYLTEZO(CF) PEN		DAZAVEIDAOXIA.....	295
CUTTER ALL FAMILY.....	284	PSORIASIS-UV.....	27, 31, 416	DAZOMON.....	295
CUTTER BACKWOODS DRY.....	284	<i>cyproheptadine</i>	725	DEBACTEROL.....	699
CUTTER SKINSATIONS.....	284	Cyred.....	222	Deblitane.....	228
CUVITRU.....	100	Cyred Eq.....	222	DECARA K.....	362
CUVRIOR.....	49	CYSTADROPS.....	715	<i>deferasirox</i>	50
<i>cyanocobalamin (vitamin b-12)</i>	359	CYSTAGON.....	438	<i>deferiprone</i>	50
		CYSTARAN.....	715	<i>deferoxamine</i>	50
		D3-2000.....	363	<i>deflazacort</i>	382
		<i>dabigatran etexilate</i>	465	DELSTRIGO.....	62
		DAILY FIBER.....	433	DELUO.....	95, 303
		DAILY FIBER (PSYLLIUM-ASPART).....	432	<i>demeclocycline</i>	74
		DAILY FIBER (PSYLLIUM-SUCROSE).....	433	DEMEROL (PF).....	11
		DAILY GUMMIES.....	328	DENOVO PLUS B12.....	358
		DAILY PROBIOTIC (4 STRAINS).....	421	DENTA 5000 PLUS.....	698
		DAILY PROBIOTIC (S. BOULARDII).....	421	DENTA 5000 PLUS SENSITIVE.....	698
		DAILY-VITE (WITH FOLIC ACID).....	336	DENTAGEL.....	698
				DEOXIA.....	237, 238
				DEOXIADEMTAR.....	241
				DEOXIATAR.....	241
				DEOXIAVAR.....	241
				DEPO-ESTRADIOL.....	379

DEPO-SUBQ PROVERA 104.....	218	DERMACINRX VITRANOL .	329	DEXCOM G6 TRANSMITTER.....	497, 611
DERMACINRX CLORHEXACIN.....	307	DERMACINRX VITRANOL FE.....	329	DEXCOM G7 RECEIVER	497, 612
DERMACINRX DAVIMET ...	336	DERMACINRX VITREXATE	329	DEXCOM G7 SENSOR	497, 612
DERMACINRX DEXATRAN	328	DERMACINRX VITREXATE FE.....	329	DEXERYL.....	266
DERMACINRX DOTREMIN	356	DERMACINRX ZINTREXYL- C.....	329	<i>dexlansoprazole</i>	404
DERMACINRX FOLDITAM.	356	DERMACINRX ZRM PAK...	299	<i>dexmethylphenidate</i>	174
DERMACINRX FOLIFLEX..	328	DERMALID.....	297	DEXONTO.....	382
DERMACINRX FOLITIN-Z..	329	DERMAWERX SURGICAL PLUS PAK.....	307	DEXTENZA.....	710
DERMACINRX FOLIXAPURE.....	356	DERMAZENE.....	255	<i>dextroamphetamine sulfate</i>	174, 175, 187, 202, 203
DERMACINRX FOLTAMIN.	356	DERMELLE.....	293	<i>dextroamphetamine-</i> <i>amphetamine</i>	175, 186, 203
DERMACINRX FOLTREXYL	356	DERM-SILK.....	578, 611	DHEA.....	1
DERMACINRX LACTEROL	421	DERMULCERA.....	307	DIABETIC MULTIVITAMIN..	330
DERMACINRX LEXITRAL..	290	DERPIXA.....	293	DIACOMIT.....	154
Dermacinrx Lidocan.....	297	DESCOVY.....	60	DIADIMAXIA.....	238
DERMACINRX LIDOGEAL ...	297	<i>desflurane</i>	46	DIAOXIA.....	238
DERMACINRX LIDOREX....	297	<i>desipramine</i>	163	DIAPERS, UNISEX SIZE 1	521, 612
DERMACINRX MULTITAM.	329	<i>desloratadine</i>	726, 727	DIAPERS, UNISEX SIZE 2	521, 612
DERMACINRX PHN PAK....	299	<i>desmopressin</i>	368	DIAPERS, UNISEX SIZE 3	521, 612
DERMACINRX PRENATRIX	346	<i>desog-e.estradiolle.estradiol</i>	219	DIAPERS, UNISEX SIZE 4	521, 612
DERMACINRX PRENATRYL.....	346	<i>desonide</i>	272, 273	DIAPERS, UNISEX SIZE 5	521, 612
DERMACINRX PRETRATE	346	<i>desoximetasone</i>	273	DIAPERS, UNISEX SIZE 6	521, 612
DERMACINRX PROBINATE	421	<i>desvenlafaxine</i>	159	DIASAXIATAR.....	241
DERMACINRX PROBISOL.	421	<i>desvenlafaxine succinate</i>	159	DIASDIMAXIA.....	238
DERMACINRX PROBITRAN	421	DEVILBISS DISPOSABLE NEBULIZER.....	548, 611	DIASOXIA.....	238
DERMACINRX PROBITROL	422	DEVILBISS PULMO-AIDE COMPRESSR.....	573, 611	DIATRUE CONTROL SOLN NORMAL.....	497, 612
DERMACINRX PROMEROL	422	DEVILBISS PULMOMATE COMPRESSOR.....	573, 611	DIATRUE CONTROL SOLUTION HIGH.....	497, 612
DERMACINRX PUREFOLTIN.....	356	DEVILBISS PULMONEB LT COMP-NEB.....	573, 611	DIATRUE CONTROL SOLUTION LOW.....	497, 612
DERMACINRX RIBOTIN-E.	329	DEVILBISS TRAVELER COMPRESSOR.....	573, 611	DIATRUE PLUS BLOOD GLUCOSE MET.....	497, 612
DERMACINRX SURGICAL PHARMAPAK.....	307	Dexabliss.....	382	DIATRUE PLUS TEST STRIP.....	476, 612
DERMACINRX THERAZOLE PAK.....	254	<i>dexamethasone</i>	382	<i>diazepam</i>	142, 146, 181
DERMACINRX VENEXA....	329	DEXAMETHASONE INTENSOL.....	382	Diazepam Intensol.....	142, 181
DERMACINRX VENEXA FE	329	<i>dexamethasone sodium</i> <i>phosphate</i>	710	<i>diazoxide</i>	366
DERMACINRX VENTRIXYL	329	<i>dexchlorpheniramine</i> <i>maleate</i>	724, 725	<i>dichlorphenamide</i>	136, 469
DERMACINRX VENTRIXYL FE.....	329	DEXCOM G6 RECEIVER	496, 611	DICLAREAL.....	290
DERMACINRX VITRAMYN.	329	DEXCOM G6 SENSOR	497, 611		

<i>diclofenac epolamine</i>	291	DILUTING MEDIUM FOR	<i>doxepin</i>	163, 209, 300
<i>diclofenac potassium</i>		NOVOLOG.....	<i>doxercalciferol</i>	694
.....	42, 43, 196	DIMENTHO.....	<i>doxycycline hyclate</i>	
<i>diclofenac sodium</i>		<i>dimethyl fumarate</i>.....	.....	74, 75, 76, 702
.....	42, 256, 291, 714	DIMOXIA.....	<i>doxycycline monohydrate</i>	
<i>diclofenac submicronized</i>	42	DIOCHLOY.....	.....	76, 294
<i>diclofenac-misoprostol</i>	39	DIOOXIA.....	<i>doxylamine-pyridoxine (vit</i>	
DICLOFEX DC.....	290	DIOVASC.....	<i>b6)</i>	399
DICLOFONO.....	291	DIPENTUM.....	D-PENAMINE.....	37, 49
DICLOHEAL-60.....	290	Diphen.....	DRAMAMINE GINGER.....	8
DICLOPR.....	290	<i>diphenoxylate-atropine</i>	DRAMAMINE NON-	
DICLOSAICIN.....	290	<i>dipyridamole</i>	DROWSY.....	8
DICLOTRAL.....	290	<i>disopyramide phosphate</i>	DRAXACE.....	239
DICLOTREX.....	290	<i>disulfiram</i>	DRAXACEY.....	239
DICLOTREX II.....	290	DITHOL.....	DRITHOCREME HP.....	258
DICLOVIX.....	289	DIURIL.....	DRIXECE.....	239
<i>dicloxacillin</i>	71	<i>divalproex</i>	DRIZALMA SPRINKLE.....	159, 190
<i>dicyclomine</i>	408	DM2.....	<i>dronabinol</i>	185, 308, 399
<i>didanosine</i>	60	DMT SUIK.....	DROPLET GENTEEL	
DIFFERIN.....	245	Dodex.....	LANCING DEVICE.....	497, 613
DIFICID.....	69	<i>dofetilide</i>	DROPLET INSULIN	
<i>diflorasone</i>	273, 274	DOJOLVI.....	SYR(HALF UNIT).....	526, 613
<i>diflunisal</i>	45	Dolishale.....	DROPLET INSULIN	
<i>difluprednate</i>	710	DOLOTRANZ.....	SYRINGE.....	526, 613
DIFMETIOXRIME.....	252	<i>donepezil</i>	DROPLET LANCETS..	497, 613
DIGEST ADV PROBIO		DONNATAL.....	DROPLET LANCING	
PLUS GAS.....	422	DOPTelet (10 TAB PACK).....	DEVICE.....	497, 613
DIGEST PROBIOTIC		DOPTelet (15 TAB PACK).....	DROPLET MICRON PEN	
(S.BOULARDII).....	422	DOPTelet (30 TAB PACK).....	NEEDLE.....	526, 613
DIGESTIVE ADVANTAGE		DORYX.....	DROPLET PEN NEEDLE	
IMMUNE.....	422	DORYX MPC.....	.....	526, 613
DIGESTIVE ADVANTAGE		<i>dorzolamide</i>	DROPSAFE INSULIN	
INTENS BOW.....	422	<i>dorzolamide (pf)</i>	SYRINGE.....	526, 613, 614
DIGESTIVE ADVANTAGE		<i>dorzolamide-timolol</i>	DROPSAFE PEN NEEDLE	
KID PROBIO.....	422	<i>dorzolamide-timolol (pf)</i>.....	.....	526, 614
DIGESTIVE ADVANTAGE		DOSOKAP.....	DROPSAFE SICURA	
LACTOS SUP.....	422	Dotti.....	SAFETY NEEDLE.....	555, 614
DIGESTIVE ADVANTAGE		DOVATO.....	<i>drospirenone-e.estradiol-</i>	
PROBIOTIC.....	422	DOVER BULB SYRINGE	<i>lm.fa</i>	222
DIGESTIVE PROBIOTIC.....	422	.....	<i>drospirenone-ethinyl</i>	
DIGESTIVE SUPPORT.....	8	DOVER COATED LATEX	<i>estradiol</i>	222
Digitek.....	135	FOLEY.....	DROXIA.....	465
<i>digoxin</i>	135	DOVER FOLEY CATHETER	<i>droxidopa</i>	134
<i>dihydroergotamine</i>	195	.....	DRY SKIN THERAPY(WITH	
DILANTIN.....	148	DOVER LATEX FOLEY	LANOLIN).....	266
DILAUDID (PF).....	11	CATHETER.....	DRY SKIN THERAPY(W-	
<i>diltiazem hcl</i>	132	DOVER RED RUBBER	PETROLATUM).....	266
DILT-XR.....	132	ROBINSON CATH.....	DRYSOL.....	256
DILUENT FOR ROTARIX.....	313	DOVER UNIVERSAL..	DRYSOL DAB-O-MATIC.....	256
		<i>doxazosin</i>	DSUVIA.....	12

DUAKLIR PRESSAIR.....	734	EASY GLIDE INSULIN		EASY TOUCH FLIPLOCK	
DUAVEE.....	378	SYRINGE.....	527, 615	INSULIN.....	527, 617
DUET DHA WITH OMEGA-3		EASY GLIDE LUER LOCK		EASY TOUCH FLIPLOCK	
.....	346	SYRINGE.....	555, 556, 615	NEEDLE.....	556, 617
DULERA.....	735	EASY GLIDE LUER SLIP		EASY TOUCH FLIPLOCK	
<i>duloxetine</i>	159, 160, 190, 191	TB SYRING.....	556, 616	SYRINGE.....	556, 617, 618
DULOXICAIN.....	160, 191, 205	EASY GLIDE PEN NEEDLE		EASY TOUCH FLURINGE	
DUOBRII.....	246	.....	527, 616	.....	557, 618
DUODOTE.....	49	EASY MINI EJECT		EASY TOUCH FLURINGE	
DUOPA.....	164	LANCING DEVICE.....	497, 616	FLIPLOCK.....	556, 618
DUPIXENT PEN.....	249, 729	EASY NEB COMPRESSOR		EASY TOUCH FLURINGE	
DUPIXENT SYRINGE.	249, 729	NEBULIZER.....	573, 616	SHEATHLOCK.....	556, 618
DUREX AVANTI BARE		EASY PLUS II BLOOD		EASY TOUCH GLUCOSE	
REAL FEEL.....	545, 614	GLUCOSE MET.....	497, 616	MONITOR.....	498, 618
DURLAZA.....	45, 463	EASY PLUS II HIGH		EASY TOUCH HIGH-LOW	
DUROLANE.....	470	CONTROL.....	497, 616	CONTROL.....	498, 618
<i>dutasteride</i>	442	EASY PLUS II LOW		EASY TOUCH	
<i>dutasteride-tamsulosin</i>	438	CONTROL.....	497, 616	HYPODERMIC NEEDLE	
DUZALLO.....	448	EASY PLUS II TEST...	476, 616	.....	557, 618
D-VI-SOL.....	363	EASY STEP.....	476, 616	EASY TOUCH INSULIN	
DYANAVAL XR.....	175, 186	EASY STEP BLOOD		SAFETY SYR.....	528, 618, 619
DYNAFOAM AG.....	305	GLUCOSE METER.....	498, 616	EASY TOUCH INSULIN	
DYNAGINATE AG.....	305	EASY STEP HIGH		SYRINGE.....	528, 619
E.E.S. 400.....	69	CONTROL SOLN.....	498, 616	EASY TOUCH LANCETS	
EAR POPPER INFLATION		EASY STEP LOW		.....	498, 619
DEVICE.....	584, 614	CONTROL SOLUTION	498, 616	EASY TOUCH LANCING	
EASIVENT HOLDING		EASY STEP NORMAL		DEVICE.....	498, 619
CHAMBER.....	573, 614	CONTROL SOLN.....	498, 616	EASY TOUCH LUER LOCK	
EASIVENT MASK LARGE		EASY TALK BLOOD		INSULIN.....	528, 619
.....	573, 614	GLUCOSE METER.....	498, 616	EASY TOUCH LUER LOCK	
EASIVENT MASK MEDIUM		EASY TALK GLUCOSE		SYRINGE.....	557, 619
.....	573, 614	TEST.....	476, 616	EASY TOUCH PEN	
EASIVENT MASK SMALL		EASY TALK HIGH		NEEDLE.....	528, 620
.....	573, 614	CONTROL.....	498, 616	EASY TOUCH SAFETY	
EASY COMFORT INSULIN		EASY TALK LOW		LANCETS.....	498, 620
SYRINGE.....	527, 614, 615	CONTROL.....	498, 616	EASY TOUCH SAFETY	
EASY COMFORT		EASY TALK PLUS II HIGH		PEN NEEDLE.....	528, 620
LANCETS.....	497, 615	CONTROL.....	498, 617	EASY TOUCH	
EASY COMFORT PEN		EASY TALK PLUS II LOW		SHEATHLOCK INSULIN	
NEEDLES.....	527, 615	CONTROL.....	498, 617	.....	529, 620
EASY COMFORT SAFETY		EASY TALK PLUS II TEST		EASY TOUCH	
PEN NEEDLE.....	527, 615	STRIP.....	476, 617	SHEATHLOCK SYRG-NDL	
EASY FIBER.....	433	EASY TOUCH		.....	557, 620
EASY FIBER (WHEAT		.....	528, 558, 620, 621	EASY TOUCH	
DEXTRIN).....	433	EASY TOUCH BLU CTRL		SHEATHLOCK SYRINGE	
EASY GLIDE CATHETER		SOLN-L1,L3.....	498, 617	.....	557, 620
TIP SYRING.....	555, 615	EASY TOUCH BLU LINK		EASY TOUCH TEST STRIP	
EASY GLIDE DENTAL		GLUC SYST.....	498, 617	.....	476, 621
IRRIG SYRING.....	555, 615	EASY TOUCH BLU LINK			
		TEST STRIP.....	476, 617		

EASY TOUCH TUBERCULIN FLIPLOCK 558, 621	<i>echinacea purp aerial part ext</i> 8	ELEMENT TEST STRIPS 477, 623
EASY TOUCH TUBERCULIN SHEATHLK 558, 621	ECLIPSE NEEDLE..... 558, 622	ELEPSIA XR..... 153
EASY TOUCH TWIST LANCETS..... 499, 621	ECLIPSE SYRINGE 558, 622, 623	ELESTRIN..... 379
EASY TOUCH UNI-SLIP 529, 558, 621	EC-NAPROXEN..... 43	<i>eletriptan</i> 196
EASY TRAK BLOOD GLUCOSE METER..... 499, 621	<i>econazole</i> 253	ELIGARD..... 88
EASY TRAK GLUCOSE TEST..... 477, 621	ECONTRA EZ..... 232	ELIGARD (3 MONTH)..... 88
EASY TRAK HIGH CONTROL..... 499, 621	ECONTRA ONE-STEP 232, 233	ELIGARD (4 MONTH)..... 88
EASY TRAK II BLOOD GLUCOSE MTR..... 499, 621	ECOTRIN..... 45, 464	ELIGARD (6 MONTH)..... 88
EASY TRAK II CTRL SOLN- NORMAL..... 499, 621	ECOZA..... 253	Elinest..... 222
EASY TRAK II TEST STRIP 477, 622	EDARBI..... 114	ELIQUIS..... 450
EASY TRAK LOW CONTROL..... 499, 622	EDARBYCLOR..... 113	ELIQUIS DVT-PE TREAT 30D START..... 450
EASY TWIST AND CAP LANCETS..... 499, 622	EDLUAR..... 208	ELITE-OB..... 330
EASY-C IMMUNE HEALTH 361	ED-SPAZ..... 407, 445	Elixophyllin..... 730
EASYGLUCO METER. 499, 622	EDURANT..... 59	ELLA..... 232
EASYGLUCO MONITORING SYSTEM 499, 622	EEMT..... 378	ELLUME COVID-19 HOME TEST..... 486, 623
EASYGLUCO TEST ... 477, 622	EEMT HS..... 378	ELLURA..... 8
EASYMAX..... 477, 622	<i>efavirenz</i> 59	ELLZIA PAK..... 281
EASYMAX 15 LEVEL 2 499, 622	<i>efavirenz-emtricitabin- tenofov</i> 62	ELMIRON..... 439
EASYMAX 15 TEST STRIPS..... 477, 622	<i>efavirenz-lamivu-tenofov disop</i> 63	ELOCTATE..... 453
EASYMAX NG..... 499, 622	EFFER-K..... 323	Eluryng..... 231
EASYMAX NORMAL CONTROL..... 499, 622	EGATEN..... 52	ELYXYB..... 196
EASYMAX V SPEAKING GLUCOSE SYS..... 499, 622	EGRIFTA SV..... 385	EMBRACE BLOOD GLUCOSE SYSTEM 477, 500, 623
EASYPPOINT NEEDLE. 558, 622	<i>elderberry fruit</i> 8	EMBRACE EVO BLOOD GLUCOSE KIT..... 500, 623
EASY-TOUCH BLOOD GLUCOSE METER..... 499, 622	ELDERTONIC..... 313	EMBRACE EVO GLUCOSE MONITOR..... 500, 623
EBASE CONTROLLER 573, 622	<i>electrolytes-dextrose</i> 321	EMBRACE EVO LEVEL 1 500, 624
ECEOXIA..... 237	ELEMAR..... 287	EMBRACE EVO TEST STRIPS..... 477, 624
<i>echinacea</i> 8	ELEMENT COMPACT GLUCOSE METER..... 499, 623	EMBRACE GLUCOSE CONTROL HIGH..... 500, 624
	ELEMENT COMPACT HIGH CONTROL..... 499, 623	EMBRACE GLUCOSE CONTROL LOW..... 500, 624
	ELEMENT COMPACT NORMAL CONTROL... 500, 623	EMBRACE LANCETS. 500, 624
	ELEMENT COMPACT TEST STRIPS..... 477, 623	EMBRACE LANCING DEVICE..... 500, 624
	ELEMENT COMPACT V GLUCOSE MTR..... 500, 623	EMBRACE PEN NEEDLE 529, 624
	ELEMENT HIGH CONTROL 500, 623	EMBRACE PRO..... 500, 624
	ELEMENT LOW CONTROL 500, 623	EMBRACE PRO GLUCOSE METER..... 500, 624
	ELEMENT NORMAL CONTROL..... 500, 623	EMBRACE PRO TEST STRIPS..... 477, 624
	ELEMENT PLUS BLOOD GLUCOSE KIT..... 500, 623	

EMBRACE SAFETY	Enskyce.....	222	ERTACZO.....	253
LANCET.....	ENSPRYNG.....	468	Ery Pads.....	237
EMBRACE TALK BLOOD	ENSTILAR.....	246	Ery-Tab.....	69
GLUCOSE SYS.....	ENSURE CLEAR		ERYTHROCIN (AS	
EMBRACE TALK	THERAPEUTIC.....	339	STEARATE).....	69
CONTROL-HIGH (L2)..	ENSURE RAPID		<i>erythromycin</i>	70, 720
EMBRACE TALK	HYDRATION.....	322	<i>erythromycin ethylsuccinate</i> ..	69
CONTROL-LOW (L1)..	ENSURE SURGERY.....	339	<i>erythromycin with ethanol</i>	237
EMBRACE TALK	ENSURE SURGERY		<i>erythromycin-benzoyl</i>	
GLUCOSE MONITOR..	PERIOP BUNDLE.....	339	<i>peroxide</i>	239
EMBRACE TALK TEST	<i>entacapone</i>	165	<i>escitalopram oxalate</i>	158
STRIPS.....	ENTADFI.....	438	<i>esomeprazole magnesium</i> ..	404
EMBRACE WAVE	<i>entecavir</i>	66	ESPEROCT.....	453
GLUCOSE TEST STRP	ENTERAL GRAVITY BAG		Estartylla.....	222
.....	SET-ENFIT.....	489, 625	<i>estazolam</i>	181, 207
EMBRACE WAVE PLUS	ENTEREG.....	50	<i>estradiol</i>	379, 380, 745
GLUCOSE MTR.....	ENTRESTO.....	114	<i>estradiol valerate</i>	380
EMCYT.....	ENTTY.....	266	<i>estradiol-norethindrone acet</i>	379
EMEND.....	ENTYVIO PEN.....	414	ESTRING.....	745
EMERGEN-C	Enulose.....	401	ESTROGEL.....	380
ELDERBERRY.....	ENVARUSUS XR.....	467	<i>estrogens-</i>	
EMFLAZA.....	ENVIVE.....	422	<i>methyltestosterone</i>	378
EMGALITY PEN.....	ENZNONUTY.....	287	ESTROVEN CMPLT	
EMGALITY SYRINGE..	EOHILIA.....	383	MENOPAUSE RLF.....	8
EMPAVELI.....	EPCLUSA.....	67	ESTROVEN MENOPAUSE..	330
EMSAM.....	EPICERAM.....	266	ESTROVERA.....	8
<i>emtricitabine</i>	EPICYN.....	303	<i>eszopiclone</i>	208
<i>emtricitabine-tenofovir (tdf)</i>	EPIDIOLEX.....	146	<i>ethacrynic acid</i>	136
EMTRIVA.....	EPIFIX AMNIOTIC		<i>ethambutol</i>	64
EMULSION SB.....	MEMBRANE.....	300	<i>ethosuximide</i>	153
EMVERM.....	EPIFOAM.....	282	ETHOXIA.....	245
<i>enalapril maleate</i>	<i>epinastine</i>	710	<i>ethyl acetate</i>	214
<i>enalapril-hydrochlorothiazide</i>	<i>epinephrine</i>	134, 728	<i>ethyl chloride</i>	289
.....	<i>epinephrine hcl</i>	740	<i>ethynodiol diac-eth estradiol</i>	222
ENBRACE HR.....	Epitol.....	149, 183	<i>etodolac</i>	44
ENBREL.....	<i>eplerenone</i>	112, 135	<i>etonogestrel-ethinyl estradiol</i>	
ENBREL MINI.....	EPOGEN.....	451	.....	232
ENBREL SURECLICK....	EPRONTIA.....	150	<i>etoposide</i>	85
ENDARI.....	<i>eprosartan</i>	114	<i>etravirine</i>	59
ENDEAVORRX.....	EPSOLAY.....	295	<i>eua patient assessment</i>	
ENDO AVITENE.....	EQUETRO.....	149, 183	.....	547, 625
Endocet.....	<i>ergocalciferol (vitamin d2)</i> ...	363	EUCERIN ADVANCED	
ENDOMETRIN.....	<i>ergoloid</i>	218	REPAIR.....	266
ENFAMIL DUAL	ERGOMAR.....	195	EUCERIN INTENSIVE	
PROBIOTICS-VIT D.....	<i>ergotamine-caffeine</i>	195	REPAIR.....	267
ENGERIX-B (PF).....	ERIVEDGE.....	86	EUCRISA.....	249
Enilloring.....	ERLEADA.....	82	EUFLEXXA.....	470
<i>enoxaparin</i>	<i>erlotinib</i>	80	EURAX.....	302
ENOXILUV.....	ERMEZA.....	395	EUTHYROX.....	395
Enpresse.....	Errin.....	228	EVAMIST.....	380

EVARREST.....	459	EXTENDED RESERVOIR		<i>fenofibric acid (choline)</i>	118
EVEKEO ODT.....	176, 187	.....	529, 626	<i>fenoprofen</i>	43
EVENCARE.....	501, 625	EYE.....	396	FENOVAR.....	290
EVENCARE G2... 477, 501, 625		EYE HEALTH PLUS		<i>fentanyl</i>	12
EVENCARE G3 CONTROL		LUTEIN.....	4, 330	<i>fentanyl citrate</i>	12
.....	501, 625	EYE MULTIVITAMIN.....	4, 330	<i>fentanyl citrate (pf)</i>	12, 46
EVENCARE G3 GLUCOSE		EYSUVIS.....	710	<i>fentanyl citrate (pf)-0.9%nacl</i>	12
METER.....	501, 625	E-Z JECT LANCETS... 502, 627		FENTORA.....	12
EVENCARE G3 TEST.477, 625		E-Z JECT THIN LANCETS		<i>fenugreek seed</i>	8
EVENCARE MINI		.....	502, 627	FERGON.....	317
GLUCOSE CONTROL 501, 625		EZ SMART CONTROL 502, 627		FERIVA 21-7.....	319
EVENCARE MINI		EZ SMART LANCETS.502, 627		FERIVA FA (WITH	
GLUCOSE TEST STR.477, 625		EZ SMART PLUS SYSTEM		SUMALATE).....	319
EVENCARE MINI		.....	502, 627	FERRETTS IPS.....	318
MONITOR SYSTEM....	501, 625	EZ SMART PLUS TEST		FERRIPROX.....	50
EVENCARE PROVIEW		.....	477, 627	<i>ferrous fumarate</i>	318
CONTROL-L2,L3.....	501, 625	EZ SMART SYSTEM...502, 627		<i>ferrous gluconate</i>	318
EVENCARE PROVIEW		EZ SMART TEST.....	478, 627	<i>ferrous sulfate</i>	318
TEST STRIP.....	477, 625	EZALLOR SPRINKLE.....	119	<i>fesoterodine</i>	446
EVENCARE TEST.....	477, 626	<i>ezetimibe</i>	125	FETZIMA.....	160
<i>evening primrose oil</i>	8	<i>ezetimibe-rosuvastatin</i>	129	FIASP FLEXTOUCH U-100	
EVERLYWELL COVID19		<i>ezetimibe-simvastatin</i>	129	INSULIN.....	390
HOM COLLECT.....	486, 626	FABHALTA.....	448	FIASP PENFILL U-100	
<i>everolimus (antineoplastic)</i>	89	FACTIVE.....	65	INSULIN.....	390
<i>everolimus</i>		Falmina (28).....	222	FIASP PUMPCART.....	390
<i>(immunosuppressive)</i>	468	<i>famciclovir</i>	68	FIASP U-100 INSULIN.....	391
EVERSENSE E3 SMART		FAMIL-E.....	356	FIBER (WITH	
TRANSMITTER.....	501, 626	<i>famotidine</i>	403	ASPARTAME).....	433
EVICEL.....	459	FANAPT.....	168	FIBER GUMMIES.....	433
EVIVO WITH MCT OIL.....	423	FANTASY CONDOM...545, 627		FIBER GUMMIES (WITH B-	
EVOLUTION BLOOD		FARXIGA.....	372	COMPLEX).....	433
GLUCOSE METER.....	501, 626	FARYDAK.....	86	FIBER	
EVOLUTION NORMAL		FASENRA PEN.....	730	SUPPLEMENT(WHEATDEX	
CONTROL.....	502, 626	FASTEP COVID-19 AG		TRIN).....	433
EVOLUTION TEST STRIPS		HOME TEST.....	486, 627	FIBER THERAPY	
.....	477, 626	FC2 FEMALE CONDOM		(PSYLLIUM-SUCRO).....	433
EVOTAZ.....	61, 72	.....	489, 627	FIBERWELL.....	433
EVRYSDI.....	474	<i>febuxostat</i>	447	FILSPARI.....	110
EXCEL SYRINGE.....	558, 626	FEIBA NF.....	449	FILSUVEZ.....	307
EXEL HYPODERMIC		<i>felbamate</i>	146	<i>filter needles</i>	559, 627
NEEDLES.....	558, 626	<i>felodipine</i>	133	FILTERED EXTENSION	
EXEL INSULIN.....	529, 626	FEM DOPHILUS.....	423	SET.....	544, 627
EXEL SYRINGE.. 558, 559, 626		FEM PH.....	745	FINACEA.....	237, 295
EXELDERM.....	253	FEMALE CATHETER..582, 627		<i>finasteride</i>	442
<i>exemestane</i>	84	FEMCAP.....	484, 627	FINGERSTIX LANCETS	
EXKIVITY.....	79	FEMRING.....	745	.....	502, 627
EXODERM.....	252	<i>fenofibrate</i>	118	<i>fingolimod</i>	705
EXSERVAN.....	469	<i>fenofibrate micronized</i>	118	FINTEPLA.....	154
EXTAVIA.....	703	<i>fenofibrate nanocrystallized</i>	118	Finzala.....	223
		<i>fenofibric acid</i>	118	Fioricet.....	25

FIRDAPSE.....	470	<i>flucytosine</i>	54	FOLAGENT DHA.....	330
FIRMAGON.....	88	<i>fludrocortisone</i>	393	FOLAMAX.....	330
FIRMAGON KIT W		FLULAVAL QUAD 2023-		FOLAMED DHA.....	330
DILUENT SYRINGE.....	88	2024 (PF).....	108	FOLCYTEINE.....	364
FISH OIL.....	126	FLUMIST QUAD 2023-2024		FOLET ONE.....	336, 347
FLAREX.....	710	.....	101, 108	<i>folic acid</i>	364
FLASHARREST.....	8	<i>flunisolide</i>	739	FOLIC D3.....	356
<i>flavoxate</i>	446	<i>fluocinolone</i>	274	FOLIKA-BC.....	310
<i>flaxseed oil</i>	8	<i>fluocinolone acetonide oil</i>	723	FOLIVANE-OB.....	330
<i>flecainide</i>	116	<i>fluocinolone and shower cap</i>		FOLLISTIM AQ.....	381
FLEXICHAMBER.....	573, 627	.....	274	<i>fondaparinux</i>	461
FLEXICHAMBER-LG CHILD		<i>fluocinonide</i>	274	FORA 6 CONNECT	
MASK.....	573, 627	Fluocinonide-E.....	274	GLUCOSE STRIP.....	478, 628
FLEXICHAMBER-SM		<i>fluocinonide-emollient</i>	274	FORA 6 CONNECT	
ADULT MASK.....	573, 627	FLUOPAR.....	281	MULTIFUNCTN MTR..	483, 628
FLEXICHAMBER-SM		<i>fluorescein-benoxinate</i>	715, 716	FORA 6CONN-GTEL-TN'G	
CHILD MASK.....	573, 627	<i>fluorescein-proparacaine</i>	715	ADV STRIP.....	478, 628
FLEXI-SEAL SIGNAL FMS		<i>fluoride (sodium)</i>	698	FORA D10.....	484, 502, 628
.....	520, 627	FLUORIDEX DAILY		FORA D15 GLUCOSE-BP	
FLINTSTONES COMPLETE		DEFENSE.....	698	MONITOR.....	484, 502, 628
(FE SULF).....	343	FLUORIDEX SENSITIVITY		FORA D15G STRIPS..	478, 628
FLINTSTONES IMMUNITY		RELIEF.....	698	FORA D20.....	478, 502, 628
SUPPORT.....	343	FLUORIMAX 5000.....	698	FORA D40D GLUCOSE-BP	
FLINTSTONES WITH		FLUORIMAX 5000		MONITOR.....	484, 502, 628
EXTRA IRON.....	343	SENSITIVE.....	698	FORA D40G GLUCOSE-BP	
FLOLIPID.....	119	<i>fluorometholone</i>	710	MONITOR.....	484, 502, 628
FLORAJEN WOMEN.....	423	FLUOROPLEX.....	255	FORA D40-G31 TEST	
FLORASAVE.....	423	<i>fluorouracil</i>	255	STRIPS.....	478, 628
FLORASTORBABY.....	423	FLUOVIX.....	274	FORA G20.....	478, 502, 628
FLORASTORKIDS.....	423	FLUOVIX PLUS.....	274	FORA G30A.....	502, 628
FLORASTORSELECT GUT		<i>fluoxetine</i>	158	FORA G30-PREMIUM V10	
BOOST.....	423	FLUOXIA.....	280	TEST STRP.....	478, 628
FLORASTORSELECT		<i>fluphenazine hcl</i>	170	FORA GD50 BLOOD	
IMMUNITY BOOST.....	423	<i>flurandrenolide</i>	275	GLUCOSE SYSTEM... 502, 628	
FLORATUMMYS QUICK		<i>flurazepam</i>	181, 208	FORA GD50 TEST STRIPS	
DISSOLVE.....	423	<i>flurbiprofen</i>	43	.....	478, 628
FLOSEAL.....	459	<i>flurbiprofen sodium</i>	714	FORA GTEL GLUCOSE	
FLOWFLEX COVID-19 AG		<i>fluticasone propionate</i>		TEST STRIP.....	478, 628
HOME TEST.....	486, 628	.....	275, 729, 739	FORA GTEL MULTI-	
FLUAD QUAD 2023-24(65Y		<i>fluticasone propion-</i>		FUNCTN MONITOR....	483, 629
UP)(PF).....	107	<i>salmeterol</i>	735	FORA HIGH CONTROL	
FLUARIX QUAD 2023-2024		<i>fluvastatin</i>	120, 121	.....	502, 629
(PF).....	107	<i>fluvoxamine</i>	158	FORA LANCING DEVICE	
FLUBLOK QUAD 2023-2024		FLUZONE HIGHDOSE		.....	502, 629
(PF).....	107	QUAD 23-24 PF.....	108	FORA LOW CONTROL	
FLUCELVAX QUAD 2023-		FLUZONE QUAD 2023-		.....	502, 629
2024.....	108	2024.....	108	FORA NORMAL CONTROL	
FLUCELVAX QUAD 2023-		FLUZONE QUAD 2023-		.....	503, 629
2024 (PF).....	108	2024 (PF).....	108	FORA PREMIUM V10	
<i>fluconazole</i>	54	FML FORTE.....	711	GLUCOSE METER.....	503, 629

FORA TEST N'GO VOICE METER..... 503, 629	FORTIFY WOMEN PROBIO(L.SALIV.)..... 424	FREESTYLE LIBRE 3 READER..... 504, 631
FORA TEST STRIP..... 478, 629	FORTIFY WOMEN PROBIOTIC..... 424	FREESTYLE LIBRE 3 SENSOR..... 504, 631
FORA TN'G ADV MOBILE MULTI MTR..... 483, 629	FORTISCARE G1 TEST STRIP..... 479, 630	FREESTYLE LITE METER 504, 632
FORA TN'G ADVAN PRO TEST STRIP..... 478, 629	FORTISCARE GLUCOSE TEST STRIPS..... 479, 630	FREESTYLE LITE STRIPS 479, 632
FORA TN'G ADVANCE PRO MONITOR..... 483, 629	FORTISCARE HIGH... 503, 630	FREESTYLE PRECISION 529, 632
FORA TN'G VOICE METER 503, 629	FORTISCARE LOW ... 503, 630	FREESTYLE PRECISION NEO METER..... 504, 632
FORA TN'G VOICE TEST STRIPS..... 478, 629	FORTISCARE NORMAL 504, 630	FREESTYLE PRECISION NEO STRIPS..... 479, 632
FORA V10..... 478, 503, 629	FORTISCARE T1 BLOOD GLUC SYS..... 504, 631	FREESTYLE SIDEKICK II 505, 632
FORA V10-V12-D10-D20 STRIPS..... 478, 629	FOSAMAX PLUS D..... 376	FREESTYLE SYSTEM KIT 505, 632
FORA V12 BLOOD GLUCOSE SYSTEM... 503, 629	<i>fosamprenavir</i> 72	FREESTYLE TEST.... 479, 632
FORA V12 GLUCOSE. 478, 629	<i>fosfomycin tromethamine</i> 53, 444	FREESTYLE UNISTIK 2 505, 632
FORA V20..... 478, 503, 630	<i>fosinopril</i> 112	FROTEK..... 292
FORA V30A..... 478, 503, 630	<i>fosinopril-</i> <i>hydrochlorothiazide</i> 111	<i>frovatriptan</i> 196
FORACARE GD20..... 478, 630	FOSRENOL..... 441	FRUZAQLA..... 91
FORACARE GD20 GLUCOSE METER..... 503, 630	FOTIVDA..... 91	FULPHILA..... 456
FORACARE GD40 TEST STRIPS..... 478, 630	FRAGMIN..... 462	FUROSCIX..... 136
FORACARE GD40A GLUCOSE METER..... 503, 630	FREEFLEX PLUS TRANSFER ADAPTER 568, 631	<i>furosemide</i> 136
FORACARE GD40B GLUCOSE METER..... 503, 630	FREESTYLE CONTROL 504, 631	FUZEON..... 58
FORACARE GDH HIGH CONTROL..... 503, 630	FREESTYLE FLASH SYSTEM..... 504, 631	Fyavolv..... 379
FORACARE GDH LOW CONTROL..... 503, 630	FREESTYLE FREEDOM 504, 631	FYCOMPA..... 143, 144, 145
FORACARE GDH NORMAL CONTROL..... 503, 630	FREESTYLE FREEDOM LITE..... 504, 631	FYLNETRA..... 456
FORACARE LANCETS 503, 630	FREESTYLE INSULINX 479, 504, 631	Fyremadel..... 393
<i>formoterol fumarate</i> 732	FREESTYLE INSULINX TEST STRIPS..... 479, 631	G TUSSIN AC..... 743
FORTIFY OPT ADV (L. SALIVARUS)..... 423	FREESTYLE LANCETS 504, 631	<i>gabapentin</i> 147, 205
FORTIFY OPTIMA ADVANCED CARE..... 423	FREESTYLE LIBRE 14 DAY READER..... 504, 631	GALAFOLD..... 697
FORTIFY OPTIMA PROBIOTIC..... 424	FREESTYLE LIBRE 14 DAY SENSOR..... 504, 631	<i>galantamine</i> 216
FORTIFY OPTIMA WOMEN PROBIOTIC..... 424	FREESTYLE LIBRE 2 READER..... 504, 631	GALZIN..... 49
FORTIFY PROBIOTIC..... 424	FREESTYLE LIBRE 2 SENSOR..... 504, 631	GAMMAGARD LIQUID..... 100
FORTIFY PROBIOTIC 50 PLUS..... 424		GAMMAKED..... 100
		GAMUNEX-C..... 100
		<i>ganirelix</i> 393
		GARDASIL 9 (PF)..... 107
		<i>garlic</i> 8
		<i>garlic extract</i> 8
		GARLIX..... 8
		GAS RELIEF-PREVENTION 407
		GASTRACID..... 402
		<i>gatifloxacin</i> 720
		GATTEX 30-VIAL..... 437

GATTEX ONE-VIAL.....	437	GENTLE IRON.....	319	GLUCOCARD SHINE	
GAVILYTE-C.....	435	GENTLE SKIN CLEANSER	296	EXPRESS METER.....	505, 633
Gavilyte-G.....	435	GENTLE SKIN		GLUCOCARD SHINE	
GAVRETO.....	93	CLEANSER(WITH SLS).....	296	METER.....	505, 633
GDRIVE.....	505, 632	GENULTIMATE TEST		GLUCOCARD SHINE	
GE100 BLOOD GLUCOSE		STRIP.....	479, 633	METER KIT.....	505, 633
SYSTEM.....	505, 632	GENVISC 850.....	470	GLUCOCARD SHINE TEST	
GE100 BLOOD GLUCOSE		GENVOYA.....	62	STRIPS.....	479, 634
TEST STRIP.....	479, 632	GI PROTECT.....	341	GLUCOCARD SHINE XL	
GE100 CONTROL		GILENYA.....	705	METER.....	506, 634
SOLUTION NORMAL..	505, 632	GILOTRIF.....	80	GLUCOCARD VITAL...506, 634	
GE333 BLOOD GLUCOSE		GIMOTI.....	407	GLUCOCARD VITAL	
SYSTEM.....	505, 632	<i>ginger (zingiber officinalis)</i>	8	SENSOR.....	479, 634
GE333 BLOOD GLUCOSE		<i>ginkgo biloba leaf extract</i>	9	GLUCOCARD VITAL TEST	
TEST STRIP.....	479, 632	GINKGO BILOBA PLUS		STRIPS.....	479, 634
GE333 CONTROL		(BACOPA).....	9	GLUCOCOM AUTOLINK	
SOLUTION NORMAL..	505, 632	GIRLS TRAINING PANTS		.....	506, 634
<i>gefitinib</i>	80	4T-5T.....	521, 633	GLUCOCOM BLOOD	
GEL VEHICLE FOR		<i>glatiramer</i>	704	GLUCOSE.....	506, 634
NEXOBRID.....	214	Glatopa.....	704	GLUCOCOM CONTROL	
<i>gelatin</i>	8	GLEOSTINE.....	81	HIGH.....	506, 634
GELCLAIR.....	700	<i>glimepiride</i>	373	GLUCOCOM CONTROL	
GELFILM.....	458, 718	<i>glipizide</i>	373	NORMAL.....	506, 634
GEL-FLOW.....	458	<i>glipizide-metformin</i>	372	GLUCOCOM GLUCOSE	
GEL-FLOW NT.....	458	GLOPERBA.....	447	.....	479, 634
GELFOAM.....	458	GLUCAGON (HCL)		GLUCOCOM LANCETS	
GELFOAM JMI POWDER...458		EMERGENCY KIT.....	366	.....	506, 634
GELFOAM JMI SPONGE...458		Glucagon Emergency Kit		GLUCOSA IMMUNE	
GELFOAM SPONGE SIZE		(Human).....	366	BOOSTER.....	9
200.....	458	GLUCERNA HUNGER		<i>glucosam-chondr-c-mang</i>	
GELMIX.....	214	SMART.....	340	<i>citrate</i>	1
GELNIQUE.....	446	GLUCERNA SNACK BAR...340		<i>glucosam-chondr-msm-c-</i>	
GEL-ONE.....	470	GLUCO NAVII GLUCOSE		<i>manganes</i>	1
GELSYN-3.....	470	MONITOR.....	505, 633	<i>glucosam-chondr-vit c-mn-</i>	
GELX.....	701	GLUCO NAVII TEST STRIP		<i>boron</i>	1
<i>gemfibrozil</i>	118	.....	479, 633	<i>glucosamine 2kcl-msm-</i>	
Gemmily.....	223	GLUCOCARD 01 HI-		<i>chondroit</i>	1
GEMTESA.....	439	NORMAL CONTROL...505, 633		<i>glucosamine hcl-hyaluronic</i>	1
GENABIO COVID-19 RAPID		GLUCOCARD 01 METER		<i>sulfate</i>	1
AT-HOME.....	486, 632	.....	505, 633	GLUCOSAMINE-CHONDR-	
GENADEK.....	344	GLUCOCARD 01 NORMAL		D3 (C-MANG).....	1
GENADEK STEP 1.....	330	CONTROL.....	505, 633	<i>glucosamine-chondroitin</i>	2
GENADEK STEP 2.....	330	GLUCOCARD 01 SENSOR		GLUCOSAMINE-	
GENADUR.....	301	PLUS.....	479, 633	CHONDROITIN 3X.....	2
GENADUR (WITH		GLUCOCARD		<i>glucosamine-d3-hyaluronic</i>	
LEXINAL).....	301	EXPRESSION.....	479, 505, 633	<i>acid</i>	2
Gengraf.....	36, 467	GLUCOCARD SHINE..506, 633		<i>glucosamine-msm-chondr-</i>	
GENOTROPIN.....	385	GLUCOCARD SHINE		<i>d3-bosw</i>	2
GENOTROPIN MINIQUICK	385	CONNEX METER.....	505, 633	<i>glucosamine-msm-hyaluron</i>	
<i>gentamicin</i>	249, 719			<i>acid</i>	2

<i>glucosam-msm-chond- hrb149-hyal</i>.....2	GRANIX.....456	HALO CLOSED BAG
<i>glucose</i>.....366	GRASTEK.....97	ADAPTOR.....568, 635
GLUCOSE CONTROL 506, 634	<i>green tea leaf extract</i>.....9	HALO CLOSED LINE
GLUCOSE KETONE	GREEN TEA-600.....9	ADAPTOR.....568, 635
CONTROL SOLN.....506, 634	<i>griseofulvin microsize</i>.....55	HALO CLOSED SYRINGE
<i>glutamine</i>.....310, 437	<i>griseofulvin ultramicrosize</i>....55	ADAPTOR.....568, 635
<i>glutaraldehyde</i>.....96	<i>guaiacol</i>.....213	HALO CLOSED VIAL
GLUTAREX-2.....338, 340	GUAIFENESIN AC.....743	ADAPTOR.....568, 635
<i>glutathione (bulk)</i>.....4, 213	GUAIFENESIN DAC.....743	HALO VIAL CONVERTER
<i>glyburide</i>.....373	<i>guanfacine</i>.....135, 172	.....568, 635
<i>glyburide micronized</i>.....373	GUARDIAN 4 GLUCOSE	<i>halobetasol propionate</i>
<i>glyburide-metformin</i>.....372	SENSOR.....506, 635	.....258, 275, 276
<i>glycerin</i>.....269	GUARDIAN 4	Haloette.....232
<i>glycine urologic solution</i>.....439	TRANSMITTER.....506, 635	HALOG.....276
<i>glycopyrrolate</i>.....408, 702	GUARDIAN CONNECT	<i>haloperidol</i>.....169
<i>glycopyrrolate (pf)</i>.....408	TRANSMITTER.....506, 635	<i>haloperidol lactate</i>.....169
Glydo.....297	GUARDIAN LINK 3	HALUCORT.....267
GLYRX-PF.....408	TRANSMITTER.....507, 635	HAPRODERM.....267
GLYTACTIN BETTERMILK	GUARDIAN SENSOR 3	HARMONY CONTROL
5-5.....341	.....507, 635	L1,L3.....507, 636
GLYXAMBI.....372	GUMMY DINOS.....342	HARMONY GLUCOSE
GM100.....479, 506, 634	GVOKE.....366	TEST STRIP.....480, 636
GOCOVRI.....166	GVOKE HYOPEN 1-PACK	HARVONI.....67
GOJJI BLOOD GLUCOSE	.....366	HAVRIX (PF).....98
TEST STRIP.....480, 634	GVOKE HYOPEN 2-PACK	HAXCHLO.....255
GOJJI GLUCOSE CNTRL	.....366	HAXCHLODREX.....255
SOL-NORMAL.....506, 634	GVOKE PFS 1-PACK	HAXDRAX.....252
GOJJI LANCETS.....506, 634	SYRINGE.....366	HCU MAXAMUM.....339
GOJJI LANCING DEVICE	GVOKE PFS 2-PACK	HEALON ENDOCOAT.....718
.....506, 634	SYRINGE.....366	HEALON GV PRO.....718
GOJJI MULTI-FUNCTIONAL	GYNAZOLE-1.....744	HEALON PRO.....718
METER.....483, 635	HADLIMA.....27, 31, 416	HEALON5 PRO.....718
GOLD BOND	HADLIMA PUSHTOUCH	HEALTHPRO GLUCOSE
THERAPEUTIC FOOT.....267	.....27, 31, 416	MONITOR.....507, 636
GONAL-F.....381	HADLIMA(CF).....27, 31, 416	HEALTHPRO HIGH-LOW
GONAL-F RFF.....381	HADLIMA(CF)	CONTROL.....507, 636
GONAL-F RFF REDI-JECT.381	PUSHTOUCH.....27, 31, 416	HEALTHPRO TEST STRIPS
GONITRO.....115	HAEGARDA.....450	.....480, 636
GOODLIFE AC-302	Hailey.....223	HEALTHWISE INSULIN
GLUCOSE METER.....506, 635	Hailey 24 Fe.....223	SYRINGE.....529, 636
GOODLIFE AC-302 TEST	Hailey Fe 1.5/30 (28).....223	HEALTHWISE PEN
STRIP.....480, 635	Hailey Fe 1/20 (28).....223	NEEDLE.....530, 636
GOTOKNOW COVID-19 AG	HAIR, SKIN AND NAILS	HEALTHY ACCENTS
HOME TEST.....486, 635	(BIOTIN).....361	AUTOLET.....507, 636
GRAFIX CORE.....300	HAIR,SKIN AND NAILS(FA-	HEALTHY ACCENTS
GRAFIX PRIME.....301	BIOTIN).....330, 331	UNIFINE PENTIP.....530, 636
GRAFIX XC.....301	<i>halcinonide</i>.....275	HEALTHY ACCENTS
GRALISE.....206	HALO B-LOCK CLOSED	UNILET LANCET.....507, 636
<i>granisetron hcl</i>.....400	LINE ADAPTR.....568, 635	HEALTHY EYES LUTEIN-
		ZEAXANTHIN.....4

HEALTHY EYES			
SUPERVISION2	4		
Heather	228		
HEMADY	383		
HEMANGEOL	130		
HEMATEX	318		
HEMATOGEN	319		
HEMATOGEN FORTE	319		
HEMATRON-AF	319		
HEMLIBRA	455		
HEMOFIL M HIGH	453		
HEMOFIL M LOW	453		
HEMOFIL M MID	453		
HEMOFIL M SUPER HIGH	454		
HEP FLUSH-10 (PF)	460		
<i>heparin (porcine)</i>	460, 461		
<i>heparin (porcine) in 0.9% nacl</i>	460		
<i>heparin (porcine) in 5 % dex</i>	460		
<i>heparin lock flush (porcine)</i>	460, 461		
HEPARIN			
LOCKFLUSH(PORCINE)(PF)	460, 461		
<i>heparin, porcine (pf)</i>	460, 461		
HEPLISAV-B (PF)	99		
HEPZATO	81		
HEPZATO (50 MM CATHETER)	81		
HEPZATO (62 MM CATHETER)	81		
HER STYLE	232, 233		
HETLIOZ LQ	194		
HEXIOUNYL	252		
HICON	92		
HI-D ADEK GUMMIES PLUS ZINC	336		
HI-D DROP	344		
HIGH POTENCY MULTIVIT (W-IRON)	336		
HIGH POTENCY MULTIVITAMIN	336		
HISTEX-AC	742		
HI-VOLUME PUMPING CHAMBER SET	544, 636		
HIXDEFRIMA	253		
HIZENTRA	100		
HOMATROPAIRE	709		
HOME NEBULIZER PLUS SIDESTREAM	573, 636		
HOMINEX-2	339		
HORIZANT	200, 201		
HORMONE PROTECT	9		
HPR	267		
HPR PLUS	267		
HPR PLUS HYDROGEL	265		
HPR PLUS-MB HYDROGEL	265		
HUMALOG KWIKPEN			
INSULIN	391		
HUMALOG MIX 50-50			
INSULN U-100	388		
HUMALOG MIX 50-50 KWIKPEN	388		
HUMALOG MIX 75-25(U-100)INSULN	388		
HUMALOG U-100 INSULIN	391		
HUMATE-P	454		
HUMATROPE	385		
HUMIRA	27, 31, 416		
HUMIRA PEN	27, 31, 416		
HUMIRA PEN CROHNS-UC-HS START	27, 31, 416		
HUMIRA(CF)	28, 32, 417		
HUMIRA(CF) PEDI CROHNS STARTER	27, 31, 416		
HUMIRA(CF) PEN	28, 32, 416		
HUMIRA(CF) PEN CROHNS-UC-HS	28, 32, 416		
HUMIRA(CF) PEN PEDIATRIC UC	28, 32, 416		
HUMIRA(CF) PEN PSOR-UV-ADOL HS	28, 32, 416		
HUMULIN 70/30 U-100 INSULIN	386		
HUMULIN 70/30 U-100 KWIKPEN	386		
HUMULIN N NPH INSULIN KWIKPEN	387		
HUMULIN N NPH U-100 INSULIN	387		
HUMULIN R REGULAR U-100 INSULN	387		
HUMULIN R U-500 (CONC) INSULIN	388		
HUMULIN R U-500 (CONC) KWIKPEN	388		
HYALGAN	471		
HYCAMTIN	94		
HYCLODEX	95, 303		
<i>hydralazine</i>	135		
HYDRALYTE	322		
HYDRALYTE PLUS	322		
HYDRO 35	285		
<i>hydrochlorothiazide</i>	137		
<i>hydrocodone bitartrate</i>	12		
<i>hydrocodone-acetaminophen</i>	19, 20		
<i>hydrocodone-chlorpheniramine</i>	741		
<i>hydrocodone-homatropine</i>	742		
<i>hydrocodone-ibuprofen</i>	20		
<i>hydrocortisone</i>	47, 277, 383, 413		
<i>hydrocortisone acetate</i>	47		
<i>hydrocortisone butyrate</i>	276, 277		
HYDROCORTISONE LOTION COMPLETE	283		
<i>hydrocortisone valerate</i>	277, 278		
<i>hydrocortisone-acetic acid</i>	723		
<i>hydrocortisone-iodoquinil-aloe2</i>	250		
<i>hydrocortisone-iodoquinol</i>	255		
<i>hydrocortisone-iodoquinol-aloe</i>	250		
<i>hydrocortisone-pramoxine</i>	48, 278, 282		
<i>hydrogen peroxide</i>	96		
<i>hydrogen peroxide (bulk)</i>	96, 213		
Hydromet	742		
<i>hydromorphone</i>	12, 13		
<i>hydromorphone (pf)-0.9 % nacl</i>	12		
<i>hydroquinone</i>	262		
<i>hydroxocobalamin</i>	359		
<i>hydroxychloroquine</i>	33, 56		
<i>hydroxyethyl methacrylate,bulk</i>	213		
HYDROXYM	278		
<i>hydroxypropyl cellulose</i>	215		
<i>hydroxyurea</i>	83		
<i>hydroxyzine hcl</i>	141		
<i>hydroxyzine pamoate</i>	142		
HYFIBER FOR KIDS	433		
HYFTOR	289		

HYGIENIC CLEANSING	IDHIFA.....	89	INDOCIN.....	44
LOTION.....	IDYYXIATAR.....	243	<i>indomethacin</i>	44
HYLATOPICPLUS.....	IGALMI.....	209	INFANT PROBIOTIC.....	424
HYLAZINC.....	IGG 2000 CWP.....	341	INFANT-TODDLER	
HYMOVIS.....	IGG PURE.....	341	MULTIVITAMIN.....	342
<i>hyoscyamine sulfate</i>	IGLUOSE BLOOD		INFANT-TODDLER	
HYOSYNE.....	GLUCOSE MONITOR.....	507, 637	MULTIVIT-IRON.....	344
HYPER-SAL.....	IGLUOSE TEST STRIP		INFASURF.....	738
HYPOCYN ANTIPRURITIC	.....	480, 637	INFINITY CONTROL	
.....	IHEALTH COVID-19 AG		SOLUTION HIGH.....	507, 637
HYPOCYN DERMAL.....	HOME TEST.....	486, 637	INFINITY CONTROL	
HYPOLANCE AST	IHEEZO (PF).....	717	SOLUTION LOW.....	507, 637
LANCING.....	ILET INFUSION KIT-INSET		INFINITY CONTROL	
<i>hypromellose</i>	23".....	584, 637	SOLUTION NORM.....	507, 637
HYQVIA.....	ILET INFUSION-CONTACT		INFINITY METER KIT.....	507, 637
HYQVIA HY COMPONENT.....	DTCH 23".....	584, 637	INFINITY STARTER KIT	
HYQVIA IG COMPONENT..	ILET INSULIN PUMP..	581, 637	.....	507, 638
HYRIMOZ.....	ILEVRO.....	714	INFINITY TEST STRIPS	
HYRIMOZ PEN.....	ILIDERM.....	288	.....	480, 638
HYRIMOZ PEN CROHN'S-	<i>imatinib</i>	91	INFLAMMACIN.....	39
UC STARTER.....	IMBRUVICA.....	84, 91	INFLAMMA-K.....	291
HYRIMOZ PEN PSORIASIS	IMIOXIA.....	252	INFLATHERM(DICLOFENA	
STARTER.....	<i>imipramine hcl</i>	163	C-MENTHOL).....	39
HYRIMOZ(CF).....	<i>imipramine pamoate</i>	163	INGREZZA.....	200, 201
HYRIMOZ(CF) PEDI	<i>imiquimod</i>	283	INGREZZA INITIATION	
CROHN STARTER..	IMMUNERX.....	331	PACK.....	200, 201
HYRIMOZ(CF) PEN	IMPACT ADVANCED		INJECT EASE LANCETS	
28, 32, 417	RECOVERY.....	340	.....	507, 638
HYSINGLA ER.....	IMPAVIDO.....	56	INLYTA.....	91
<i>ibandronate</i>	IMPOYZ.....	258, 278	INNOPRAN XL.....	131
IBRANCE.....	INBRIJA.....	165	INNOSPIRE DELUXE.....	574, 638
IBSRELA.....	Incassia.....	228	INNOSPIRE ELEGANCE	
lbu.....	IN-CHECK NASAL WITH		.....	574, 638
IBUPAK.....	MASK.....	569, 637	INNOSPIRE ESSENCE	
<i>ibuprofen</i>	IN-CHECK ORAL FLOW		.....	574, 638
<i>ibuprofen-famotidine</i>	METER.....	569, 637	INNOSPIRE GO	
<i>icatibant</i>	INCONTROL LANCING		NEBULIZER.....	548, 638
lclevia.....	DEVICE.....	507, 637	INNOSPIRE MINI.....	574, 638
ICLOFENAC CP.....	INCONTROL PEN NEEDLE		.....	574, 638
ICLUSIG.....	.....	530, 637	INNOSPIRE	
ID NOW COVID-19 TEST	INCONTROL SUPER THIN		REPLACEMENT FILTER	
KIT.....	LANCETS.....	507, 637	.....	574, 638
IDACIO(CF).....	INCONTROL ULTRA THIN		INPEFA.....	365
29, 33, 417	LANCETS.....	507, 637	INPEN (FOR HUMALOG)	
IDACIO(CF) PEN.....	INCRELEX.....	392	BLUE.....	530, 638
29, 33, 417	INCRUSE ELLIPTA.....	731	INPEN (FOR HUMALOG)	
IDACIO(CF) PEN CROHN-	<i>indapamide</i>	137	GREY.....	530, 638
UC STARTR.....	INDERAL XL.....	131	INPEN (FOR HUMALOG)	
28, 32, 417	INDICAID COVID-19 AG		PINK.....	530, 638
IDACIO(CF) PEN	HOME TEST.....	486, 637	INPEN (NOVOLOG OR	
PSORIASIS START			FIASP) BLUE.....	530, 638
28, 32, 417				
IDARAN.....				
295				
IDEAL BOWEL SUPPORT..				
424				
IDELVION.....				
452				

INPEN (NOVOLOG OR FIASP) GREY.....	530, 638	INZDEOXIA.....	239	IXINITY.....	452
INPEN (NOVOLOG OR FIASP) PINK.....	530, 638	IODOFLEX.....	96	IYUZEH.....	721
INQOVI.....	94	IODOSORB.....	96	Jaimiess.....	219
INREBIC.....	87	IOPIDINE.....	721	JAKAFI.....	87
INSPIRATION ELITE FILTER.....	574, 638	IPOL.....	109	Jantoven.....	449
INSTA-GLUCOSE (WITH DEXTRIN).....	366	I-PORT.....	568, 640	JANUMET.....	374
INSUFLON.....	579, 639	I-PORT ADVANCE 6 MM		JANUMET XR.....	374
INSUL-CAP.....	507, 639	INJEC PORT.....	568, 640	JANUVIA.....	369
INSUL-EZE.....	507, 639	I-PORT ADVANCE 9 MM		JARDIANCE.....	372
<i>insulin asp prt-insulin aspart</i>	388, 389	INJEC PORT.....	568, 640	JARRO-DOPHILUS ALLERGEN FREE.....	424
<i>insulin aspart u-100</i>	391	<i>ipratropium bromide</i>	732, 738	JARRO-DOPHILUS BABY..	424
<i>insulin lispro</i>	391	<i>ipratropium-albuterol</i>	734	JARRO-DOPHILUS BABY PROBIOTIC.....	425
<i>insulin lispro protamin-lispro</i>	389	<i>irbesartan</i>	114	JARRO-DOPHILUS DIGEST SURE.....	425
<i>insulin syrlndl u100 half</i> <i>mark</i>	530, 639	<i>irbesartan-</i> <i>hydrochlorothiazide</i>	114	JARRO-DOPHILUS EPS.....	425
INSULIN SYRINGE.....	531, 639	IRON (FERROUS SULFATE).....	318	JARRO-DOPHILUS GUT CALM.....	425
INSULIN SYRINGE MICROFINE.....	531, 639	<i>iron bisglycinate chelate</i>	318	JARRO-DOPHILUS KIDS...	425
<i>insulin syringe-needle u-100</i>	531, 639	IRON FOLATE PLUS.....	319	JARRO-DOPHILUS PLUS FOS.....	425
INSUPEN PEN NEEDLE	531, 639	IRON FOLATE-F.....	319	JARRO-DOPHILUS PRENATAL.....	425
INSYTE IV CATHETER	544, 639	<i>iron, carbonyl-vitamin c</i>	320	JARRO-DOPHILUS ULTRA	425
INTEGRA SYRINGE...	559, 640	IRRIGATION SYRINGE	559, 640	JARRO-DOPHILUS WOMEN.....	425
INTELENCE.....	59	ISENTRESS.....	58, 59	Jasmiel (28).....	223
INTELISWAB COVID-19 HOME TEST.....	486, 640	ISENTRESS HD.....	58	JATENZO.....	367
INTENSE DRY SKIN THERAPY.....	267	Isibloom.....	223	Javygtor.....	697
INTERLINK LEVER LOCK CANNULA.....	568, 640	I-SIGHT.....	4	JAYPIRCA.....	85, 91
INTERLINK SYRINGE AND CANNULA.....	559, 640	<i>isoflurane</i>	46	JAZZ WIRELESS 2 METER KIT.....	507, 640
INVACARE LANCETS.507, 640		<i>isoniazid</i>	63	JELMYTO.....	94
INVELTYS.....	711	<i>isopropyl alcohol</i>	213	Jencycla.....	228
INVIGOFLEX AMPM.....	2	<i>isosorbide dinitrate</i>	115	JENTADUETO.....	374
INVIGOFLEX CS.....	2	<i>isosorbide mononitrate</i>	115	JENTADUETO XR.....	374
INVIGOFLEX D.....	2	<i>isosorbide-hydralazine</i>	141	JESDUVROQ.....	448
INVIGOFLEX GS.....	2	<i>isotretinoin</i>	234	Jinteli.....	379
INVOKAMET.....	371	<i>isradipine</i>	133	JIVI.....	454
INVOKAMET XR.....	371	ISTURISA.....	365	JOENJA.....	696
INVOKANA.....	372	IS-ZC 50.....	324	JOLESSA.....	223
INZDEAXIATAR.....	241	ITHOXIA.....	245	JORNAY PM.....	176
INZDEAXIAVAR.....	242	<i>itraconazole</i>	55	Joyeaux.....	223
		I-VALEX-2.....	338	JUBLIA.....	254
		IVENIX ADMIN SET 2INLET 2YSITE.....	544, 640	Juleber.....	223
		IVENIX ADMIN SET 2INLET Y-SITE.....	544, 640	JULUCA.....	59
		IVENIX ADMIN SET SINGLE-INLET.....	544, 640	Junel 1.5/30 (21).....	223
		IVENIX BLOOD PRODUCT ADMIN SET.....	474, 640	Junel 1/20 (21).....	223
		<i>ivermectin</i>	53	Junel Fe 1.5/30 (28).....	224
		IWILFIN.....	79		

Junel Fe 1/20 (28).....	224	KETONE CARE.....	583, 641	Klor-Con M20.....	323
Junel Fe 24.....	224	KETONE URINE TEST.....	583, 641	KLOXXADO.....	51
JUST 4 KIDZ MULTIVIT- PROBIOTIC.....	344	KETONEX-2.....	339	KOATE.....	454
JUST RIGHT 5000.....	698	<i>ketoprofen</i>	43	KOGENATE FS.....	454
JUVAZIN.....	292	<i>ketorolac</i>	40, 41, 714	KONSYL DAILY FIBER (STEVIA).....	433
JUXTAPID.....	129	KETOSTIX.....	583, 641	KONSYL SUGAR-FREE.....	433
JYLAMVO.....	34, 82	KEVARAXAP.....	263	KONVOMEF.....	406
JYNARQUE.....	442	KEVARTIA.....	263	KORLYM.....	371
K1-1000.....	364	KEVARYA.....	263	KOSELUGO.....	88
Kaitlib Fe.....	224	KEVEYIS.....	469	KOSHER PRENATAL PLUS IRON.....	347
Kalliga.....	224	KEVZARA.....	37	KOTARAXAP.....	263
KALYDECO.....	737	KEXM.....	262	KOVALTRY.....	454
KANGAROO 924 SAFETY SCREW.....	489, 640	KEYA.....	263	KOVANAZE.....	699
KANGAROO EPUMP SET	489, 640	KEYFOLIC.....	331	K-PHOS NO 2.....	443
KANGAROO GRAVITY SET	489, 640	KIDS MELATONIN.....	191	K-PHOS ORIGINAL.....	443
KAPSPARGO SPRINKLE... ..	130	KIDS MULTI ZERO.....	344	KRAZATI.....	87
KARBINAL ER.....	725, 726	KIDS MULTIVITAMIN- MINERALS.....	344	K-RIGHT.....	362
Kariva (28).....	219	KIDS SLEEP CALM.....	192	<i>krill-om-3-dha-epa-phospho- ast</i>	126
KATARAXAP.....	263	KIDS SLEEP IMMUNE HEALTH.....	192	KRINTAFEL.....	56
KATARVIA.....	263	KIMONO CONDOMS(NON- LUBRICATED).....	545, 641	KRISTALOSE.....	434
KATARYA.....	263	KIMONO LUBRICATED CONDOMS.....	545, 641	Kurvelo (28).....	224
KATARYAXN.....	263	KIMONO MICROTHIN AQUA LUBE CON.....	545, 641	KUTAR.....	263
KATERZIA.....	133	KIMONO MICROTHIN CONDOMS.....	545, 641	KUTARVIA.....	263
KAXM.....	262	KIMONO MICROTHIN CONDOMS.....	545, 641	KUTARYAXM.....	263
KEIDO.....	263	KIMONO MICROTHIN LARGE CONDOMS.....	545, 641	KUTARYAXMPA.....	264
Kelnor 1/35 (28).....	224	KIMONO TEXTURED CONDOMS.....	545, 641	KUTEA.....	262
Kelnor 1-50 (28).....	224	KINDERLYTE HERBAL IMMUNITY.....	322	KUVAN.....	697
KELOTOP.....	578, 640	KINDERMED INFANTS COUGH PLUS.....	5	KUVARYA.....	264
KENDALL DISINFECTANT CAP.....	568, 640	KINDERMED INFANTS NIGHT COUGH.....	5	KUVARYE.....	264
KENGUARD FOLEY CATHETER.....	582, 640, 641	KINERET.....	36	KUXM.....	262
KERAGEL.....	305, 641	Kiprofen.....	43	KYLEENA.....	218
KERAGELT.....	305, 641	KISQALI.....	85	KYZATREX.....	367
KERALYT SCALP COMPLETE.....	285	KISQALI FEMARA CO- PACK.....	87	<i>l norgest/e.estradiol-e.estrad</i>	220, 229
KERAMATRIX.....	301	KLARITY (CHONDROITIN) (PF).....	706	L.E.T. (LIDO-EPINEPH- TETRA).....	297
KERASTAT.....	269	Klayesta.....	251	L.E.T.(LIDO-EPINEPH BIT- TETRA).....	298
KERENDIA.....	112	KLISYRI.....	256	<i>labetalol</i>	113
KERLIX AMD.....	305, 641	Klor-Con M10.....	323	<i>lacosamide</i>	147
KESIMPTA PEN.....	702	Klor-Con M15.....	323	LACRISERT.....	706
<i>ketamine</i>	46			<i>lactase</i>	403
KETARYA.....	263			<i>lactated ringers</i>	313
<i>ketoconazole</i>	54, 253			<i>lactobacillus acidophilus</i>	425, 426
Ketodan.....	253				
KETODAN KIT.....	253				

<i>lactobacillus acidoph-l.bulgar</i>	<i>lenalidomide</i>	94	<i>lidocaine-prilocaine</i>	288
.....	LENVIMA.....	92	<i>lidocaine-racepinep-</i>	
<i>lactulose</i>	Lessina.....	225	<i>tetracaine</i>	298
LAGEVRIO (EUA).....	<i>letrozole</i>	84	<i>lidocaine-tetracaine</i>	298
LAMICTAL XR STARTER	<i>leucovorin calcium</i>	95	Lidocan Iii.....	298
(BLUE).....	LEUKERAN.....	81	Lidocan Iv.....	298
LAMICTAL XR STARTER	LEUKINE.....	457	Lidocan V.....	298
(GREEN).....	<i>leuprolide</i>	88	LIDOMARK 1-5.....	47
LAMICTAL XR STARTER	<i>levabuterol hcl</i>	733	LIDOMARK 2-5.....	47
(ORANGE).....	<i>levabuterol tartrate</i>	733	LIDOPIN.....	298
LAMIOFLUR.....	<i>levamlodipine</i>	133	LIDOPURE PATCH.....	298
<i>lamivudine</i>	LEVEMIR FLEXPEN.....	389	LIDORX.....	298
<i>lamivudine-zidovudine</i>	LEVEMIR U-100 INSULIN... 389		LIDORXKIT.....	288
<i>lamotrigine</i>	<i>levetiracetam</i>	153	LIDOSOL-50.....	298
LAMPIT.....	LEVICYN ANTIPRURITIC		LIDTOPIC MAX.....	298
<i>lancets</i>.....	.....	300, 307	LIKMEZ.....	57
LANCETS, SUPER THIN	LEVICYN ANTIPRURITIC		LILETTA.....	218
.....	SG.....	267	<i>linezolid</i>	71
LANCETS,THIN.....	LEVICYN DERMAL.....	303	LINZESS.....	401, 411
LANCETS,ULTRA THIN	<i>levobunolol</i>	716	<i>liothyronine</i>	395
.....	<i>levocarnitine</i>	309, 695	LIPOCHOL PLUS.....	126
<i>lancing device</i>	<i>levocarnitine (with sugar)</i>	695	LIPO-FLAVONOID.....	312
LANCING DEVICE WITH	<i>levocarnitine tartrate</i>	310	LIQREV.....	141
LANCETS.....	<i>levocetirizine</i>	726, 727	LIQUACEL.....	341
<i>lancing device with lancets</i>	<i>levofloxacin</i>	65, 720	LIQUID C.....	361
.....	Levonest (28).....	230	LIQUID MULTIVITAMIN.....	331
LANCING SYSTEM.....	<i>levonorgest-eth.estradiol-</i>		<i>lisdexamfetamine</i>	176
LANOLIN (HPA).....	<i>iron</i>	225	<i>lisinopril</i>	112
<i>lansoprazole</i>	<i>levonorgestrel</i>	232, 233	<i>lisinopril-hydrochlorothiazide</i>	
<i>lanthanum</i>	<i>levonorgestrel-ethinyl estrad</i> 225		.....	111
LANZO LANCING DEVICE	<i>levonorg-eth estrad triphasic</i>		LITE TOUCH-MEDIUM	
.....	.....	230	MASK.....	574, 642
<i>lapatinib</i>	Levora-28.....	225	LITEAIRE MDI CHAMBER	
Larin 1.5/30 (21).....	<i>levorphanol tartrate</i>	13	.....	574, 642
Larin 1/20 (21).....	<i>levothyroxine</i>	395	LITETOUCH-LARGE MASK	
Larin 24 Fe.....	LEVULAN.....	292	.....	574, 642
Larin Fe 1.5/30 (28).....	LEXITRAL PHARMAPAK II. 291		LITETOUCH-SMALL MASK	
Larin Fe 1/20 (28).....	L-GLUTAMINE.....	310	.....	574, 642
<i>latanoprost</i>	LICART.....	292	LITFULO.....	233
LAYOLIS FE.....	LICE-BEDBUG-MITE		<i>lithium carbonate</i>	185
LC PLUS.....	BEDDING.....	302	<i>lithium citrate</i>	185
LC PLUS NEBULIZER-PED	<i>licorice root (g.glabra)</i>	9	LITHOLYTE.....	443
MASK.....	LIDO BDK.....	583	LITHOSTAT.....	442
L-CARNITINE.....	<i>lidocaine</i>	47, 298	LIVALO.....	121
L-CARNITINE (TARTRATE) 309	<i>lidocaine hcl</i>	47, 298, 700	LIVER PROTECT.....	4
L-CARNOSINE.....	<i>lidocaine hcl-hydrocortison</i>		LIVITA FOR ADULT.....	331
LDO PLUS.....	<i>ac</i>	48, 282	LIVITA FOR CHILDREN.....	344
LEENA 28.....	Lidocaine Viscous.....	700	LIVMARLI.....	467
LEFLUNICLO.....	<i>lidocaine-hydrocortisone-</i>		LIVTENCITY.....	65
<i>leflunomide</i>	<i>aloe</i>	48	L-MESITRAN SOFT.....	305

LMR PLUS.....	288	LUMRYZ.....	201	<i>malathion</i>	302
LO LOESTRIN FE.....	220	LUPKYNIS.....	468	<i>maraviroc</i>	57
LODOCO.....	11	<i>lurasidone</i>	167, 168	MAR-COF BP.....	742
Lofena.....	42	<i>lutein</i>	4	MAR-COF CG.....	743
LOFRIC.....	582, 642	<i>lutein-zeaxanthin</i>	4	Marlissa (28).....	225
LOFRIC HYDRO-KIT...582, 642		<i>lutein-zeaxanthin-bilberry ext</i> ...4		MARNATAL-F.....	347
LOFRIC ORIGO.....	582, 642	Lutera (28).....	225	MARPLAN.....	157
LOFRIC PRIMO NELATON		LUXAMEND.....	267	MARVONA SUIK (PF).....	47
CATHETER.....	582, 642	LYBALVI.....	171, 172, 184	MATRISTEM.....	301
LOFRIC SENSE NELATON		Lyleq.....	228	MATRISTEM	
CATHETER.....	583, 642	Lyllana.....	380	MICROMATRIX.....	301
Lojaimiess.....	220	LYNPARZA.....	90	MATULANE.....	80
LOKELMA.....	313	<i>lysine hcl</i>	310	Matzim La.....	132
LONSURF.....	83	LYSODREN.....	82	MAVENCLAD (10 TABLET	
<i>loperamide</i>	398	LYTGOBI.....	86	PACK).....	704
<i>lopinavir-ritonavir</i>	61	LYUMJEV KWIKPEN U-100		MAVENCLAD (4 TABLET	
LOPROX KIT.....	253	INSULIN.....	391	PACK).....	704
<i>lorazepam</i>	142, 181	LYUMJEV KWIKPEN U-200		MAVENCLAD (5 TABLET	
Lorazepam Intensol....	142, 181	INSULIN.....	391	PACK).....	704
LORBRENA.....	81	LYUMJEV TEMPO PEN(U-		MAVENCLAD (6 TABLET	
LOREEV XR.....	142, 181, 182	100)INSULN.....	391	PACK).....	704
LORMATE.....	358	LYUMJEV U-100 INSULIN..	391	MAVENCLAD (7 TABLET	
Loryna (28).....	225	LYVISPAH.....	472	PACK).....	704
<i>losartan</i>	114	Lyza.....	229	MAVENCLAD (8 TABLET	
<i>losartan-hydrochlorothiazide</i>	114	MACULAPF.....	4	PACK).....	704
LOTEMAX.....	711	<i>mafenide acetate</i>	261	MAVENCLAD (9 TABLET	
LOTEMAX SM.....	711	<i>mag citrate-potassium citrate</i>		PACK).....	704
<i>loteprednol etabonate</i>	711	.....	322	MAVYRET.....	67
LOTREXONE.....	11	MAGE.....	426	MAXFE (FOLATE).....	320
LOUTREX.....	259, 267	MAGELLAN INSULIN		MAXICOMFORT II PEN	
<i>lovastatin</i>	121	SAFETY SYRNG.....	531, 643	NEEDLE.....	532, 643
Low-Ogestrel (28).....	225	MAGELLAN SAFETY		MAXICOMFORT INSULIN	
<i>loxapine succinate</i>	169	NEEDLE.....	559, 643	SYRINGE.....	532, 643, 644
LOYON.....	267	MAGELLAN SAFETY		MAXI-COMFORT INSULIN	
Lo-Zumandimine (28).....	225	SYRINGE.....	559, 643	SYRINGE.....	532, 644
<i>lubiprostone</i>	411, 432	MAGELLAN SYRINGE		MAXICOMFORT SAFETY	
LUCEMYRA.....	209	.....	532, 559, 643	PEN NEEDLE.....	532, 644
LUCIRA CHECK-IT COVID		MAGIC3 INTERMITTENT		MAXIDEX.....	712
HOME TST.....	486, 642	CATHETER.....	583, 643	MAXI-TUSS AC.....	743
LUER LOCK SYRINGE		MAGMIND.....	320	MAXI-TUSS CD.....	742
.....	559, 642	<i>magnesium</i>	320	MAXORB EXTRA.....	305, 644
LUER SLIP TIP SYRINGE		<i>magnesium chloride</i>	320	MAYZENT.....	705
TRAY.....	559, 642	<i>magnesium citrate</i>	320	MAYZENT STARTER(FOR	
LUER-LOK TIP.....	559, 642	<i>magnesium citrate,mag</i>		1MG MAINT).....	705
LUGOLS.....	96, 317	<i>oxide</i>	320	MAYZENT STARTER(FOR	
<i>luliconazole</i>	254	MAGNESIUM COMPLEX...320		2MG MAINT).....	705
LUMAKRAS.....	87	<i>magnesium glycinate</i>	320	MB HYDROGEL.....	265
LUMIGAN.....	722	MAGNESIUM OPTIMIZER..321		MB HYDROGEL	
LUMINOPIA DIGITAL APP		<i>magnesium oxide</i>	320, 397	(CYCLOMETHICONE).....	265
(30-DAY).....	488, 643	MAHANA IBS.....	488, 643		

MC 300 NEBULIZER W- MOUTHPIECE.....	548, 644	<i>megestrol</i>	90, 309	<i>methamphetamine</i>	176, 188
MC 300 NEBULIZER- UNVRSL TUBING.....	548, 644	MEKINIST.....	88, 89	<i>methazolamide</i>	136
MCT OIL.....	338	MEKTOVI.....	89	<i>methenamine hippurate</i>	70, 443
<i>meclizine</i>	399	<i>melatonin</i>	5, 6, 191, 192	<i>methenamine mandelate</i>	70, 443
<i>meclofenamate</i>	40	MELATONINMAX.....	192	<i>methen-sod phos-meth blue- hyos</i>	70, 445
<i>mecobalamin (vitamin b12)</i>	359, 360	<i>melatonin-pyridoxal phos (b6)</i>	192	<i>me-thfolate glucos- mecobalamin</i>	358
MEDCAPS MENOPAUSE.....	9	<i>melatonin-pyridoxine (vit b6)</i>	9, 192	<i>methimazole</i>	375
MEDIHONEY (CAL ALGINATE-HONEY)....	306, 644	<i>melatonin-pyridoxine hcl (b6)</i>	9, 192, 193	METHITEST.....	367
MEDIHONEY (HONEY).....	306	<i>melatonin-theanine</i>	193	<i>methocarbamol</i>	472, 473
MEDIHONEY (HYDROCOLLOID-HONEY)	306, 644	<i>meloxicam</i>	41	METHOCEL E 4 M.....	215
MEDISENSE.....	508, 644	<i>meloxicam submicronized</i>	41	<i>methotrexate sodium</i>	34, 82
MEDISENSE CONTROLS 1-HI 1-LO.....	508, 644	<i>melphalan</i>	81	<i>methotrexate sodium (pf)</i>	34, 82
MEDISENSE GLUCOSE KETONE.....	508, 644	<i>memantine</i>	217	<i>methoxsalen</i>	256
MEDISENSE MID CONTROL.....	508, 644	MEN 50 PLUS MULTIVITAMIN.....	331	<i>methscopolamine</i>	408
MEDISENSE THIN LANCETS.....	508, 644	MENEST.....	380	<i>methsuximide</i>	153
<i>medium chain triglycerides</i> ..	338	MENOFEM.....	9	METHYL PROTECT.....	357
MEDLANCE PLUS LANCETS.....	508, 644	MENOPUR.....	381	<i>methyl salicylate</i>	300
MEDLANCE PLUS SPECIAL BLADE.....	508, 644	MENOSTAR.....	380	<i>methyl dopa</i>	135
MEDPOINT NORMAL CONTROL.....	508, 645	MENQUADFI (PF).....	104	<i>methyl dopa- hydrochlorothiazide</i>	134
MEDROL.....	383	MEN'S 50 PLUS MULTIVITAMIN.....	331	<i>methylene blue (bulk-solid)</i> ..	213
MEDROLOAN II SUIK.....	383	MEN'S DAILY GUMMIES....	331	<i>methylergonovine</i>	393
MEDROLOAN SUIK.....	383	MEN'S MULTIVITAMIN GUMMIES.....	331	<i>methylphenidate</i>	177
<i>medroxyprogesterone</i> ..	218, 394	MEN'S ONE DAILY.....	331	<i>methylphenidate hcl</i>	176, 177, 202
MEDTRONIC EXT INFUSION SET 23".....	584, 645	MENTAX.....	252	<i>methylprednisolone</i>	383
MEDTRONIC EXT INFUSION SET 32".....	584, 645	MENTHO-CAINE.....	288	<i>methyltestosterone</i>	367
<i>mefenamic acid</i>	40	MENVEO A-C-Y-W-135-DIP (PF).....	104	<i>methyltetrahydrofolate glucos</i>	364
<i>mefloquine</i>	56	<i>meperidine</i>	13	<i>metoclopramide hcl</i>	407
MEGARED ADV TOTAL BODY REFRESH.....	126	<i>meperidine (pf)</i>	13	<i>metolazone</i>	137
MEGARED ADVANCED 4- IN-1.....	126	<i>meprobamate</i>	143	<i>metoprolol succinate</i>	130
MEGARED ADVANCED TOTAL BODY.....	126	<i>mercaptapurine</i>	83	<i>metoprolol ta- hydrochlorothiaz</i>	134
MEGARED OMEGA-3 KRILL OIL.....	127	Merzee.....	225	<i>metoprolol tartrate</i>	130
		<i>mesalamine</i>	413	<i>metronidazole</i>	57, 295, 744
		<i>mesalamine with cleansing wipe</i>	413	<i>metyrosine</i>	139
		MESNEX.....	95	<i>mexiletine</i>	116
		Metadate Er.....	176	Mibelas 24 Fe.....	225
		<i>metaxalone</i>	472	<i>miconazole nitrate-zinc ox- pet</i>	254
		METDRAY.....	285	MICONAZOLE-3.....	744
		METER-CHECK.....	508, 645	MICRO BLOOD GLUCOSE	480, 645
		<i>metformin</i>	392	MICRO THIN LANCETS	508, 645
		<i>methadone</i>	13, 14		
		Methadone Intensol.....	13		
		Methadose.....	14		

MICROAIR MESH	MINERIN CREME..... 267	<i>misoprostol</i> 406
NEBULIZER..... 548, 645	MINI LANCING DEVICE	<i>mitomycin (pf) in water</i> 709
MICROBORE EXTENSION	..... 509, 646	MITOSOL..... 709
SET..... 544, 645	MINI PLUS NEBULIZER	MK-7..... 364
MICROCHAMBER..... 574, 645	..... 549, 646	MKO (MIDAZOLAM-
MICROCYN..... 96, 303	MINI ULTRA-THIN II.... 532, 646	KETAMINE-ONDAN)..... 46
MICRODOT BLOOD	MINI WRIGHT PEAK FLOW	M-M-R II (PF)
GLUCOSE SYSTEM	METER..... 569, 646	..... 101, 108, 109, 110
..... 480, 508, 509, 645	MINIMED 630G INSULIN	M-NATAL PLUS..... 347
MICRODOT HIGH-LOW	PUMP..... 581, 646	MOBILE LANCETS.... 509, 647
CONTROL..... 509, 645	MINIMED 770G INSULIN	<i>modafinil</i> 202
MICRODOT INSULIN PEN	PUMP..... 581, 646	MODERNA COVID 23-
NEEDLE..... 532, 645	MINIMED 780G INSULIN	24(6M-11Y)PF..... 106
MICRODOT LANCET.. 509, 645	PUMP..... 581, 646	<i>moexipril</i> 112
MICRODOT NORMAL	MINIMED MIO ADVANCE	MOISTURIZING CREAM.... 267
CONTROL..... 509, 645	INF SET23"..... 584, 646	MOISTURIZING NORMAL-
MICRODOT READYGARD	MINIMED MIO ADVANCE	DRY SKIN..... 265
PEN NEEDLE..... 532, 645	INF SET43"..... 584, 646	MOITURIZING LOTION..... 267
MICRODOT XTRA BLOOD	MINIMED QUICK SET 18"	<i>molindone</i> 169
GLUCOSE..... 480, 646	..... 585, 646	MOMETACURE..... 281
Microgestin 1.5/30 (21)..... 225	MINIMED QUICK SET 23"	<i>mometasone</i> 278, 739
Microgestin 1/20 (21)..... 225	..... 585, 647	Mondoxylene NI..... 77
Microgestin 24 Fe..... 225	MINIMED QUICK SET 32"	MONO-FLO DRAINAGE
Microgestin Fe 1.5/30 (28)... 226	..... 585, 647	BAG..... 520, 647
Microgestin Fe 1/20 (28)..... 226	MINIMED QUICK SET 43"	MONOJECT 140CC
MICROLET 2 LANCING	..... 585, 647	PISTON SYRINGE..... 559, 647
DEVICE..... 509, 646	MINIMED QUICK-SERTER	MONOJECT 35CC
MICROLET LANCET... 509, 646	(MMT-395)..... 509, 647	SYRINGE CATH TIP... 559, 647
MICROLET NEXT LANCING	MINIMED SILHOUETTE 18"	MONOJECT 3CC SYR
DEVICE..... 509, 646	..... 585, 647	25GX1"..... 559, 647
MICROLIFE PEAK FLOW	MINIMED SILHOUETTE 23"	MONOJECT ALLERGY
METER..... 569, 646	..... 585, 647	TRAY..... 560, 648
MICROSPACER..... 574, 646	MINIMED SILHOUETTE 32"	MONOJECT ALLERGY
MIDASPOT COVID19	..... 585, 647	TRAY DETACH..... 560, 648
ANTIBODY TEST..... 486, 646	MINIMED SILHOUETTE 43"	MONOJECT BLOOD
<i>midazolam</i> 46, 182, 208	..... 585, 647	COLLECTION..... 474, 648
<i>midazolam (pf)</i> 46, 182	MINIMED SURE T 18" .585, 647	MONOJECT CONTROL
<i>midodrine</i> 134	MINIMED SURE T 23" .585, 647	SYRINGE LUER..... 560, 648
MIEBO..... 706	MINIMED SURE T 32" .585, 647	MONOJECT DISPOSABLE
MIFEPREX..... 365	<i>minocycline</i> 37, 76, 77, 234, 235	SYRINGE..... 560, 648
<i>mifepristone</i> 365, 371	<i>minoxidil</i> 135	MONOJECT ECCENTRIC
MIGERGOT..... 195	MINREX..... 321	NON-STERILE..... 560, 648
<i>miglitol</i> 369	MIRCERA..... 451	MONOJECT HYPODERMIC
<i>miglustat</i> 695	MIRENA..... 219	NEEDLES..... 560, 648
MIGRANOW..... 196	MIRO3D..... 301	MONOJECT INSULIN
Mili..... 226	MIRODERM	SAFETY SYRING 532, 533, 648
<i>milk thistle</i> 9	FENESTRATED..... 302	MONOJECT INSULIN
<i>milk thistle sd ext-blessed th</i> 9	MIRODERM	SYRINGE..... 533, 648, 649
<i>milk thistle seed extract</i> 9	FENESTRATED PLUS..... 302	MONOJECT LUER
Mimvey..... 379	<i>mirtazapine</i> 157	ADAPTER..... 568, 649

MONOJECT LUER-LOCK TIP.....	560, 649	<i>morphine (pf)</i>	14	MVW MODULATR	
MONOJECT MAGELLAN SYRINGE.....	560, 649	<i>morphine concentrate</i>	14	FORMLTN PEDIATRIC.....	344
MONOJECT PHARMACY TRAY LUER.....	560, 561, 649	<i>morphine in 0.9 % sodium chlor</i>	14	MX-SOL SF.....	215
MONOJECT PHARMACY TRAY REG TIP.....	561, 650	MOTTEGRITY.....	406	MY CHOICE.....	232, 233
MONOJECT REG TIP NON-STERILE.....	561, 650	MOTOFEN.....	398	MY WAY.....	232, 233
MONOJECT REGULAR LUER.....	561, 650	MOTPOLY XR.....	147	MYALEPT.....	392
MONOJECT SAFETY LUER LOCK TIP.....	561, 650	MOUNJARO.....	370	MYCAPSSA.....	394
MONOJECT SAFETY SYRINGES..	561, 562, 650, 651	MOVANTIK.....	50	<i>mycophenolate mofetil</i> ...36,	468
MONOJECT SMARTIP CANNULA.....	562, 651	MOVE FREE PLUS MSM.....	2	<i>mycophenolate sodium</i>	468
MONOJECT SYRINGE.....	533, 562, 563, 651, 652	MOVE FREE PLUS MSM-VIT D3.....	2	MYDRIATIC4(TROP-PROP-PE-KTRLC).....	717
MONOJECT SYRINGE ECCENTRI LUER.....	562, 651	MOVE FREE ULTRA TURMERIC-TAMAR.....	9	MYFEMBREE.....	393
MONOJECT SYRINGE LUER LOK.....	562, 651	MOXATAG.....	52	MYGLUCOHEALTH.....	480, 509, 653
MONOJECT SYRINGE REGULAR LUER.....	562, 651	MOXICAINE.....	298	MYGLUCOHEALTH CONTROL SOLUTION	509, 653
MONOJECT SYRINGE TOOMEY TYPE.....	563, 652	<i>moxifloxacin</i>	65, 720	MYGLUCOHEALTH LANCETS.....	509, 653
MONOJECT TB.....	563, 652	MUCOSITISRX.....	700	MYLERAN.....	80
MONOJECT TB LUER LOK.....	563, 652	MUGARD.....	701	MYNATAL.....	347
MONOJECT TB REGULAR LUER TIP.....	563, 652	MULPLETA.....	466	MYNATAL ADVANCE.....	347
MONOJECT TB SAFETY SYRINGE.....	563, 652	MULTAQ.....	117	MYNATAL PLUS.....	347
MONOJECT TUBERCULIN SYRINGE.....	563, 652	MULTI PRO.....	331	MYNATAL-Z.....	347
MONOJECT ULTRA COMFORT INSULIN... 533,	652	MULTI-LANCET DEVICE 2.....	509, 653	MYNATE 90 PLUS.....	347
MONOLET LANCETS.....	509, 653	<i>multivit with min-folic acid</i>	331	MYNEPHRON.....	311
MONOLET THIN LANCETS.....	509, 653	<i>multivit,calc,min-fa-k1-lycop</i>	331	MYRBETRIQ.....	439
Mono-Linyah.....	226	<i>multivitamin</i>	336	MYTESI.....	398
MONOVISC.....	471	MULTIVITAMIN GUMMIES.....	332	MYXREDLIN.....	388
MONSEL'S.....	458	MULTI-VITAMIN WITH FLUORIDE.....	344	N.O.MAX ER.....	310
<i>montelukast</i>	730	MULTIVITAMIN WOMEN 50 PLUS.....	332	<i>nabumetone</i>	41
MORGIDOX 1X 50.....	77	MULTIVITAMIN-ZINC-STRESS.....	311	<i>nadolol</i>	131
MORGIDOX 1X100.....	77	MULTI-VIT-FLOR.....	344	<i>naftifine</i>	251
MORGIDOX 2X100.....	78	MULTIVIT-FLUORIDE (METAFOLIN).....	345	<i>nalbuphine</i>	24
<i>morphine</i>	14, 15	<i>multivit-min-ferrous fumarate</i>	332	Nalocet.....	20, 22
		<i>mupirocin</i>	249	<i>naloxone</i>	51
		<i>mupirocin calcium</i>	249	NALTREX.....	11
		MURI-LUBE.....	213	<i>naltrexone</i>	210
		MUSCUSOLICE.....	289	NAMENDA XR.....	217
		MVW COMPLETE FORM PROBIOT MINI.....	426	NAMZARIC.....	217
		MVW MODULATOR FORMUL MULTIVIT.....	332	NANRAN.....	250
		MVW MODULATR FORM MINI MULTIVT.....	332	NAPROTIN.....	39
				<i>naproxen</i>	43
				<i>naproxen sodium</i>	43
				<i>naproxen-esomeprazole</i>	39
				<i>naratriptan</i>	196
				NATACHEW (FE BIS-GLYCINATE).....	347
				NATACYN.....	720
				NATAL PNV.....	354
				NATAZIA.....	229

<i>nateglinide</i>	371	NEURIVA ORIGINAL.....	9	<i>nitroglycerin</i>	47, 115
NATESTO.....	367	NEUTEK 2TEK TEST		NITROMIST.....	115
NAYZILAM.....	146, 182	STRIPS.....	480, 653	NITRO-TIME.....	115
<i>nebivolol</i>	130	NEVANAC.....	714	NITYR.....	695
<i>nebulizer and compressor</i>		<i>nevirapine</i>	59	NIVESTYM.....	456
.....	574, 653	NEW DAY.....	232, 233	<i>nizatidine</i>	403
NEBUSAL.....	214	NEW ZEALAND WHEY		NOCDURNA (MEN).....	368
Necon 0.5/35 (28).....	226	PROTEIN.....	341	NOCDURNA (WOMEN).....	368
<i>nefazodone</i>	159	NEWFLORA.....	426	NOCTIVA.....	368
NENDRUX.....	285	NEWGEN.....	348	NOPIOID-LMC KIT.....	473
<i>neomycin</i>	51	NEXA PLUS.....	348	NORA-BE.....	229
<i>neomycin-bacitracin-poly-hc</i>	707	NEXAVIR.....	287	NORDITROPIN FLEXPRO..	385
<i>neomycin-bacitracin-</i>		NEXIUM PACKET.....	405	<i>norelgestromin-</i>	
<i>polymyxin</i>	719	NEXIVA.....	544, 653	<i>ethin.estradiol</i>	231
<i>neomycin-polymyxin b gu</i>	438	NEXLETOL.....	117	<i>noreth-ethinyl estradiol-iron</i> .	226
<i>neomycin-polymyxin b-</i>		NEXLIZET.....	128	<i>norethindrone</i>	
<i>dexameth</i>	708	NEXOBRID.....	261	(<i>contraceptive</i>).....	229
<i>neomycin-polymyxin-</i>		NEXOBRID POWDER		<i>norethindrone acetate</i>	394
<i>gramicidin</i>	719	COMPONENT.....	261	<i>norethindrone ac-eth</i>	
<i>neomycin-polymyxin-hc</i>		NEXPLANON.....	218	<i>estradiol</i>	226, 379
.....	708, 723	NEXTSTELLIS.....	226	<i>norethindrone-e.estradiol-</i>	
NEONATAL COMPLETE....	347	NGENLA.....	385	<i>iron</i>	226, 230
NEONATAL FE.....	318	<i>niacin</i>	122, 123, 360	Norgesic Forte.....	471
NEONATAL PLUS VITAMIN		<i>niacin (inositol niacinate)</i>	360	<i>norgestimate-ethinyl</i>	
.....	347	<i>niacinamide</i>	360	<i>estradiol</i>	226, 230
NEONATAL-DHA.....	347	Niacor.....	123	NORITATE.....	295
NEOPHE.....	341	<i>nicardipine</i>	133	NORLIQVA.....	133
Neo-Polycin.....	719	NICOTINAMIDE (WITH		NORMAL SALINE FLUSH...355	
Neo-Polycin Hc.....	708	CHROMIUM).....	332	NORM-JECT.....	563, 564, 653
NEOSALUS.....	268	<i>nicotine</i>	211	NORM-JECT TUBERKULIN	
NEO-SYNALAR.....	251	<i>nicotine (polacrilex)</i>	210, 211	.....	564, 653
NEO-SYNALAR KIT.....	251	NICOTROL NS.....	211	NORMLGEL AG.....	250
NEOVITE.....	332	<i>nifedipine</i>	133	NORPACE CR.....	116
NEPHRO VITAMINS.....	311	NIGHTTIME UNDERPANTS		Nortrel 0.5/35 (28).....	226
NEPHRON FA.....	311	L-XL.....	520, 653	NORTREL 1/35 (21).....	226
NEPRO CARB STEADY....	340	Nikki (28).....	226	Nortrel 1/35 (28).....	227
NERIVIO DIGITAL APP		<i>nilutamide</i>	82	Nortrel 7/7/7 (28).....	230
(MIGRAINE).....	488, 653	<i>nimodipine</i>	132	<i>nortriptyline</i>	164
NERLYNX.....	80	NINJACOF-XG.....	743	NORVIR.....	72
NESTABS ABC.....	348	NINLARO.....	91	NOSE CLIP.....	574, 653
NESTABS DHA.....	348	<i>nisoldipine</i>	133	NOURIANZ.....	164
NESTABS ONE.....	336	<i>nitazoxanide</i>	57	NOVA MAX GLUCOSE	
Neuac.....	239	<i>nitisinone</i>	695	TEST.....	480, 653
NEUAC KIT.....	239	Nitro-Bid.....	115	NOVA MAX PLUS GLUC-	
NEULASTA.....	456	NITRO-DUR.....	115	KETON METER.....	483, 653
NEULASTA ONPRO.....	456	<i>nitrofurantoin</i>	53, 444	NOVA SAFETY LANCETS	
NEUPOGEN.....	456	<i>nitrofurantoin macrocrystal</i>		.....	509, 654
NEUPRO.....	166	.....	53, 444	NOVA SUREFLEX	
NEURAPTINE.....	289	<i>nitrofurantoin monohydlm-</i>		LANCETS.....	509, 654
NEURIVA DE-STRESS.....	9	<i>cryst</i>	53, 444	NOVACORT.....	282

NOVAMAX PLUS GLU-KET 509, 654	NUMOISYN..... 10, 700	OBSTETRIX ONE336, 337, 349
NOVAREL..... 386	NUPLAZID..... 171	OCALIVA..... 467
NOVAVAX COVID 2023- 24(PF)(EUA)..... 106	NURTEC ODT..... 194	OCELLA..... 227
NOVOEIGHT..... 454	NUSURGEPAK SURGICAL PREP..... 307	<i>octreotide acetate</i> 394, 437, 438
NOVOFINE 32..... 533, 654	NUTRASEB..... 268	ODACTRA..... 97
NOVOFINE AUTOCOVER 533, 654	NUTRISOURCE FIBER..... 433	ODEFSEY..... 63
NOVOFINE PLUS..... 533, 654	NUTROPIN AQ NUSPIN..... 385	ODOMZO..... 86
NOVOLIN 70/30 U-100 INSULIN..... 387	NUVA III..... 578, 654	OFEV..... 92, 743
NOVOLIN 70-30 FLEXPEN U-100..... 387	NUVAGEL..... 578, 654	OFF ACTIVE..... 284
NOVOLIN N FLEXPEN..... 387	NUVAZIL II..... 578, 654	OFF DEEP WOODS..... 284
NOVOLIN N NPH U-100 INSULIN..... 387	NUVESSA..... 745	<i>ofloxacin</i> 65, 720, 723
NOVOLIN R FLEXPEN..... 388	NUWIQ..... 454	OGSIVEO..... 79
NOVOLIN R REGULAR U100 INSULIN..... 388	NUZYRA..... 51, 78	OHC COVID-19 ANTIGEN HOME TEST..... 486, 654
NOVOPEN ECHO..... 533, 654	Nyamyc..... 251	OJJAARA..... 79
NOVOSEVEN RT..... 452	Nylia 1/35 (28)..... 227	<i>olanzapine</i> 171, 184
NOXAFIL..... 55	Nylia 7/7/7 (28)..... 230	<i>olanzapine-fluoxetine</i> 162, 171, 184
NOXIPAK..... 281	NYMALIZE..... 132	<i>olive oil</i> 213
NP THYROID..... 395	Nymyo..... 227	<i>olmesartan</i> 114
NRF2 ACTIVATOR..... 10	NYNUTEY..... 298	<i>olmesartan-amlodipin- hcthiazyd</i> 113
NUBEQA..... 82	<i>nystatin</i> 54, 251, 699	<i>olmesartan- hydrochlorothiazide</i> 114
NUCALA..... 730	<i>nystatin-triamcinolone</i> 255	<i>olopatadine</i> 710, 739
NUCARACLINPAK..... 238	Nystop..... 252	OLPRUVA..... 696
NUCARARXPAK..... 239	NYVEPRIA..... 456	OLUMIANT..... 37, 233
NUCORT..... 281	OASIS ULTRA FENESTRATED..... 302, 654	OMBRA COMPRESSOR SYSTEM..... 574, 654
NUCYNTA..... 15	OASIS WOUND MATRIX FENESTRATED..... 302, 654	OMECLAMOX-PAK..... 410
NUCYNTA ER..... 15	OASIS WOUND MATRIX MESHED..... 303, 654	<i>omega 3-dha-epa-fish oil</i> 127
NUDERMRXPAK..... 258	OB COMPLETE..... 332	OMEGA MONOPURE..... 127
NUDICLO SOLUPAK..... 291	OB COMPLETE ONE..... 348	OMEGA MONOPURE DHA EC..... 127
NUDICLO TABPAK..... 39	OB COMPLETE PETITE..... 348	OMEGA MONOPURE EPA EC..... 127
NUDROXIPAK..... 40	OB COMPLETE PREMIER..... 348	OMEGA-3 2100..... 127
NUDROXIPAK DSDR-50..... 39	OB COMPLETE WITH DHA..... 348	<i>omega-3 acid ethyl esters</i> ... 123
NUDROXIPAK DSDR-75..... 39	OBAGI ELASTIDERM..... 262	<i>omega-3 fatty acids-fish oil</i> .. 127
NUDROXIPAK E-400..... 39	OBAGI NU-DERM BLENDER..... 262	OMEGA-3 KRILL OIL..... 127
NUDROXIPAK I-800..... 40	OBAGI NU-DERM CLEAR.. 262	<i>omega-3s-dha-epa-fish oil</i> ... 127
NUDROXIPAK N-500..... 40	OBAGI NU-DERM SUNFADER..... 264	OMEGAPURE 900-TG..... 127
NUDEXTA..... 207	OBAGI-C CLARIFYING SERUM..... 264	OMEGAPURE-600 EC..... 128
NUFOLA..... 357	OBAGI-C THERAPY NIGHT 264	OMEGAPURE-780 EC..... 128
NU-IRON..... 318	OBIZUR..... 454	OMEGAPURE-820..... 128
NUJO..... 261	OBSTETRIX DHA..... 348	OMEGAPURE-900 EC..... 128
NUJU..... 261	OBSTETRIX DHA PRENATAL DUO..... 348	<i>omeprazole</i> 405
NULIBRY..... 694	OBSTETRIX DHA PRENATAL DUO..... 348	<i>omeprazole-sodium bicarbonate</i> 406
NUMAQUA VITAMIN..... 4, 332	OBSTETRIX EC..... 348, 349	OMEZA..... 306
NUMBONEX..... 298		

OMNARIS.....	739	ON CALL PLUS CONTROL	510, 656	ONE-A-DAY WOMEN'S 50	
OMNI-BIOTIC AB-10.....	426	ON CALL PLUS LANCET	510, 656	PLUS.....	333
OMNI-BIOTIC BALANCE....	426	ON CALL PLUS LANCING	510, 656	ONE-A-DAY WOMEN'S	
OMNI-BIOTIC HETOX.....	426	DEVICE.....	510, 656	COMPLETE.....	333
OMNI-BIOTIC PANDA.....	426	ON CALL PLUS METER	510, 656	ONE-DAILY MULTI.....	333
OMNI-BIOTIC STRESS		ON CALL PLUS TEST	510, 656	ONETOUCH DELICA PLUS	
RELEASE.....	426	STRIP.....	480, 656	LANC DEV.....	510, 657
OMNIFLEX DIAPHRAGM		ON CALL VIVID CONTROL	510, 657	ONETOUCH DELICA PLUS	
.....	488, 655	ON CALL VIVID METER	510, 657	LANCET.....	510, 657
OMNIPOD 5 G6 INTRO KIT		ON CALL VIVID PAL	510, 657	ONETOUCH DELICA	
(GEN 5).....	580, 655	METER.....	510, 657	SAFETY LANCET.....	510, 657
OMNIPOD 5 G6 PODS		ON CALL VIVID TEST	480, 657	ONETOUCH ULTRA	
(GEN 5).....	580, 655	STRIP.....	480, 657	CONTROL.....	510, 657
OMNIPOD 5 G6-G7 INTRO		ONCOPLEX.....	10	ONETOUCH ULTRA TEST	
KT(GEN5).....	580, 655	ONCOPLEX ES.....	10	.....	480, 657
OMNIPOD 5 G6-G7 PODS		<i>ondansetron</i>	400	ONETOUCH ULTRA2	
(GEN 5).....	580, 655	<i>ondansetron hcl</i>	400	METER.....	510, 657
OMNIPOD CLASSIC PODS		ONE A DAY MEN		ONETOUCH ULTRASOFT 2	
(GEN 3).....	580, 655	COMPLETE.....	332	LANCET.....	510, 657
OMNIPOD DASH INTRO		ONE DAILY ESSENTIAL....	332	ONETOUCH VERIO FLEX	
KIT (GEN 4).....	580, 655	<i>ondansetron</i>	400	METER.....	510, 657
OMNIPOD DASH PDM KIT		ONE A DAY MEN		ONETOUCH VERIO FLEX	
(GEN 4).....	533, 655	COMPLETE.....	332	START.....	510, 657
OMNIPOD DASH PODS		ONE DAILY ESSENTIAL....	332	ONETOUCH VERIO HIGH	
(GEN 4).....	580, 655	ONE DAILY MEN'S		CONTROL.....	511, 657
OMNIPOD GO PODS..	581, 656	HEALTH.....	332	ONETOUCH VERIO MID	
OMNIPOD GO PODS 10		ONE DAILY MULTI-VIT W-		CONTROL.....	511, 657
UNITS/DAY.....	580, 655	MINERAL.....	332	ONETOUCH VERIO	
OMNIPOD GO PODS 15		ONE DAILY MULTIVITAMIN		REFLECT METER.....	511, 657
UNITS/DAY.....	580, 655	.....	337	ONETOUCH VERIO TEST	
OMNIPOD GO PODS 20		ONE DAILY		STRIPS.....	480, 657
UNITS/DAY.....	580, 656	MULTIVITAMIN-IRON.....	333	ONEVITE DAILY	
OMNIPOD GO PODS 25		ONE DAILY WOMEN 50		MULTIVITAMIN.....	337
UNITS/DAY.....	580, 656	PLUS(VIT K).....	333	ONEXTON.....	239
OMNIPOD GO PODS 30		ONE DAILY WOMEN'S.....	333	ONGENTYS.....	165
UNITS/DAY.....	581, 656	ONE-A-DAY MEN		ON-GO COVID-19 AG AT	
OMNIPOD GO PODS 40		VITACRAVES.....	333	HOME TEST.....	487, 658
UNITS/DAY.....	581, 656	ONE-A-DAY MEN'S 50		ON-THE-GO LANCETS	
OMNITROPE.....	385	PLUS.....	333	.....	511, 658
OMVOH PEN.....	412	ONE-A-DAY MEN'S		ONUREG.....	83
ON CALL EXPRESS		COMPLETE.....	333	ONZDEAXIADEMTAR.....	242
CONTROL.....	509, 656	ONE-A-DAY PRENATAL....	354	ONZDEAXIADEMVAR.....	242
ON CALL EXPRESS		ONE-A-DAY PRENATAL-1.	349	ONZDEAXIATAR.....	242
METER.....	510, 656	ONE-A-DAY TRIPLE		ONZDEAXIAVAR.....	242
ON CALL EXPRESS TEST		IMMUNE SUPPRT.....	333	ONZDEAXIAZAR.....	242
STRIP.....	480, 656	ONE-A-DAY TRUBIOTICS..	426	ONZDEOXIA.....	240
ON CALL LANCET.....	510, 656	ONE-A-DAY WOMEN		ONZETRA XSAIL.....	197
ON CALL LANCING		VITACRAVES.....	333	OPCICON ONE-STEP	232, 233
DEVICE.....	510, 656			OPFOLDA.....	694
				OPILL.....	229

<i>opium tincture</i>	398, 399	ORLADEYO.....	139	<i>oxymorphone</i>	16
OPSUMIT.....	140	<i>orphenadrine citrate</i>	473	OXYTROL.....	446
OPSYNVI.....	110	<i>orphenadrine-asa-caffeine</i>		OYSTER SHELL CALCIUM	
OPTICHAMBER ADULT		.....	471, 472	500.....	314
MASK-LARGE.....	574, 658	Orphengesic Forte.....	472	OYSTER SHELL CALCIUM-	
OPTICHAMBER DIAMOND		ORSERDU.....	93	VIT D3.....	317
LG MASK.....	574, 658	ORTHOVISC.....	471	OZEMPIC.....	370
OPTICHAMBER DIAMOND		ORTIKOS.....	413	Pacerone.....	117
VHC.....	574, 658	OSAPLEX.....	315	PACNEX HP.....	242
OPTICHAMBER DIAMOND-		OSAPLEX MK-7.....	315	PACNEX LP.....	243
MED MSK.....	574, 658	OSCIMIN.....	408, 446	PAIN EASE MEDIUM	
OPTICHAMBER DIAMOND-		OSCIMIN SL.....	408, 446	STREAM SPRAY.....	288
SML MASK.....	575, 658	<i>oseltamivir</i>	68	PAIN EASE MIST SPRAY...	288
OPTICLEANSE GHI.....	340	OSMOLEX ER.....	166	PAINGO KFT.....	288
OPTIFAST.....	333	OSSOPAN MD.....	314	PALFORZIA (LEVEL 1).....	102
OPTIMAG 125.....	321	OSSOPAN-1100.....	314	PALFORZIA (LEVEL 2).....	102
OPTIMAG NEURO.....	321	OSTACHOL.....	356	PALFORZIA (LEVEL 3).....	102
OPTIMAG PLUS CALCIUM	315	OSTEOPRIME PLUS CALC-		PALFORZIA (LEVEL 4).....	102
OPTION-2.....	232, 233	MAGNESIUM.....	315	PALFORZIA (LEVEL 5).....	102
OPTIUM EZ.....	480, 658	OSTEO-VIT3.....	363	PALFORZIA (LEVEL 6).....	102
OPTIUM TEST.....	480, 658	OTEZLA.....	37, 259	PALFORZIA (LEVEL 7).....	102
OPTUMRX.....	481, 511, 658	OTEZLA STARTER.....	38, 259	PALFORZIA (LEVEL 8).....	102
OPVEE.....	51	OTREXUP (PF).....	34	PALFORZIA (LEVEL 9).....	102
OPZELURA.....	248	OVACE PLUS.....	260	PALFORZIA (LEVEL 10).....	102
ORACIT.....	443	OVACE PLUS SHAMPOO..	259	PALFORZIA (LEVEL 11 UP-	
ORAFATE.....	701	OVAL TAPE.....	511, 658	DOSE).....	103
ORALAIR.....	97	OVEGA-3.....	128	PALFORZIA INITIAL DOSE	103
Oralone.....	700	OVIDREL.....	386	PALFORZIA LEVEL 11	
ORALYTE.....	322	<i>oxaprozin</i>	43	MAINTENANCE.....	103
ORAMAGICRX.....	701	<i>oxazepam</i>	142, 182	<i>paliperidone</i>	168
ORAPEUTIC.....	701	OXBRYTA.....	465	PALYNZIQ.....	697
ORAQIX.....	699	<i>oxcarbazepine</i>	149	PANCREAZE.....	402
ORAVIG.....	54	OXERVATE.....	716	PANDEL.....	278
ORAXINOL.....	10	OXIAICE.....	238	PANRETIN.....	256
<i>oregano oil-flaxseed oil</i>	10	OXIANUJO.....	262	<i>pantethine</i>	360
ORENCIA.....	35	OXIANUJO (WITH		<i>pantoprazole</i>	405
ORENCIA CLICKJECT.....	35	HYALURONATE).....	261	PANXYME PH.....	402
ORENITRAM.....	140	OXIATAR.....	243	<i>papaverine</i>	139
ORENITRAM MONTH 1		OXIAVAR.....	243	PARADIGM RESERVOIR	
TITRATION KT.....	139	OXIAVARRY.....	243	.....	533, 658
ORENITRAM MONTH 2		OXIAVARY.....	243	PARAGARD T 380A.....	218
TITRATION KT.....	139	OXIAZAR.....	243	PARI BABY CONV KIT -	
ORENITRAM MONTH 3		<i>oxiconazole</i>	254	SIZE 1.....	575, 658
TITRATION KT.....	139	OXISTAT.....	254	PARI BABY CONV KIT -	
ORFADIN.....	695	OXTELLAR XR.....	150	SIZE 2.....	575, 658
ORGANIC NIPPLE BALM...	268	<i>oxybutynin chloride</i>	446	PARI BABY CONV KIT -	
ORGOVYX.....	88	<i>oxycodone</i>	15	SIZE 3.....	575, 658
ORIAHNN.....	393	<i>oxycodone-acetaminophen</i>		PARI LC SPRINT	
ORLISSA.....	393	.....	20, 21, 22	NEBULIZER SET.....	549, 658
ORKAMBI.....	737	OXYCONTIN.....	15, 16		

PARI LC SPRINT SINUS.....549, 658	PEGASYS..... 66 <i>peg-electrolyte soln</i> 435	PHASEAL INFUSION CLAMP..... 569, 660
PARI SINUS AEROSOL SYSTEM.....575, 659	PEMAZYRE.....86	PHASEAL INJECTOR LUER.....569, 660
PARI TREK S COMBO PACK.....575, 659	PEN NEEDLE.....534, 659 <i>pen needle, diabetic</i> ... 534, 659 <i>pen needle, diabetic, safety</i> 534, 660	PHASEAL INJECTOR LUER LOCK.....569, 660
PARI TREK S COMPACT COMPRESSOR.....575, 659	PENBRAYA (PF)..... 104 <i>penciclovir</i>.....260	PHASEAL PROTECTOR.....569, 660
PARI TREK S PORTABLE PWR KIT.....575, 659	<i>penicillamine</i>.....37, 49, 50	PHASEAL SECONDARY SET.....544, 660
<i>paricalcitol</i>.....694	<i>penicillin v potassium</i>.....71	PHASEAL Y-SITE..... 544, 661
<i>paromomycin</i> 51	PENNSAID..... 292	PHEBURANE..... 696
<i>paroxetine hcl</i> 158, 159	<i>pentamidine</i> 70	PHEDRAX..... 252
<i>paroxetine mesylate(menop.sym)</i> 393	PENTASA.....413	<i>phenazopyridine</i> 443
PASER..... 63	<i>pentazocine-naloxone</i> 24	<i>phenelzine</i> 157
PAXLOVID.....73	PENTIPS..... 534, 660	PHENEX-1.....312, 341
<i>pazopanib</i>.....92	<i>pentoxifylline</i>.....457	PHENEX-2.....341
PCCA ACCUPEN-15...489, 659	PEPCIX..... 324	<i>phenobarb-hyoscy-atropine- scop</i>.....409
PCCA SUSPENDIT ANHYDROUS.....214	PEPTAMEN JUNIOR PHGG.....340	<i>phenobarbital</i> 145, 207
PEAK AIR PEAK FLOW METER..... 569, 659	Percocet..... 21, 23	PHENOHYTRO..... 410
<i>pedi multivit no.194-iron sulf</i> 344	<i>perindopril erbumine</i> 112	<i>phenol</i>.....96
PEDIALYTE SPARKLING RUSH..... 322	Periogard..... 699	<i>phenoxybenzamine</i> 138
PEDIATRIC BEAR NEBULIZER..... 575, 659	<i>permethrin</i> 302	<i>phenylephrine hcl</i> 715
PEDIATRIC COMP-AIR COMPRES NEB..... 575, 659	<i>perphenazine</i> 170	<i>phenyleph-tropicamide in water</i>.....706
PEDIATRIC DINOSAUR NEBULIZER..... 575, 659	<i>perphenazine-amitriptyline</i> .. 162	<i>phenytoin</i> 148
PEDIATRIC DOG NEBULIZER..... 575, 659	PERSONAL BEST FULL RANGE.....569, 660	<i>phenytoin sodium extended</i> .148
PEDIATRIC D-VITE.....363	PERSONAL BEST LOW RANGE.....570, 660	PHEODOYO.....250
PEDIATRIC ELECTROLYTE.....322	PERTZYE..... 402	PHEOXIA.....252
PEDIATRIC FE-VITE.....318	PETROLEUM GAUZE.490, 660	PHEXXI..... 218
PEDIATRIC FROG NEBULIZER..... 575, 659	PFIZER COVID 2023-24(5Y- 11Y)PF..... 106	PHEYO..... 255
<i>pediatric multivitamin no.171</i> 342	PFIZER COVID 2023- 24(6MO-4Y)PF..... 106	Philith.....227
PEDIATRIC POLY-VITE.....342	PFLEX INSPIRATORY TRAINER.....575, 660	PHLEXY-VITS..... 334
PEDIATRIC POLY-VITE WITH IRON..... 344	PHARMABASE BARRIER...293	PHOSPHALINE..... 125
PEDIATRIC TRI-VITE..... 342	PHARMACIST CHOICE.....481, 660	PHOSPHOLINE IODIDE.... 706
PEDIZOL PAK..... 254	PHARMACIST CHOICE GLUCOSE SYS..... 511, 660	PHOSPHOROUS SUPPLEMENT..... 322
<i>peg 3350-electrolytes</i> 435	PHASEAL ASSEMBLY FIXTURE..... 568, 660	PHOTREXA.....707
<i>peg3350-sod sul-nacl-kcl- asb-c</i>.....435	PHASEAL CONNECTOR LUER LOCK..... 568, 660	PHOTREXA CROSS- LINKING KIT.....707
	PHASEAL INFUSION ADAPTER.....568, 660	PHOTREXA VISCOUS.....707
		PHYSIOLYTE..... 313
		PHYSIOSOL IRRIGATION..313
		<i>phytonadione (vitamin k1)</i> ... 364
		PIFELTRO..... 59
		PIKO 1..... 570, 661
		PILLOW MASK CHILD 575, 661
		<i>pilocarpine hcl</i>.....701, 706

PILOT COVID-19 AT-HOME TEST.....	487, 661	<i>polysaccharide iron complex</i>	318	PREBIOTIC FIBER.....	434
<i>pimecrolimus</i>	262	<i>polysorbate 80</i>	215	PREBIOTIC FIBER (FOS)...	433
<i>pimozide</i>	169	POLY-TUSSIN AC.....	742	PREBIOTIC INULIN-FOS....	434
Pimtrea (28).....	220	POLY-VI-FLOR (ARCOFOLIN).....	345	PRECISION.....	511, 661
<i>pindolol</i>	130	POLY-VI-FLOR DROPS.....	345	PRECISION GLUCOSE CONTROL SOLN.....	511, 661
<i>pioglitazone</i>	392	POLY-VI-FLOR DROPS (ARCOFOLIN).....	345	PRECISION GLUCOSE/KETONE CONTR.....	511, 661
<i>pioglitazone-glimepiride</i>	373	POLY-VI-FLOR IRON DROP(ARCOFO).....	345	PRECISION PCX PLUS TEST.....	481, 662
<i>pioglitazone-metformin</i>	373	POLY-VI-FLOR W-IRON(ARCOFOLIN).....	345	PRECISION PCX TEST.....	481, 662
PIP BLOOD GLUCOSE MONITOR.....	511, 661	POLY-VITA DROPS.....	342	PRECISION POINT OF CARE TEST.....	481, 662
PIP BLOOD GLUCOSE TEST STRIP.....	481, 661	POLY-VITA WITH IRON.....	344	PRECISION Q-I-D TEST.....	481, 662
PIP GLUCOSE CONTROL SOLN L1-L2.....	511, 661	POMALYST.....	94	PRECISION XTRA KETONE-GLUCOSE... 483, 662	
PIP LANCET.....	511, 661	PONVORY.....	705	PRECISION XTRA MONITOR.....	511, 662
PIP PEN NEEDLE.....	534, 661	PONVORY 14-DAY STARTER PACK.....	705	PRECISION XTRA TEST.....	481, 662
PIQRAY.....	90	POPULUS COMPOSITUM..	396	PRED MILD.....	712
<i>pirfenidone</i>	743	PORTABLE NEBULIZER SYSTEM.....	575, 661	<i>prednicarbate</i>	278, 279
<i>piroxicam</i>	41	Portia 28.....	227	<i>prednisoln sp-moxiflox-bromfen</i>	708
PIVOT SILVER ALGINATE..	306	<i>posaconazole</i>	55	<i>prednisolone</i>	383
PIXEL COVID19 HOME COLLECT KIT.....	487, 661	<i>potassium chloride</i>	323	<i>prednisolone acetate</i>	712
PLANTAGO-HOMACCORD	396	<i>potassium citrate</i>	323, 443	<i>prednisolone acetate (pf)</i>	712
PLATINUM GLUCOSE METER.....	511, 661	<i>potassium citrate-citric acid</i> ..	443	<i>prednisolone acetate-bromfenac</i>	715
PLATINUM TEST STRIP.....	481, 661	<i>potassium gluconate</i>	323	<i>prednisolone acetate-nepafenac</i>	715
PLEGRIDY.....	703	<i>potassium iodide</i>	317	<i>prednisolone sod ph-bromf (pf)</i>	716
PLENVU.....	436	<i>potassium, sodium phosphates</i>	322	<i>prednisolone sod ph-moxiflox</i>	708
PLEXION NS.....	260	<i>povidone-iodine</i>	721	<i>prednisolone sodium phosphate</i>	383, 712
PMS SOOTHE.....	10	PR BENZOYL PEROXIDE..	243	<i>prednisolone-moxiflo-nepafenac</i>	709
PNEUMOVAX-23.....	104, 105	PR CREAM.....	292	<i>prednisolone-moxifloxacin hcl</i>	708
PNV TABS 20-1.....	354	PR NATAL 400.....	349	<i>prednisolone-moxiflox-bromfen</i>	709
PNV-DHA.....	337	PR NATAL 400 EC.....	349	<i>prednisolon-moxiflox-bromf(pf)</i>	709
PNV-DHA + DOCUSATE....	349	PR NATAL 430.....	349	<i>prednisone</i>	383, 384
PNV-OMEGA.....	334	PR NATAL 430 EC.....	349	PREDNISONONE INTENSOL..	383
PNV-SELECT.....	349	PRADAXA.....	466		
POCKET CHAMBER... 575, 661		PRAKETAMIDE.....	299		
POCKET PEAK FLOW METER.....	570, 661	<i>pralidoxime</i>	49		
PODOCON.....	285	PRALUENT PEN.....	123, 124		
<i>podofilox</i>	285	<i>pramipexole</i>	167		
POGO AUTOMATIC BLOOD GLUC SYS.....	511, 661	PRAMOSONE.....	282		
POKONZA.....	323	<i>prasterone (dhea)</i>	1		
POLY HUB NEEDLE... 564, 661		<i>prasugrel</i>	464		
Polycin.....	719	<i>pravastatin</i>	122		
<i>polymyxin b sulf-trimethoprim</i>	719	<i>praziquantel</i>	53		
		<i>prazosin</i>	138		
		PREBIOMAX.....	426		

<i>pregabalin</i>		Primlev.....21, 23
147, 189, 190, 204, 205, 206, 207		PRIMSOL..... 53
PREGEN DHA..... 349		PRIORIX (PF) 101, 108, 109, 110
PREGNYL..... 386		PRO COMFORT INSULIN SYRINGE..... 534, 663
PREHEVBRIO (PF)..... 99		PRO COMFORT LANCET.....512, 663
PRELIEF.....397		PRO COMFORT PEN NEEDLE..... 534, 663
PREMARIN.....380, 745		PRO COMFORT SAFETY LANCET..... 512, 663
PREMIER BLU GLUCOSE METER..... 511, 662		PRO COMFORT TENS ELECTRODE.....547, 663
PREMIER CLASSIC GLUCOSE METER..... 511, 662		PRO COMFORT TENS UNIT..... 547, 663
PREMIER COMPACT GLUCOSE METER..... 512, 662		PRO VOICE V8 GLUCOSE MONITOR.....512, 663
PREMIER TEST STRIP.....481, 662		PRO VOICE V8-V9 TEST STRIP..... 481, 663
PREMIER VOICE GLUCOSE METER..... 512, 662		PRO VOICE V9 GLUCOSE MONITOR.....512, 663
PREMIUM BLOOD GLUCOSE MONITOR. 512, 662		PROAIR DIGIHALER..... 733
PREMIUM V10.... 481, 512, 662		PROAIR RESPICLICK..... 733
PREMPHASE..... 379		PROBACAP.....427
PREMPRO..... 379		<i>probenecid</i>.....447
PRENA1 CHEW..... 349		<i>probenecid-colchicine</i>.....447
PRENA1 PEARL..... 349		PROBICHEW..... 427
PRENA1 TRUE..... 350		PROBIO DEFENSE.....427
PRENAISSANCE..... 350		PROBIOMAX 350 DF..... 427
PRENAISSANCE PLUS..... 350		PROBIOMAX COMPLETE DF.....427
PRENATA.....350		PROBIOMAX DAILY DF.....427
PRENATABS FA..... 350		PROBIOMAX DF.....427
PRENATABS RX.....350		PROBIOMAX IG 26 DF..... 427
PRENATAL 19.....350		PROBIOMAX LEAN DF.....427
PRENATAL 19 (WITH DOCUSATE)..... 350		PROBIOMAX PLUS DF.....428
PRENATAL ESSENTIALS.. 350		PROBIOMAX SB DF..... 428
PRENATAL GUMMIES(ZINC CHELATE) 354		PROBIONEXX.....428
PRENATAL MULTI- DHA(WITH VIT K)..... 350		PROBIOTIC..... 429
PRENATAL MULTIVITAMINS..... 350		PROBIOTIC (B. COAGULANS).....428
PRENATAL PLUS..... 351		PROBIOTIC (S.BOULARDII) .....428
PRENATAL PLUS (CALCIUM CARB)..... 350		PROBIOTIC (WITH VITAMIN D3)..... 428
PRENATAL PLUS DHA.....351		PROBIOTIC ACIDOPHILUS(14-STRN)...428
PRENATAL PLUS VITAMIN- MINERAL.....351		PROBIOTIC COLON SUPPORT..... 428
PRENATAL VITAMIN..... 351		
	PRENATAL VITAMIN PLUS	
	LOW IRON..... 351	
	PRENATAL-U.....337	
	PRENATE AM..... 337	
	PRENATE CHEWABLE..... 337	
	PRENATE DHA..... 337	
	PRENATE DHA (FERR ASP GLYCIN)..... 351	
	PRENATE ELITE.....351	
	PRENATE ELITE (IRON ASP GLYC)..... 351	
	PRENATE ENHANCE..... 351	
	PRENATE ESSENTIAL.....337	
	PRENATE ESSENTIAL(IRON-ASP-GL) 337	
	PRENATE MINI (FERR ASP GLYCIN)..... 351	
	PRENATE PIXIE..... 351	
	PRENATE RESTORE..... 351	
	PRENATE STAR..... 352	
	PREPIDIL..... 365	
	PRESERA..... 268	
	PRESERVISION AREDS 2 PLUS MV.....4, 334	
	PRESERVISION AREDS-2..... 5	
	PRESSURE ACTIVATED LANCETS..... 512, 662	
	PRESTALIA..... 111	
	PRESTO PRO BLOOD GLUCOSE METER..... 512, 662	
	<i>pretomanid</i>.....63	
	Prevalite..... 118	
	PREVENT DROPSAFE PEN NEEDLE..... 534, 662	
	PREVNAR 20 (PF)..... 105	
	PREVYMIS..... 65	
	PREZCOBIX.....61, 72	
	PREZISTA..... 72	
	PRIFTIN.....63, 72	
	PRILO PATCH.....299	
	PRILOSEC..... 405	
	PRIMACARE..... 352	
	PRIMADOPHILUS BIFIDUS 427	
	PRIMADOPHILUS ORIGINAL..... 427	
	<i>primaquine</i> 56	
	PRIMEAIRE..... 575, 662	
	PRIMIDAR.....427	
	<i>primidone</i> 145	

PROBIOTIC DIGEST SUPP (4-STRN).....	428	PRODIGY LANCETS..	512, 664	PROTECT IRON LIQUID....	320
PROBIOTIC DIGEST SUPP (6-STRN).....	428	PRODIGY LANCING DEVICE.....	512, 664	PROTHELIAL.....	701
PROBIOTIC DIGEST(L.RHAM,INULN)...	429	PRODIGY MINI-MIST NEBULIZER.....	549, 664	<i>protriptyline</i>	164
PROBIOTIC DIGEST(LACTO,BIFIDO)....	429	PRODIGY NO CODING	481, 664	PROTYL AG.....	306
PROBIOTIC DUO.....	429	PRODIGY POCKET METER	512, 664	PROVENT.....	576, 665
PROBIOTIC FORMULA (INULIN).....	429	PRODIGY TWIST TOP LANCET.....	512, 664	PROVENT STARTER. 576, 665	
PROBIOTIC PEARLS ACIDOPHILUS.....	429	PRODIGY VOICE GLUCOSE METER.....	512, 664	PROVIDA OB.....	352
PROBIOTIC PEARLS WOMEN'S.....	429	PROFILNINE.....	452	PROVIMIN.....	340
PROBIOTIC YEAST SUPPORT.....	429	PROFINAC.....	292	PROVISC.....	719
PROBIOTIC-IMMUNE.....	429	PROFOLA.....	334	PROXIVOL.....	298
PROBIZEN.....	429	<i>progesterone</i>	394	PRUCLAIR.....	268
PROCARE COMPRESSOR NEBULIZER.....	576, 663	<i>progesterone micronized</i>	394	PRUMYX.....	268
PROCARE PEDIATRIC NEBULIZER.....	576, 663	PROGRAF.....	468	PS1 ACIURGY PACK.....	307
PROCARE SPACER WITH ADULT MASK.....	576, 663	PROLASTIN-C.....	738	PS2 ACIURGY PACK.....	308
PROCARE SPACER WITH CHILD MASK.....	576, 663	Prolate.....	21, 22, 23	PSORINOHEEL.....	396
PROCEL SINGLES.....	342	PROMACTA.....	466	<i>psyllium husk</i>	434
PRO-CEPTION.....	547, 663	PROMELLA.....	429	<i>pterostilbene</i>	10
PROCHAMBER.....	576, 664	<i>promethazine</i>	400, 725, 726	PTS COLLECT CAPILLARY TUBE.....	547, 665
<i>prochlorperazine</i>	400	Promethazine Vc.....	724	PTS PANELS EGLU TEST STRIP.....	481, 665
<i>prochlorperazine maleate</i>	170, 400	Promethazine Vc-Codeine...742		PULMICORT FLEXHALER. 729	
PROCORT.....	48	<i>promethazine-codeine</i>	741	PULMO-AIDE COMPRESSOR.....	576, 665
PROCRIT.....	451	<i>promethazine-dm</i>	741	PULMONEB LT COMPRESSOR NEBUL	576, 665
PROCTOFOAM HC.....	48	Promethegan.....	400, 725, 726	PULMOZYME.....	738
Procto-Med Hc.....	47, 279	PROMISEB.....	260, 268	PURACOL PLUS AG...306, 665	
Proctosol Hc.....	47, 279	PRONAL.....	285	PURATHICK.....	215
Proctozone-Hc.....	47, 279	PRONEB MAX COMPRESSOR-LC PLUS	576, 664	PURE COMFORT LANCETS.....	513, 665
PROCYSBI.....	438	PRONEB MAX COMPRESSOR-LC SPRINT	576, 664	PURE COMFORT PEN NEEDLE.....	535, 665
PRODIGY AUTOCODE METER.....	512, 664	PRONEB MAX COMPRESSOR-LC SPRINT	576, 664	PURE COMFORT SAFETY LANCETS.....	513, 665
PRODIGY AUTOCODE MONITOR SYST.....	512, 664	PRONEB ULTRA II FILTER ASSEM.....	576, 664	PURE COMFORT SAFETY PEN NEEDLE.....	535, 665
PRODIGY CONTROL SOLUTION, LOW.....	512, 664	PROOXIA.....	264	PUREAIR MINI NEBULIZER	576, 665
PRODIGY CONTROL SOLUTION,HIGH.....	512, 664	<i>propafenone</i>	116	PURECOMFORT PEAK FLOW METER.....	570, 665
PRODIGY INSULIN SYRINGE.....	534, 535, 664	<i>proparacaine</i>	717	PURELAN.....	269
		PROPIMEX-2.....	341	PURIXAN.....	83
		<i>propranolol</i>	131	PUSH BUTTON SAFETY LANCETS.....	513, 665
		<i>propranolol-</i> <i>hydrochlorothiazid</i>	138	<i>pyrazinamide</i>	63
		<i>propylthiouracil</i>	375	<i>pyridostigmine bromide</i>	470
		PROSILK.....	578, 664	<i>pyridoxine (vitamin b6)</i>	360
		PROSILK GEL.....	292	<i>pyrimethamine</i>	56
		PROSOURCE.....	342		

PYRUKYND.....	465	<i>raloxifene</i>	394	REGULORA IBS DIGITAL
QBRELIS.....	112	<i>ramelteon</i>	194	APP.....
QBREXZA.....	251	<i>ramipril</i>	112	REJUVAFLOR.....
Q-CARE RX Q2.....	487	RANGER READY		RELAFEN DS.....
Q-CARE RX Q4.....	487	REPELLENT.....	284	RELAGARD.....
QELBREE.....	180	<i>ranolazine</i>	116	RELAX NIGHT CALM.....
QINLOCK.....	92	RAPID SARS-COV-2 AG		RELENZA DISKHALER.....
QNASL.....	739, 740	HOME TEST.....	487, 666	RELEUKO.....
QTERN.....	372	RAPPORT VACUUM		RELEXXII.....
QUAKE VIBRATORY PEP		THERAPY.....	546, 666	RELIAMED LANCET... 513, 666
.....	576, 665	<i>rasagiline</i>	166	RELIAMED MINI LANCING
<i>quazepam</i>	182, 208	RASUVO (PF).....	34, 35	DEVICE.....
<i>quercetin</i>	360	RATE FLOW REGULATOR		RELIAMED SAFETY SEAL
<i>quetiapine</i>	170, 184	IV SET.....	544, 666	LANCETS.....
QUICKVUE AT-HOME		RAVICTI.....	696	RELIAMED TWIST AND
COVID-19 TEST.....	487, 665	RAYALDEE.....	695	CAP LANCET.....
QUICKVUE SARS		RAYASAL.....	285	RELION ALL-IN-ONE
ANTIGEN.....	487, 666	RAYASORE KIT.....	308	METER.....
QUIDROXZAR.....	284	RAYOS.....	384	RELION CONFIRM.... 513, 666
QUIHOXAXIA.....	284	REBIF (WITH ALBUMIN)....	703	RELION CONFIRM-MICRO
QUIHOXVAR.....	284	REBIF REBIDOSE.....	703	.....
QUILLICHEW ER.....	177	REBIF TITRATION PACK... 703		RELION MICRO GLUCOSE
QUILLIVANT XR.....	178	REBINYN.....	452	MONITOR.....
<i>quinapril</i>	112	REBYOTA.....	397	RELION PRIME METER
<i>quinapril-hydrochlorothiazide</i>		RECEDO.....	293	.....
.....	111	Reclipsen (28).....	227	RELION PRIME TEST
<i>quinidine gluconate</i>	116	RECOMBINATE.....	455	STRIPS.....
<i>quinidine sulfate</i>	116	RECOMBIVAX HB (PF).....	99	RELION ULTIMA.....
<i>quinine sulfate</i>	56	RECONSTITUBE.....	547, 666	RELISTOR.....
QUINIXIL.....	281	RECORLEV.....	366	RELIZORB.....
QUINJA.....	249	RECOTHROM.....	458	RELTONE.....
QUINTET AC.....	481, 513, 666	RECOTHROM SPRAY KIT . 458		REMEDIENT.....
QUINTET BLOOD		RECTIV.....	47	REMIFEMIN MENOPAUSE.. 10
GLUCOSE METER....	513, 666	<i>red beet root-sour cherry ext.</i> 10		RENACARB.....
QUINTET GLUCOSE TEST		<i>red yeast rice</i>	10	RENACIDIN.....
STRIPS.....	481, 666	REFUAH PLUS.....	481, 666	RENAMENT.....
QUIT 2.....	211	REFUAH PLUS GLUCOSE		RENEEL.....
QUIT 4.....	212	CONTROL.....	513, 666	<i>repaglinide</i>
QULIPTA.....	195	REFUAH PLUS GLUCOSE		REPATHA PUSHTRONEX
QUTENZA.....	300	MONITOR.....	513, 666	.....
QUVIVIQ.....	209	REGENECARE.....	299	.....
QVAR REDIHALER.....	729	REGENECARE WITH ALOE		REPATHA SURECLICK
<i>rabeprazole</i>	405	.....	299	.....
RADIAGEL.....	269	REGIOCIT (EUA).....	449	REPATHA SYRINGE.. 124, 125
RADIAPLEXRX.....	293	REGANEX.....	307	REPEL.....
RADICAVA ORS.....	469	REGULOID (ASPARTAME) 434		REPEL SPORTSMEN.....
RADICAVA ORS STARTER		REGULOID (PSYLLIUM		REPHRESH PRO-B.....
KIT SUSP.....	469	HUSK).....	434	REPLENS EXTERNAL
RADIOGARDASE.....	49	REGULOID (PSYLLIUM		COMFORT.....
RAGWITEK.....	97	HUSK-SUCRO).....	434	

REPLICARE DRESSING 306, 667	RIGHTEST GC700 LEV 2 CTRL SOLN..... 514, 667	ROAOXIA..... 291
REPLICARE THIN..... 306, 667	RIGHTEST GD500 LANCING DEVICE..... 514, 668	ROBINSON CLEAR VINYL CATHETER..... 583, 668
REPLICARE ULTRA DRESSING..... 306, 667	RIGHTEST GL300 LANCETS..... 514, 668	ROCKLATAN..... 718
REPOZEN SLEEP AID..... 193	RIGHTEST GM250S GLUCOSE METER..... 514, 668	<i>roflumilast</i> 731
RESISTANCE FORMULA PROBIOTIC..... 430	RIGHTEST GM260 GLUCOSE METER..... 514, 668	ROLVEDON..... 456
RESPA-AR..... 724	RIGHTEST GM550 SYSTEM..... 514, 668	<i>ropinirole</i> 167
RESTASIS..... 713	RIGHTEST GM700SB GLUCOSE METER..... 514, 668	Rosadan..... 295
RESTASIS MULTIDOSE..... 712	RIGHTEST GS250S TEST STRIPS..... 481, 668	ROSADAN..... 295
RESTORE..... 306, 490, 667	RIGHTEST GS260 TEST STRIPS..... 482, 668	ROSULA..... 240
RESTORE CALCIUM ALGINATE..... 306	RIGHTEST GS550 TEST STRIPS..... 482, 668	ROSULA CLEANSING CLOTHS..... 240
RESTORE FUSION RENAL SUPPORT..... 340	RIGHTEST GS700 TEST STRIP..... 482, 668	<i>rosuvastatin</i> 122
RESTORE RENAL SUPPORT..... 340	RIGHTEST GT333 GLUCOSE METER..... 514, 668	ROSZET..... 129
<i>resveratrol-ascorbic acid</i> 10	RIGHTEST GT333 LEV 2 CTRL SOLN..... 514, 668	ROTARIX..... 101, 109
RETACRIT..... 451	RIGHTEST GT333 TEST STRIP..... 482, 668	ROTATEQ VACCINE.. 101, 109
RETEVMO..... 93	RIGHTEST GT333 LEV 2 CTRL SOLN..... 514, 668	ROXYBOND..... 16
RETIN-A MICRO PUMP..... 245	RIGHTEST GT333 TEST STRIP..... 482, 668	ROZLYTREK..... 92
REUSABLE NEBULIZER KIT..... 576, 667	RIGHTEST GT333 LEV 2 CTRL SOLN..... 514, 668	RUBBER MOUTHPIECE 576, 668
REVC0VI..... 694	RIGHTEST GT333 TEST STRIP..... 482, 668	RUBRACA..... 90
REVEAL BLOOD GLUCOSE METER..... 513, 667	RIGHTEST MAX PLUS GLUCOSE MTR..... 514, 668	RUCONEST..... 450
REVEAL TEST STRIP. 481, 667	RIGHTEST MAX TEST STRIP..... 482, 668	<i>rufinamide</i> 154
REVITAFLO..... 430	<i>riluzole</i> 470	RUKOBIA..... 57
REXULTI..... 172	<i>rimantadine</i> 69	RYALTRIS..... 739
REYATAZ..... 72	<i>ringer's</i> 313	RYBELSUS..... 370
REYVOW..... 198	RINVOQ..... 37, 248, 414	RYDAPT..... 92
REZDIFFRA..... 466	RIOMET ER..... 392	RYDEX..... 742
REZLIDHIA..... 89	<i>risedronate</i> 376, 377	RYLAZE..... 84
REZUROCK..... 38	<i>risperidone</i> 168, 184, 185	RYNODERM..... 286
REZVOGLAR KWIKPEN..... 389	RITEFLO AEROCHAMBER 576, 668	RYPLAZIM..... 462
RHOFADE..... 295	<i>ritonavir</i> 72	RYTARY..... 164
RHOPRESSA..... 722	<i>rivastigmine</i> 216	SABAL-HOMACCORD..... 396
<i>ribavirin</i> 68, 72	<i>rivastigmine tartrate</i> 216	SABRIL..... 147
<i>riboflavin (vitamin b2)</i> 360	RIVELSA..... 229	<i>saccharin</i> 312
<i>ribose</i> 338	RIVFLOZA..... 440	<i>saccharomyces boulardii</i> 430
RIDAURA..... 36	RIXUBIS..... 452	<i>saccharomyces boulardii-</i> <i>yeast</i> 430
<i>rifabutin</i> 63, 73	<i>rizatriptan</i> 197	SAFESNAP INSULIN SYRINGE..... 535, 669
<i>rifampin</i> 63, 73	<i>r-lipoic acid-biotin</i> 5	SAFESNAP SYRINGE 564, 669, 670
RIGHTEST CONTROL SOLUTION HIGH..... 513, 667	R-NATAL OB..... 352	SAFETY LANCETS..... 514, 670
RIGHTEST CONTROL SOLUTION NORM..... 513, 667		<i>safety needles</i> 564, 670
RIGHTEST GC250S CNTRL SOL NORM..... 514, 667		SAFETY PEN NEEDLE 535, 670
		SAFETY SEAL LANCETS 514, 670

SAFETY-LET LANCETS	SECURESAFE PEN	SILASTIC FOLEY
.....514, 670	NEEDLE..... 535, 670	CATHETER..... 583, 671
SAIZEN SAIZENPREP..... 385	SEGLENTIS..... 24	<i>sildenafil</i>
Sajazir.....131	SEGLUROMET..... 371	(<i>pulm.hypertension</i>)..... 141
SALICATE..... 286	SELECT-OB..... 352	SILICONE MASK.....577, 671
<i>salicylic acid</i>.....286	SELECT-OB (FOLIC ACID).352	SILICONE MASK - INFANT
<i>salicylic acid-ceramides no.1</i>	SELECT-OB + DHA..... 352	.....577, 671
..... 286	<i>selegiline hcl</i> 166	SILIGENTLE AG.....306
SALIMEZ FORTE..... 286	<i>selenium</i> 324	SILINOIN..... 579, 671
SALIVAMAX..... 700	<i>selenium sulfide</i>.....260	SILIQ..... 248
SALOXICIN..... 10	SELF-CATHETER, FEMALE	SIL-K.....579, 671
<i>salsalate</i> 45	.....583, 670	<i>silodosin</i>.....442
SALVAX.....286	SELZENTRY..... 57	SILTREX.....579, 671
SALVAX DUO PLUS..... 285	SEMGLEE(INSULIN	SILVASORB..... 306
SALYNTRA.....286	GLARGINE-YFGN).....389	<i>silver nitrate</i> 250
SAMBUCUS ELDERBERRY	SEMGLEE(INSULIN	<i>silver nitrate applicators</i>.....285
ORIGINAL..... 10	GLARG-YFGN)PEN..... 389	<i>silver sulfadiazine</i> 261
SAMBUCUS ELDERBERRY	SE-NATAL 19 CHEWABLE.352	SILVRSTAT..... 250
VITAMIN C..... 355	SE-NATAL-19..... 352	SIMBRINZA..... 707
SAMI THE SEAL..... 577, 670	SENIOR PROBIOTIC..... 430	SIMILAC PROBIOTIC TRI-
SAMI THE SEAL MASK	SENOKOT..... 436	BLEND.....430
.....577, 670	SENOKOT KIDS.....436	SIMLANDI(CF)
SANADERMRX..... 281	SENOKOT-CHAMOMILE... 437	AUTOINJECTOR.....29, 33, 417
SANCUSO..... 400	SEREVENT DISKUS..... 732	Simliya (28).....220
SANDIMMUNE..... 36, 468	SERNIVO..... 279	Simpease.....220
SANTYL.....269	SEROQUEL XR.....171	SIMPLY SALINE WOUND
<i>sapropterin</i>.....697	SEROSTIM.....386	WASH..... 303
SAROXIA.....243	<i>sertraline</i> 159	SIMPLYTHICK.....215
SAVAYSA..... 450	<i>sesame oil</i> 213	SIMPONI..... 29, 33, 417, 418
SAVELLA.....160, 161, 191	Setlakin.....227	SIMPONI ARIA..... 29, 33
<i>saw palmetto</i> 10	<i>sevelamer carbonate</i> 441	<i>simvastatin</i> 122
SAWYER CONTROLLED	<i>sevelamer hcl</i> 441	SINGLE-LET.....514, 671
RELEASE..... 285	SEVENFACT..... 452	SINUSTAR NEBULIZER
<i>saxagliptin</i>.....369	<i>sevoflurane</i> 46	.....549, 671
<i>saxagliptin-metformin</i> 374	SEYSARA.....78, 235	SINUVA..... 736, 740
SCALACORT DK.....279	SF.....699	<i>sirolimus</i> 468
SCARCARE.....293, 578	SF 5000 PLUS.....698	SIRTURO..... 63
SCARCIN PAD PLUS..578, 670	Sharobel..... 229	SIVEXTRO..... 71
SCARCINPAD..... 578, 670	<i>shilajit</i> 10	SKARLITE..... 579, 671
SCARHEAL..... 579, 670	SHINGRIX (PF)..... 110	SKY SAFETY PEN NEEDLE
SCARSILK..... 579, 670	SIDESTREAM..... 549, 670	.....535, 671
SCARSILK GEL.....293	SIDESTREAM MASK.. 577, 670	SKYCLARYS..... 469
SCSEMBLIX..... 92	SIDESTREAM NEBULIZER	SKYLA..... 219
<i>schisandra</i> 10	.....549, 670	SKYRIZI.....247, 412
<i>scopolamine base</i>.....399	SIDESTREAM PLUS... 549, 671	SKYTROFA..... 386
SEBUDERM..... 268	SIGNIFOR..... 394	SLEEP CALM..... 193
SECUADO..... 167	SIKLOS.....465	SLEEP IMMUNE HEALTH.. 193
SECURESAFE INSULIN	SILADERM..... 579, 671	SLEEP OPTIMIZER..... 193
SYRINGE..... 535, 670	SILADONE..... 579, 671	SLEEP TONITE VALERIAN... 6
		SLOW FE..... 318

SLOW RELEASE IRON.....	319	SODIUM FLUORIDE 5000		SOOTHING NIGHT.....	193
SLOWMAG MG CALM-SLEEP.....	6, 193	DRY MOUTH.....	699	SOPORDREN.....	193
SLOWMAG MUSCLE RECOVERY.....	321	SODIUM FLUORIDE 5000 PLUS.....	699	<i>sorafenib</i>	89
SLYND.....	229	<i>sodium fluoride-pot nitrate</i> ...	699	<i>sorbitol</i>	215, 435, 439
SMART SENSE LANCETS.....	514, 671	<i>sodium iodide-123</i>	308	<i>sorbitol-mannitol</i>	439
SMART SENSE MONITORING SYSTEM.....	514, 671	<i>sodium iodide-131</i>	308	SORILUX.....	258
SMART SENSE TEST STRIPS.....	482, 671	<i>sodium oxybate</i>	201	<i>sotalol</i>	117, 131
SMARTDIABETES VANTAGE.....	514, 671	<i>sodium phenylbutyrate</i>	696	Sotalol Af.....	116, 131
SMARTEST CONTROL.....	514, 671	<i>sodium phenylbutyrate</i>	696	SOTYKTU.....	247
SMARTEST EJECT.....	515, 671	<i>sodium polystyrene sulfonate</i>	313	SOTYLIZE.....	117, 131
SMARTEST LANCET..	515, 672	<i>sodium succinate</i>	213	SOVALDI.....	67, 68
SMARTEST PERSONA GLUCOSE METER.....	515, 672	<i>sodium, potassium, magnesium sulfates</i>	436	SOVUNA.....	33, 56
SMARTEST PERSONA STARTER.....	515, 672	SOFIA SARS ANTIGEN FIA.....	487, 672	SPACE CHAMBER.....	577, 673
SMARTEST PRONTO GLUCOSE METER.....	515, 672	SOFIA2 FLU-SARS ANTIGEN FIA.....	487, 672	SPACE CHAMBER WITH LARGE MASK.....	577, 673
SMARTEST PRONTO STARTER.....	515, 672	SOFT TOUCH LANCETS.....	515, 672	SPACE CHAMBER WITH MEDIUM MASK.....	577, 673
SMARTEST PRONTO STARTER.....	515, 672	SOGROYA.....	386	SPACE CHAMBER WITH SMALL MASK.....	577, 673
SMARTEST PROTEGE.....	515, 672	SOHONOS.....	469	SPECTRAGEL.....	306, 673
SMARTEST SMART CODE METER.....	515, 672	<i>solifenacin</i>	445	SPECTRAVITE ADULT.....	337
SMARTEST TALKING METER.....	515, 672	SOLILQUA 100/33.....	375	SPECTRAVITE ADULT 50 PLUS.....	334
SMARTEST TEST.....	482, 672	SOLOSEC.....	57	SPECTRAVITE MEN 50 PLUS.....	334
SMARTNEB COMPRESSOR NEBULIZER.....	577, 672	SOLOX GEL.....	250	SPECTRAVITE MEN'S.....	334
SMOOTH TEXTURE FIBER434 SOAANZ.....	136	SOLTAMOX.....	93	SPECTRAVITE WOMEN....	337
<i>sodium chlor 0.9% bacteriostat</i>	312, 355	SOLU-CORTEF.....	384	SPECTRAVITE WOMEN 50 PLUS.....	334
<i>sodium chloride</i>	214, 289, 313, 323, 355	SOLU-CORTEF ACT-O-VIAL (PF).....	384	SPEEDICATH (FEMALE).....	583, 673
<i>sodium chloride 0.45 %</i>	355	SOLUPAK.....	288	SPEEDYSWAB COVID-19 HOME TEST.....	487, 673
<i>sodium chloride 0.9 %</i>	313, 355	SOLUS V2 AUDIBLE METER.....	515, 672	SPIKEVAX 2023-2024(12Y UP)(PF).....	106, 107
<i>sodium chloride 0.9 % (flush)</i>	355	SOLUS V2 CONTROL SOLUTION, LOW.....	515, 672	<i>spinosad</i>	302
<i>sodium citrate</i>	449	SOLUS V2 CONTROL SOLUTION,HIGH.....	515, 672	SPIRIVA RESPIMAT.....	731
<i>sodium citrate in 0.9 % nacl</i>	449	SOLUS V2 LANCETS.....	515, 672	SPIRIVA WITH HANDIHALER.....	731
<i>sodium citrate-citric acid</i>	443	SOLUS V2 LANCING DEVICE.....	515, 672	<i>spironolactone</i>	112, 135
		SOLUS V2 TEST STRIPS.....	482, 672	<i>spironolactone-hydrochlorothiaz</i>	137
		SOMAVERT.....	384	SPRAVATO.....	158
		SONAFINE.....	268	SPRAY AND STRETCH.....	289
		SOOLANTRA.....	296	Sprintec (28).....	227
		SOOTHENEB COMPRESSOR NEBULIZER.....	577, 673	SPRITAM.....	153
		SOOTHENEB MESH NEBULIZER.....	549, 673	SPRIX.....	41
				SPRYCEL.....	92
				Sps (With Sorbitol).....	313
				SPS (WITH SORBITOL).....	313

Sronyx.....	227	<i>sulfamethoxazole-</i>	SURE-LANCE ULTRA THIN
SSD.....	261	<i>trimethoprim</i>	516, 675
SSKI.....	317	SULFAMYLON.....	SURE-PEN LANCING
SSS 10-5.....	240	<i>sulfasalazine</i>	DEVICE.....
ST JOSEPH ASPIRIN... 45, 464		SULFATRIM.....	516, 675
<i>st. john's wort</i>	3	<i>sulindac</i>	SURE-TEST EASYPLUS
ST. JOSEPH ASPIRIN.. 45, 464		SUMADAN.....	MINI.....
<i>stavudine</i>	60	SUMADAN XLT.....	482, 516, 675
STEGLATRO.....	372	<i>sumatriptan</i>	SURE-TEST EASYPLUS
STEGLUJAN.....	372	<i>sumatriptan succinate</i>	MINI METER.....
STELARA.....	247, 412	<i>sumatriptan-naproxen</i>	516, 675
STERILANCE TL.....	515, 673	SUMAXIN CP.....	SURE-TOUCH LANCET
STERILE HYDROGEL FOR		<i>sunitinib malate</i>.....	.....
JELMYTO.....	312	SUNLENCA.....	516, 675
STIMUFEND.....	456	SUNOSI.....	738
STIOLTO RESPIMAT.....	734	SUNRISE COMPRESSOR-	SUTAB.....
STIVARGA.....	89	NEBULIZER.....	436
STOP SMOKING AID.....	212	SUPARTZ FX.....	SWEET CHEEKS.....
STRATACTX.....	306, 673	SUPER B-50 COMPLEX....	367
STRATAGRT.....	306, 673	SUPER THIN LANCETS	Syeda.....
STRATAMARK.....	293	.....	227
STRATATRIZ.....	293	SUPLENA CARB STEADY .	SYMAX DUOTAB.....
STRATAXRT.....	307, 673	SUPPOSITORY SHELL,	408, 446
STRAVIX.....	301	SMALL.....	SYMDEKO.....
STRENSIQ.....	694	SUPRANE.....	737
STRIBILD.....	62	SURE COMFORT INS.	SYMJEPI.....
STRIVE PEAK FLOW		SYR. U-100.....	134
METER.....	570, 673	SURE COMFORT INSULIN	SYMLINPEN 120.....
STRIVERDI RESPIMAT.....	732	SYRINGE... 535, 536, 673, 674	369
STRONG IODINE.....	96, 317	SURE COMFORT	SYMLINPEN 60.....
Subvenite.....	152	LANCETS.....	369
Subvenite Starter (Blue) Kit		SURE COMFORT LANCING	SYMPAZAN.....
.....	152, 183	PEN.....	146, 182
Subvenite Starter (Green)		SURE COMFORT PEN	SYMPROIC.....
Kit.....	152, 183	NEEDLE.....	51
Subvenite Starter (Orange)		SURE COMFORT SAFETY	SYMTUZA.....
Kit.....	152, 183	PEN NEEDLE.....	61
SUCRAID.....	403	SURE RESULT DSS	SYNALAR CREAM KIT.....
<i>sucralfate</i>	437	PREMIUM PACK.....	281
SUFLAVE.....	436	SURE-FINE PEN NEEDLES	SYNALAR OINTMENT KIT .
<i>sulconazole</i>	254	.....	283
<i>sulfacetamide sodium</i> ..	260, 720	SUREFLEX DEVICE WITH	SYNAREL.....
<i>sulfacetamide sodium (acne)</i>		LANCETS.....	392
.....	238	SUREFLEX LANCING	SYNDROS.....
<i>sulfacetamide sodium-sulfur</i>	240	DEVICE.....	185, 308, 399
<i>sulfacetamide sod-sulfur-</i>		SURE-JECT INSULIN	SYNJARDY.....
<i>urea</i>	240, 296	SYRINGE.....	371
<i>sulfacetamide-prednisolone</i> .	708	SURE-LANCE.....	371
SULFACLEANSE 8-4.....	240	.....	471
<i>sulfadiazine</i>	73		SYNOJOYNT.....
			471
			SYNOVX CALM.....
			6
			SYNOVX DJD.....
			2
			SYNOVX RECOVERY.....
			3
			SYNVISC.....
			471
			SYNVISC-ONE.....
			471
			<i>syringe (disposable)</i>
			565, 676
			SYRINGE 3CC/20GX1"
		
			565, 676
			SYRINGE 3CC/21GX1"
		
			565, 676
			SYRINGE 3CC/21GX1-1/2"
		
			565, 676
			SYRINGE 3CC/22GX1"
		
			565, 676
			SYRINGE 3CC/22GX3/4"
		
			566, 676

SYRINGE 3CC/25GX1"	566, 676	TAPERDEX.....	384	TELCARE TEST STRIPS	482, 678
SYRINGE AVITENE.....	458	TARDEOXIA.....	242	<i>telmisartan</i>	114
<i>syringe with needle</i>	566, 676	TARDIMAXIA.....	243	<i>telmisartan-amlodipine</i>	113
<i>syringe with needle, safety</i>	566, 676	Tarina 24 Fe.....	227	<i>telmisartan-</i> <i>hydrochlorothiazid</i>	114
SYRINGE WITHOUT NEEDLE.....	566, 676	Tarina Fe 1/20 (28).....	227	<i>temazepam</i>	182, 208
SYZYGIUM COMPOSITUM	396	TARON-C DHA.....	334	TEMBEXA.....	78
SZOSIL.....	579, 676	TARON-PREX PRENATAL- DHA.....	338, 352	<i>temozolomide</i>	81
T.E.D. ANTI-EMBOLISM		TAROXIA.....	244	TEMPO REFILL KIT WITH GAUZE.....	516, 678
STOCKING.....	484, 547, 676	TARPEYO.....	384	TEMPO SMART BUTTON	548, 678
T.E.D. KNEE LENGTH-M- LONG.....	484, 677	TASCENSO ODT.....	705	TEMPO WELCOME KIT	516, 678
T.E.D. KNEE LENGTH-S- REGULAR.....	484, 677	TASIGNA.....	92	Tencon.....	25
T.R.U.E. TEST ALLERGEN..	98	<i>tasimelteon</i>	194	TENIVAC (PF).....	103, 104
T:FLEX.....	547, 677	<i>taurine</i>	310	<i>tenofovir disoproxil fumarate</i>	61, 66
T:SLIM X2.....	547, 677	<i>tavaborole</i>	254	TENS 502.....	548, 678
T:SLIM X2 BASAL-IQ		TAVALISSE.....	449	TENS 504.....	548, 678
INSULIN PMP.....	581, 677	TAVNEOS.....	25	TENSCARE ITOUCH SURE	520, 678
T:SLIM X2 CONTROL-IQ	581, 677	<i>tazarotene</i>	245, 258, 293	TEPMETKO.....	92
TAB-A-VITE.....	337	TAZORAC.....	258	<i>terazosin</i>	138
TAB-A-VITE MULTIVITAMIN W-IRON.....	334, 337	Taztia Xt.....	132	<i>terbinafine hcl</i>	54
TABLOID.....	83	TAZVERIK.....	86	<i>terbutaline</i>	733
TABRECTA.....	92	TD GOLD BLOOD GLUCOSE MONITOR.	516, 677	<i>terconazole</i>	744
TACHOSIL.....	459	TD GOLD LEVEL 1 CONTROL.....	516, 677	<i>teriflunomide</i>	705
<i>tacrolimus</i>	262, 468	TD GOLD LEVEL 2 CONTROL.....	516, 677	<i>teriparatide</i>	376
<i>tadalafil</i>	308, 442	TD GOLD LEVEL 3 CONTROL.....	516, 677	Terrell.....	46
<i>tadalafil (pulm. hypertension)</i>	141	TD GOLD TEST STRIP	482, 677	TERSİ FOAM.....	260
TADLIQ.....	141	TD GOLD VOICE GLUCOSE MONITOR.	516, 677	TERUMO ALLERGY SYRINGE.....	566, 678
TAFINLAR.....	84	TDVAX.....	103	TERUMO HYPODERMIC NEEDLE/SYRIN.....	566, 678
<i>tafluprost (pf)</i>	722	TECHLITE INSULIN SYRINGE.....	536, 677	TERUMO INSULIN SYRINGE.....	537, 678, 679
TAGRISO.....	80	TECHLITE INSULN SYR(HALF UNIT).....	537, 677	TERUMO SYRINGE....	566, 679
TAKE ACTION.....	232, 233	TECHLITE LANCETS..	516, 678	TEST N'GO BLOOD GLUCOSE SYSTEM...	516, 679
TAKHZYRO.....	139	TECHLITE PEN NEEDLE	537, 678	TEST N'GO TEST.....	482, 679
TALICIA.....	410	TECHNA NAT UNSWT TROCHE BASEG2.....	213, 215	TESTOPLEX PLUS.....	10
TALTZ AUTOINJECTOR....	248	TEGLUTIK.....	470	<i>testosterone</i>	368
TALTZ AUTOINJECTOR (2 PACK).....	248	TEGSEDI.....	367	<i>testosterone cypionate</i>	367
TALTZ AUTOINJECTOR (3 PACK).....	248	TELCARE CONTROL.	516, 678	<i>testosterone enanthate</i>	368
TALTZ SYRINGE.....	248	TELCARE LANCETS..	516, 678	TETOXIA.....	281
TALZENNA.....	90			<i>tetrabenazine</i>	200
<i>tamoxifen</i>	93			<i>tetracaine hcl</i>	717
<i>tamsulosin</i>	442			<i>tetracaine hcl (pf)</i>	717
Taperdex.....	384				

<i>tetracycline</i>	78	TLANDO.....	368	TRECTOR.....	64
TEXACORT.....	279	TM-VITE RX.....	311	TRELEGY ELLIPTA.....	736
TEZSPIRE.....	730	TOBI PODHALER.....	736	TREMFYA.....	247
THALITONE.....	137	TOBRADEX.....	708	<i>treprostinil sodium</i>	140
THALOMID.....	55, 94	TOBRADEX ST.....	708	TRESIBA FLEXTOUCH U-	
THEO-24.....	731	<i>tobramycin</i>	719, 736	100.....	390
<i>theophylline</i>	731	<i>tobramycin in 0.225 % nacl.</i>	736	TRESIBA FLEXTOUCH U-	
THERAHONEY.....	307, 679	<i>tobramycin with nebulizer</i>	736	200.....	390
THERAPEUTIC		<i>tobramycin-dexamethasone</i>	708	TRESIBA U-100 INSULIN...	390
MOISTURIZING CREAM....	268	<i>tobramycin-vancomycin</i>		<i>tretinoin</i>	245
THEREMS MULTIVITAMIN.	338	.....	709, 719	<i>tretinoin (antineoplastic)</i>	93
<i>thiamine hcl (vitamin b1)</i>	358	TOBREX.....	719	<i>tretinoin microspheres</i>	245
<i>thiamine mononitrate (vit b1)</i>		TOLAK.....	255	TRETTEN.....	455
.....	358	<i>tolcapone</i>	165	TREXALL.....	35, 82
THICK AND EASY.....	215	TOLSURA.....	55	<i>triacetin</i>	255
THIN LANCETS.....	516, 679	<i>tolterodine</i>	446	<i>triamcinolone acetonide</i>	
THINPRO INSULIN		<i>tolvaptan</i>	137	.....	279, 700
SYRINGE.....	537, 679	TOOMEY SYRINGE ...	566, 679	<i>triamterene</i>	136
THIOLA EC.....	439	TOPCARE CLICKFINE	537, 680	<i>triamterene-</i>	
<i>thioridazine</i>	170	TOPCARE ULTRA		<i>hydrochlorothiazid</i>	137
<i>thiothixene</i>	170	COMFORT.....	537, 538, 680	Trianex.....	279
THRESHOLD IMT TRAINER		TOPCARE UNIVERSAL1		TRIASIL.....	279
.....	577, 679	LANCET.....	517, 680	<i>triazolam</i>	182, 208
THRESHOLD PEP DEVICE		<i>topiramate</i>	150, 151	TRICARE.....	352
.....	577, 679	<i>toremifene</i>	93	TRI-CHLOR.....	286
THRIVITE RX.....	352	TORONOVA II SUIK.....	41	<i>trichloroacetic acid</i>	286
THROMBI-GEL.....	459	TORONOVA SUIK.....	41	TRICITRATES.....	443
THROMBIN-JMI.....	459	<i>torseamide</i>	136	Triderm.....	279, 280
THROMBI-PAD.....	459	TOSYMRA.....	197	<i>trientine</i>	50
THYQUIDITY.....	395	TOTALVISC.....	719	Tri-Estarylla.....	230
<i>thyroid (pork)</i>	395	TOUCH-TROL.....	583, 680	TRIFERIC.....	319
Tiadyt Er.....	132	TOUJEO MAX U-300		<i>trifluoperazine</i>	170
<i>tiagabine</i>	147	SOLOSTAR.....	389	<i>trifluridine</i>	721
TIBSOVO.....	89	TOUJEO SOLOSTAR U-300		<i>trihexyphenidyl</i>	165
TICANASE.....	740	INSULIN.....	390	TRIJARDY XR.....	375
TIGLUTIK.....	470	TOVET KIT.....	281	TRIKAFTA.....	737, 738
Tilia Fe.....	230	TPOXX (NATIONAL		Tri-Legest Fe.....	230
<i>timolol maleate</i>	131, 716	STOCKPILE).....	78	Tri-Linyah.....	230
<i>timolol maleate (pf)</i>	716	TRACLEER.....	141	TRILOAN II SUIK.....	384
<i>tinidazole</i>	57	TRADJENTA.....	369	TRILOAN SUIK.....	384
<i>tiopronin</i>	439	<i>tramadol</i>	16, 17	Tri-Lo-Estarylla.....	230
TIROSINT.....	395	<i>tramadol-acetaminophen</i>	24	Tri-Lo-Marzia.....	230
TIROSINT-SOL.....	396	<i>trandolapril</i>	112	Tri-Lo-Mili.....	230
TISSEEL VHSD		<i>trandolapril-verapamil</i>	111	Tri-Lo-Sprintec.....	230
(APROTININ, SYN).....	297	<i>tranexamic acid</i>	457	TRI-LUMA.....	264
TIS-U-SOL PENTALYTE....	314	TRANSFER SET.....	544, 680	TRILURON.....	471
TIVICAY.....	59	<i>tranylcypromine</i>	157	<i>trimethobenzamide</i>	399
TIVICAY PD.....	59	TRANZAREL.....	299	<i>trimethoprim</i>	53
TIVORBEX.....	44	<i>travoprost</i>	722	Tri-Mili.....	230
<i>tizanidine</i>	473	<i>trazodone</i>	159	<i>trimipramine</i>	164

TRIMO-SAN JELLY.....	745	TRUE METRIX PRO TEST	<i>tuberculin-allergy syringes</i>
TRINATAL RX 1.....	352	STRIP.....	566, 683
TRINATE.....	353	TRUE2GO BLOOD	TUDORZA PRESSAIR.....
TRINTELLIX.....	162	GLUCOSE SYSTEM... 517, 681	TUKYSA.....
Tri-Nymyo.....	230	TRUEDRAW LANCING	Tulana.....
TRIONEX.....	259	DEVICE.....	229
TRIPLE OMEGA 3-6-9.....	128	TRUEPLUS INSULIN	TULIVITE.....
Tri-Sprintec (28).....	231	.....	320
TRISTART DHA.....	353	538, 539, 681, 682	TURALIO.....
TRIUMEQ.....	62	TRUEPLUS KETONE..583, 682	<i>turmeric root extract</i>
TRIUMEQ PD.....	62	TRUEPLUS LANCETS 517, 682	<i>turmeric root-ginger root ext..</i>
TRIVISC.....	471	TRUEPLUS PEN NEEDLE	<i>turmeric-ginger-black pepper.</i>
Trivora (28).....	231	.....	<i>turmeric-turmeric root extract</i>
Tri-Vylibra.....	231	TRUERESULT BLOOD	Turqoz (28).....
Tri-Vylibra Lo.....	231	GLUCOSE SYSTM.....	227
<i>tropicamide</i>	709	517, 682	TUXARIN ER.....
<i>tropium</i>	446	TRUETEST TEST STRIPS	TWINRIX (PF).....
TRUBIOTICS.....	430	.....	98
TRUBIOTICS BABY.....	430	482, 682	TWIRLA.....
TRUBIOTICS GUMMY.....	430	TRUETRACK BLOOD	TWIST LANCETS.....
TRUBIOTICS KIDS		GLUCOSE SYSTEM... 517, 682	517, 683
CHEWABLE.....	430	TRUETRACK SMART	TWYNEO.....
TRUBIOTICS KIDS GUMMY		SYSTEM.....	244
.....	430	517, 682	TYBLUME.....
TRUDHESA.....	195	TRUETRACK TEST	228
TRUE COMFORT INSULIN		482, 682	TYBOST.....
SYRINGE.....	538, 680	TRULANCE.....	697
TRUE COMFORT LANCET		401, 411	Tydemy.....
.....	517, 680	TRULICITY.....	228
TRUE COMFORT PEN		370	TYMLOS.....
NEEDLE.....	538, 680	TRUMENBA.....	375
TRUE COMFORT PRO INS		105	TYREX-2.....
SYRINGE.....	538, 680	TRUNEB NEBULIZER.549, 682	342
TRUE COMFORT SAFETY		TRUQAP.....	740
PEN NEEDLE.....	538, 681	79	TYVASO.....
TRUE METRIX AIR		TRUSKIN.....	140
GLUCOSE METER.....	517, 681	301	TYVASO DPI.....
TRUE METRIX GLUCOSE		TRUSTEEL INFUSION SET	140
METER.....	517, 681	23".....	TYVASO INSTITUTIONAL
TRUE METRIX GLUCOSE		585, 682	START KIT.....
TEST STRIP.....	482, 681	TRUSTEEL INFUSION SET	140
TRUE METRIX GO		32".....	140
GLUCOSE METER.....	517, 681	585, 682	UBRELVY.....
TRUE METRIX LEVEL 1		TRUSTEX LATEX	195
.....	517, 681	CONDOM.....	457
TRUE METRIX LEVEL 2		545, 682	UDENYCA.....
.....	517, 681	TRUSTEX LUBRICATED	457
TRUE METRIX LEVEL 3		CONDOMS.....	AUTOINJECTOR.....
.....	517, 681	545, 682	457
TRUE METRIX LEVEL 3		TRUSTEX NON-LUB	UDENYCA ONBODY.....
.....	517, 681	CONDOMS.....	302
TRUE METRIX LEVEL 3		545, 682	ULESFIA.....
.....	517, 681	TRUSTEX-RIA	ULTICARE.....
TRUE METRIX LEVEL 3		LUB/SPERMICIDE.....	539, 567, 684
.....	517, 681	545, 682	ULTICARE INSULIN
TRUE METRIX LEVEL 3		TRUSTEX-RIA	SYRINGE.....
.....	517, 681	LUBRICATED CONDOMS	539, 683
TRUE METRIX LEVEL 3		.....	ULTICARE INSULN
.....	517, 681	545, 683	SYR(HALF UNIT).....
TRUE METRIX LEVEL 3		TRUSTEX-RIA NON-LUB	539, 683
.....	517, 681	CONDOMS.....	ULTICARE LOW DEAD
TRUE METRIX LEVEL 3		546, 683	SPACE SYRING ..566, 567, 683
.....	517, 681	TRUZONE PEAK FLOW	ULTICARE PEN NEEDLE
TRUE METRIX LEVEL 3		METER.....	.....
.....	517, 681	570, 683	539, 683
TRUE METRIX LEVEL 3		<i>tryptophan</i>	ULTICARE SAFETY PEN
.....	517, 681	6	NEEDLE.....
TRUE METRIX LEVEL 3		TUBERCULIN SYRINGE	539, 683
.....	517, 681	.....	ULTICARE SAFETY
TRUE METRIX LEVEL 3		566, 683	SYRINGE.....
.....	517, 681		567, 684
TRUE METRIX LEVEL 3			ULTICARE TB SAFETY
.....	517, 681		SYRINGE.....
TRUE METRIX LEVEL 3			567, 684
.....	517, 681		

ULTIGUARD SAFEPACK- INSULIN SYR..... 539, 540, 684	ULTRA-CARE LANCETS 518, 687	UNISTIK 2 DEVICE..... 519, 688
ULTIGUARD SAFEPACK- PEN NEEDLE..... 540, 684	ULTRACARE PEN NEEDLE 542, 687	UNISTIK 2 EXTRA LANCET 519, 689
ULTI-LANCE..... 517, 684	ULTRAFLOA WOMEN'S.. 430	UNISTIK 2 NORMAL LANCET..... 519, 689
ULTILET BASIC LANCETS 517, 685	ULTRAFOAM..... 459	UNISTIK 3 COMFORT LANCET..... 519, 689
ULTILET CLASSIC LANCETS..... 518, 685	ULTRALANCE LANCETS 518, 687	UNISTIK 3 EXTRA LANCET 519, 689
ULTILET INSULIN SYRINGE..... 540, 685	ULTRASAL-ER..... 286	UNISTIK 3 GENTLE.... 519, 689
ULTILET LANCETS..... 518, 685	ULTRA-THIN II (SHORT) INS SYR..... 542, 687	UNISTIK 3 NORMAL LANCET..... 519, 689
ULTILET PEN NEEDLE 540, 685	ULTRA-THIN II (SHORT) PEN NDL..... 542, 687	UNISTIK COMFORT LANCETS..... 519, 689
ULTILET SAFETY LANCETS..... 518, 685	ULTRA-THIN II INS PEN NEEDLES..... 542, 687	UNISTIK CZT LANCET 519, 689
ULTIMA MONITOR..... 518, 685	ULTRA-THIN II INSULIN SYRINGE..... 542, 687	UNISTIK EXTRA LANCETS 519, 689
ULTIMA TEST STRIPS 482, 685	ULTRA-THIN II LANCETS 518, 687	UNISTIK NORMAL LANCETS..... 519, 689
ULTIMATE FLORA BABY PROBIOTIC..... 430	ULTRATRAK..... 482, 688	UNISTIK PRO LANCET 519, 689
ULTRA B-100 COMPLEX (FOODBASE)..... 311	ULTRATRAK GLUCOSE METER..... 518, 687	UNISTIK SAFETY..... 519, 689
ULTRA BONEUP..... 316	ULTRATRAK HIGH-LOW CONTROL..... 518, 688	UNISTIK TOUCH LANCETS 519, 689
ULTRA CMFT INS SYR (HALF UNIT)..... 540, 685	ULTRATRAK NORMAL CONTROL..... 518, 688	UNISTRIP LOW CONTROL 519, 689
ULTRA COMFORT INSULIN SYRINGE.... 540, 541, 685, 686	ULTRATRAK ULTIMATE 482, 518, 688	UNISTRIP1 TEST STRIP 482, 689
ULTRA FINE LANCETS 518, 686	ULTRAVATE..... 259, 280	UNIVERSAL 1 LANCETS 519, 689
ULTRA FLO INSUL SYR(HALF UNIT)..... 541, 686	UNIFINE PENTIPS..... 542, 688	UP4 PROBIOTICS ADULT.. 431
ULTRA FLO INSULIN SYRINGE..... 541, 686	UNIFINE PENTIPS PLUS 542, 688	UP4 PROBIOTICS ADULT 50 PLUS..... 431
ULTRA FLO PEN NEEDLE 541, 686	UNIFINE PENTIPS PLUS MAXFLOW..... 542, 688	UP4 PROBIOTICS KIDS CUBES..... 431
ULTRA MOISTURE..... 268	UNIFINE PROTECT... 543, 688	UP4 PROBIOTICS MEN'S.. 431
ULTRA PRENATAL PLUS DHA..... 353	UNIFINE ULTRA PEN NEEDLE..... 543, 688	UP4 PROBIOTICS PLUS PREBIOTIC..... 431
ULTRA THIN II LANCETS 518, 686	UNILET COMFORTOUCH LANCET..... 518, 688	UP4 PROBIOTICS ULTRA.. 431
ULTRA THIN LANCETS 518, 686	UNILET GP LANCET.. 518, 688	UP4 PROBIOTICS WOMEN'S..... 431
ULTRA THIN PEN NEEDLE 541, 686	UNILET LANCET..... 518, 688	UP4 PROBIOTICS- PREBIOTICS KIDS..... 431
ULTRA THIN PLUS LANCETS..... 518, 686	UNILET LANCETS..... 518, 688	UPCAL D..... 317
ULTRA TLC LANCETS 518, 686	UNILET SUPER THIN LANCETS..... 519, 688	UPNEEQ (PF)..... 707
ULTRACARE INSULIN SYRINGE..... 541, 686, 687	UNISOM SIMPLE SLUMBERS..... 193	UPTRAVI..... 138
	UNISPEND ANHYDROUS SWEET..... 215	URAMAXIN..... 286
		URAMAXIN GT..... 285
		urea..... 269, 286, 287

UREA NAIL STICK.....	286	VARITHENA		VERIFINE SAFETY	
UREAPRO.....	136	ADMINISTRATION PACK		LANCET MINI.....	519, 691
URETRON D-S.....	70, 444	.....	569, 690	VERIFINE UNIVERSAL	
URIBEL TABS.....	70, 444	VARIVAX (PF).....	101, 110	LANCET.....	519, 691
URIMAR-T.....	70, 444	VAROPHEN		VERKAZIA.....	713
URNEVA.....	70, 444	(DICLOFENAC).....	291	VERQUVO.....	116
URO-458.....	71, 444	VAROXIA.....	244	VERSACLOZ.....	169
UROGESIC-BLUE.....	71, 445	VARUBI.....	401	VERTIGOHEEL.....	396, 397
URO-MP.....	71, 445	VASCEPA.....	123	VERZENIO.....	85
UROQID-ACID NO.2.....	70, 443	VASELINE WHITE		VESICARE LS.....	445
<i>ursodiol</i>	403	PETROLEUM.....	293	Vestura (28).....	228
VAGINAL		VASHE.....	304	VEVYE.....	713
CONTRACEPTIVE FILM.....	233	VAXCHORA ACTIVE		V-GO 20.....	581, 691
<i>valacyclovir</i>	68	COMPONENT.....	102, 105	V-GO 30.....	581, 691
VALCHLOR.....	255	VAXCHORA BUFFER		V-GO 40.....	581, 691
<i>valerian root</i>	11	COMPONENT.....	216	VIBERZI.....	411, 432
<i>valerian root-valerian root xt</i>	6	VAXCHORA VACCINE	102, 105	VIBRANT.....	548, 691
<i>valerian-flower-hops-lemon</i>	6	VAXNEUVANCE (PF).....	105	VIBRANT STARTER KIT	
<i>valganciclovir</i>	65	VCF CONTRACEPTIVE		.....	548, 691
<i>valproic acid</i>	146, 183	FILM.....	233	VICTOZA 2-PAK.....	370
<i>valproic acid (as sodium</i>		VCF CONTRACEPTIVE		VICTOZA 3-PAK.....	370
<i>salt)</i>	146, 183	GEL.....	233	Vienna.....	228
<i>valsartan</i>	115	VEGETARIAN BONEUP.....	316	<i>vigabatrin</i>	148
<i>valsartan-</i>		VEKLURY.....	73	Vigadrone.....	148
<i>hydrochlorothiazide</i>	114	Velivet Triphasic Regimen		Vigpoder.....	148
VALTOCO.....	146, 182	(28).....	231	VIJOICE.....	696
<i>vancomycin</i>	66	VELPHORO.....	441	VILACTIN AA PLUS 15 PE.....	339
<i>vancomycin in 0.9 % sodium</i>		VELSIPITY.....	414	<i>vilazodone</i>	161
<i>chl</i>	709	VELTASSA.....	313	VIMPAT.....	147
VANFLYTA.....	86	VEMLIDY.....	66	VIOKACE.....	402
VANISHPOINT INSULIN		VENCLEXTA.....	84	Viorele (28).....	220
SYRINGE.....	543, 689	VENCLEXTA STARTING		VIOS AEROSOL DELIVERY	
VANISHPOINT SYRINGE		PACK.....	84	SYSTEM.....	577, 691
.....	543, 567, 689, 690	VENELEX.....	308	VIRACEPT.....	72
VANISHPOINT		<i>venlafaxine</i>	161	VIRAGRAPHIS.....	11
TUBERCULIN SYRINGE		<i>venlafaxine besylate</i>	161	VIREAD.....	61, 66
.....	567, 690	VENNGEL ONE.....	292	VISBIOME.....	431
VANOXIDE-HC.....	243	VENTAVIS.....	140	VISCO-3.....	471
VAPRO PLUS INTERMITT		VEOZAH.....	365	VISION HEALTH.....	5
CATHETER.....	583, 690	<i>verapamil</i>	117, 133	VISION OPTIMIZER.....	5, 334
VAQTA (PF).....	98, 99	VERDESO.....	280	VISTA ADVANCED	
VARDIMAXIA.....	244	VEREGEN.....	283	AREDS2.....	5, 334
<i>varenicline</i>	212	VERIFINE INSULIN		VISTA MEIBO EYELID	
VARISOFT INFUSION SET		SYRINGE.....	543, 690, 691	CLEANSING.....	269
23".....	585, 690	VERIFINE PEN NEEDLE		VISTASEAL-FIBRIN	
VARISOFT INFUSION SET		.....	543, 691	SEALANT.....	460
32".....	585, 690	VERIFINE PLUS PEN		VISTOGARD.....	94
VARISOFT INFUSION SET		NEEDLE.....	543, 691	<i>vit a palmitate-vit c-vit d3</i>	343
43".....	585, 690	VERIFINE PLUS PEN		<i>vit b comp-folic-choline-inosi</i>	311
		NEEDLE-SHARP.....	543, 691	<i>vit c-echinacea purpurea xt</i>	11

<i>vit c-zinc gluc,cit-echin purp</i>	324	VIVAGUARD INO SMART		WAVESENSE CONTROL	
VITABEX IRON.....	320	GLUC METER.....	520, 692	SOLUTION.....	520, 692
VITAFOL FE PLUS.....	353	VIVAGUARD INO TEST		WAVESENSE JAZZ....	483, 692
VITAFOL FE+ (WITH		STRIP.....	483, 692	WAVESENSE PRESTO	
DOCUSATE).....	353	VIVAGUARD LANCET	520, 692	.....	483, 520, 692
VITAFOL GUMMIES.....	353	VIVAGUARD LANCING		WEEKLY-D.....	363
VITAFOL ULTRA.....	353	DEVICE.....	520, 692	WELIREG.....	87
VITAFOL-OB.....	353	VIVJOA.....	54	WELLFOLA.....	335
VITAFOL-OB+DHA.....	353	VIVOTIF.....	102, 104	WELLPRO-31.....	431
VITAFOL-ONE.....	353	VIXONE NEBULIZER..	549, 692	Wera (28).....	228
VITAJOY ADULT MULTI....	335	VIXONE NEBULIZER-		WESCAP-C DHA.....	335
VITAJOY BIOTIN.....	361	ADULT MASK.....	549, 692	WESCAP-PN DHA.....	338
VITAJOY DAILY C.....	361	VIXONE NEBULIZER-		WESCAPS.....	311
VITAL AF 1.2 CAL.....	341	PEDIATRIC MSK.....	549, 692	WESNATAL DHA	
VITALVASC.....	11	VIZIMPRO.....	80	COMPLETE.....	354
VITAMEDMD ONE RX.....	353	VOCABRIA.....	59	WESNATE DHA.....	354
<i>vitamin a</i>	357	Volnea (28).....	220	WES-PHOS 250 NEUTRAL	
<i>vitamin a palmitate</i>	357	VONJO.....	87	.....	322, 443
<i>vitamin b complex</i>	311	VONVENDI.....	457	WESTAB MAX.....	357, 364
VITAMIN B-12.....	360	VOQUEZNA.....	397	WESTAB ONE.....	357, 364
<i>vitamin b12-folic acid</i>	358	VOQUEZNA DUAL PAK....	411	WESTAB PLUS.....	354
VITAMIN C FIZZY DRINK...	355	VOQUEZNA TRIPLE PAK...	411	WESTGEL DHA.....	354
VITAMIN C POWDER		<i>voriconazole</i>	55	<i>whey protein, conc-isolate</i> ...	342
BLEND.....	356	VORTEX HOLDING		WHYTEDERM SURGIPAK.	308
VITAMIN C WITH ROSE		CHAMBER.....	577, 692	WHYTEDERM TDDPAK.....	281
HIPS.....	362	VORTEX VHC FROG		WHYTEDERM TRILASIL	
Vitamin D2.....	363	MASK-CHILD.....	577, 692	PAK.....	281
<i>vitamin d2-vitamin k1</i>	362	VORTEX VHC LADYBUG		WIDE-SEAL DIAPHRAGM	
<i>vitamin d3-vitamin k2</i>	362	MASK-TODDLR.....	577, 692	60.....	488, 692
<i>vitamin e (dl, acetate)</i>	363	VOSEVI.....	67	WIDE-SEAL DIAPHRAGM	
<i>vitamin e acetate (bulk)</i> 213,	364	VOWST.....	397	65.....	488, 693
<i>vitamin e-safflower oil</i>	268	VOXZOGO.....	375	WIDE-SEAL DIAPHRAGM	
<i>vitamin e-vitamins a and d</i> ...	268	VP-CH-PNV.....	353	70.....	488, 693
VITAMIN K.....	364	VRAYLAR.....	172, 185	WIDE-SEAL DIAPHRAGM	
Vitamin K1.....	365	VTAMA.....	259	75.....	488, 693
<i>vitamin k2</i>	365	VUITY.....	707	WIDE-SEAL DIAPHRAGM	
<i>vitamin k2 (mk-4)</i>	365	VUMERITY.....	704	80.....	488, 693
VITRAKVI.....	94	Vyfemla (28).....	228	WIDE-SEAL DIAPHRAGM	
VITREXYL.....	335	VYJUVEK.....	233	85.....	488, 693
VITREXYL PLUS IRON.....	335	Vylibra.....	228	WIDE-SEAL DIAPHRAGM	
VITRUM 50 PLUS.....	335	VYNDAMAX.....	367	90.....	488, 693
VIVAGUARD INO CTRL		VYNDAQEL.....	367	WIDE-SEAL DIAPHRAGM	
SOLN-L1,2,3.....	519, 691	VYVANSE.....	179	95.....	488, 693
VIVAGUARD INO CTRL		VYZULTA.....	722	WILATE.....	455
SOLN-L1,L3.....	519, 692	WAINUA.....	367	WILLIS THE WHALE	
VIVAGUARD INO CTRL		WAKIX.....	202	COMPRESSR NEB.....	578, 693
SOLN-L2.....	520, 692	<i>warfarin</i>	449	WILZIN.....	49
VIVAGUARD INO		<i>water for irrigation, sterile</i>	314	WINLEVI.....	235
GLUCOSE METER.....	520, 692	WAVESENSE AMP.....	520, 692	WINTERGREEN OIL.....	300
				Wixela Inhub.....	736

WOMEN'S 50 PLUS	XIFAXAN.....	73	ZARXIO.....	457
ADVANCED.....	XIGDUO XR.....	372	ZATEAN-PN DHA.....	338
WOMENS DAILY GUMMIES	XIIDRA.....	713	ZATEAN-PN PLUS.....	335
.....	XILAPAK.....	283	ZAVZPRET.....	195
WOMEN'S MULTIVITAMIN	XIMINO.....	78, 235	ZCORT.....	384
COLLAGEN.....	XOFLUZA.....	68	ZEGALOGUE	
WOMEN'S MULTIVITAMIN	XOLAIR.....	728	AUTOINJECTOR.....	367
GUMMIES.....	XOLEGEL.....	254	ZEGALOGUE SYRINGE.....	367
WOUNDGELHA MATRIX.....	XOSPATA.....	86	ZEJULA.....	90
WPR PLUS.....	XPHOZAH.....	309	ZELAPAR.....	166
Wymzya Fe.....	XPOVIO.....	85, 93	ZELBORAF.....	84
WYNZORA.....	XRYLIX (DICLOFENAC-		ZELNORM.....	412, 432
XACIATO.....	KINES TAPE).....	292	ZEMAIRA.....	738
XADAGO.....	XTAMPZA ER.....	17, 18	ZEMBRACE SYMTOUCH...	197
XALIX.....	XTANDI.....	82	Zenatane.....	234
XALKORI.....	Xulane.....	231	ZENPEP.....	402
XARELTO.....	XULTOPHY 100/3.6.....	375	ZENPHOR.....	307, 693
XARELTO DVT-PE TREAT	XURIDEN.....	695	Zenzedi.....	179, 188, 204
30D START.....	XYBIOTIC.....	431	ZEPATIER.....	67
XATMEP.....	XYLIDERM.....	299	ZEPOSIA.....	414, 705
XCELLENT C.....	XYLIGEL.....	701	ZEPOSIA STARTER KIT	
XCELLENT E.....	XYLIMELTS.....	701	(28-DAY).....	414, 705
XCELLISTEM.....	XYMOBOLX.....	310	ZEPOSIA STARTER PACK	
XCLAIR.....	XYMODINE.....	317	(7-DAY).....	414, 705
XCOPRI.....	XYNTHA.....	455	ZERVIAE.....	710
XCOPRI MAINTENANCE	XYNTHA SOLOFUSE.....	455	ZETONNA.....	740
PACK.....	XYOSTED.....	368	ZICLOCIN.....	291
XCOPRI TITRATION PACK	XYWAV.....	202	ZICLOPRO.....	291
XDEMVY.....	Yargesa.....	695	<i>zidovudine</i>	60, 61
XELJANZ.....	YAXATARXYN.....	264	ZIEXTENZO.....	457
XELJANZ XR.....	YCANTH.....	287	ZILACAINE PATCH.....	299, 579
XELPROS.....	YOGURT PLUS CALCIUM		ZILBRYSQ.....	470
XELSTRYM.....	GUMMIES.....	317	<i>zileuton</i>	727
XEMBIFY.....	YOKATAR.....	264	ZILOVAL.....	299
XENLETA.....	YONSA.....	80, 82	ZILXI.....	296
XENOVIEW EMPTY	YOSPRALA.....	464	ZIMHI.....	51
DELIVERY BAG.....	YUFLYMA(CF).....	29, 33, 418	ZINC BALANCE.....	324
XEPI.....	YUFLYMA(CF) AI		<i>zinc citrate</i>	324
XERESE.....	CROHN'S-UC-HS....	29, 33, 418	<i>zinc gluconate</i>	324
XERMELO.....	YUFLYMA(CF)		<i>zinc glycinate</i>	324
XEROFORM.....	AUTOINJECTOR.....	29, 33, 418	<i>zinc oxide</i>	293
XEROFORM NON-	YUM-YUM DOPHILUS.....	432	<i>zinc sulfate</i>	324
OCCLUSIVE.....	YUPELRI.....	732	ZINGIBER.....	357
XEROFORM	YUSIMRY(CF) PEN.29, 33, 418		ZIPHEX.....	354
PETROLATUM DRESSING	Yuvaferm.....	745	<i>ziprasidone hcl</i>	168, 185
.....	Zafemy.....	231	ZIRGAN.....	721
XEROFORM	<i>zafirlukast</i>	730	ZITHRANOL.....	259
PETROLATUM	<i>zaleplon</i>	208	ZITUVIO.....	369
OVERWRAP.....	ZALVIT.....	354	ZMA CLEAR.....	241
XHANCE.....	Zarah.....	228	ZOKINVY.....	697

ZOLINZA.....	86
<i>zolmitriptan</i>	198
<i>zolpidem</i>	208
ZOMACTON.....	386
Zomig.....	198
ZONISADE.....	153
<i>zonisamide</i>	153
ZONTIVITY.....	464
ZORVOLEX.....	42
ZORYVE.....	259, 260
Zovia 1-35 (28).....	228
ZTALMY.....	151
ZTLIDO.....	299
ZUBSOLV.....	210
Zumandimine (28).....	228
ZURZUVAE.....	158
ZYCLARA.....	283
ZYDELIG.....	90
ZYFLO.....	727
ZYKADIA.....	82
ZYLET.....	708
ZYMFENTRA.....	29, 418
ZYPITAMAG.....	122
ZYPRAM.....	48